Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

Short Form Annual Return/Report of Small Employee

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		Identification Information				
For calenda	ar plan year 2014 or fi	scal plan year beginning 12/28/20	014	and ending 12/	/27/2015	
A This ret	urn/report is for:	X a single-employer plan		an (not multiemployer) (ver information in accord		is box must attach a list instructions)
		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC pr	ogram
		special extension (enter descr	ription)			
Part II	Basic Plan Info	ormation—enter all requested inf	ormation			
1a Name					1b Three-digit	
MIXON & AS	SSOCIATES, INC. DE	FINED BENEFIT PLAN			plan numbe (PN) ▶	er 001
					1c Effective da	
						2/28/2006
2a Plan sp MIXON & AS	ponsor's name and ac SOCIATES, INC.	ddress; include room or suite numbe	er (employer, if for a single-	employer plan)		lentification Number 9-3117515
119 E. PARK	AVENUE					elephone number 0-222-2571
TALLAHASS	EE, FL 32301					ode (see instructions)
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	sor.		3b Administrate	
					3c Administrate	or's telephone number
4 If the r	name and/or FIN of th	e plan sponsor has changed since t	the last return/report filed for	r this plan, enter the	4b EIN	
		mber from the last return/report.	and last rotally roport mod re	r the plan, enter the	TO LIN	
	or's name				4c PN	
_		s at the beginning of the plan year			5a	6
		s at the end of the plan year			5b	5
comple	ete this item)	account balances as of the end of t			5c	0
d(1) Tota	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	4
		articipants at the end of the plan yea			5d(2)	4
		erminated employment during the p	-		5e	0
		or incomplete filing of this return				
		ther penalties set forth in the instruc and signed by an enrolled actuary, a				
	true, correct, and com		is well as the electronic vers	sion of this return/report	i, and to the best o	i my knowiedge and
SIGN	Filed with authorized	/valid electronic signature.				
HERE	Signature of plan a		Date	Enter name of individu	ual signing as plan	administrator
SIGN	,					
HERE	Signature of emplo	over/nlan enoneor	Date	Enter name of individe	ual signing as emr	Nover or plan sponsor
Preparer's		name, if applicable) and address (in				one number (optional)
	. •	,		, , ,	'	· · /

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independ and conditio	ent qualified public accounta	nt (IQ	PA)				X Ye		No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA section 40	21)?	X	Yes	No		Not det	ermir	ned
Par	t III Financial Information										
_7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of	Year		
	Total plan assets	. 7a	5003						46	1909	
	Total plan liabilities	. 7b	5003	0					46	1000	
	Net plan assets (subtract line 7b from line 7a)	. 7с		143	-					1909	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(K	o) Tot	aı		
	(1) Employers	. 8a(1)	163	328							
	(2) Participants	. 8a(2)		0							
	(3) Others (including rollovers)	. 8a(3)		0							
b	Other income (loss)	. 8b	-547	62							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							-3	8434	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		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								0)
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							-3	8434	,
j	Transfers to (from) the plan (see instructions)	· 8j		0							
Part	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan	eature codes	s nom the cist of Flam Charact	J.GIISI			116 111311				
10	During the plan year:				Yes	No		Α	moun	t	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corre	ction 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					5	50000
d	or dishonesty?	······		10d		X					0
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benef	its under the plan? (See	10e		X					0
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					0
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g		X					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 to 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 Ye	es	No
<u>11a</u>	Enter the unpaid minimum required contribution for current year for	rom Schedul	e SB (Form 5500) line 39			11a					0
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	or se	ction :	302 of	ERISA'	?	Ye	es 🗡	N o
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						<u>L</u>				
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	-			, and 6 	enter tl Day			e letter 'ear	rulin	g

	Form 5500-SF 2014	Page 3 - 1				
If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year		. 12b			
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 negative amount)	,	. 12d			
е	Will the minimum funding amount reported on line 12d be met by the funding			Yes	No X N/A	١
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		X	Yes No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferrof the PBGC?				Yes X N	10
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

2014

File as an attachment to Form 5500 or 5500-SE

			F FIIE as all	attachment to Form	3300 OF 3300-3F.			
For	calendar	plan year 2014 or fiscal plan year b	peginning 12/2	28/2014	and endi	ng 12/2	27/2015	
		ff amounts to nearest dollar.						
		A penalty of \$1,000 will be assessed	ed for late filing of the	nis report unless reaso	nable cause is establish	ed.		
	lame of p	olan SOCIATES, INC. DEFINED BENEF	FIT DI ANI		B Three-dig	,		001
IVII	ON & AS	SOCIATES, INC. DEFINED BENEF	FIFLAN		plan num	ber (PN)	•	
C F	Plan spon	sor's name as shown on line 2a of I	Form 5500 or 5500	-SF	D Employer	Identificat	tion Number (E	IN)
		SOCIATES, INC.				59-3117		,
Ет	ype of pla	n: X Single Multiple-A I	Multiple-B	F Prior year pla	n size: X 100 or fewer	101-5	00 More th	an 500
Pa	rt I	Basic Information						
1	Enter th	e valuation date: Mont	h <u>12</u> Day	y <u>28</u> Year <u>2</u>	014			
2	Assets:							
	a Marke	et value				2a		500181
	b Actua	rial value				2b		500181
3	Funding	g target/participant count breakdowr	1		(1) Number of participants		ted Funding arget	(3) Total Funding Target
	a For re	etired participants and beneficiaries	receiving payment		0		0	0
	b For te	erminated vested participants			1		331	331
		ctive participants		•	4		570477	572007
				-	5		570808	572338
4		an is in at-risk status, check the box			<u></u>			0.200
•		ing target disregarding prescribed a			ш	4a		
	_	ing target disregarding prescribed a ing target reflecting at-risk assumpt	•					
		risk status for fewer than five conse				4b		
5	Effectiv	e interest rate				5		5.23%
6	Target	normal cost				6		0
Stat	ement by	y Enrolled Actuary				•	•	
		of my knowledge, the information supplied in thin with applicable law and regulations. In my opinion						
		offer my best estimate of anticipated experience						
S	IGN							
Н	ERE						09/08/20	116
		Signature	of actuary				Date	
DEE	BORAH S	MIST					14-0468	31
		Type or print na	ame of actuary			Most r	ecent enrollme	nt number
GU	ARDIAN I	LIFE INS. CO. OF AMERICA					413-499	-4321
		Firm ı	name		T	elephone	number (includ	ling area code)
		STREET , MA 01201						
		Address	of the firm					
If the	actuan, l	nas not fully reflected any regulation	or ruling promules	ited under the statute i	n completing this school	ıla chadı	the hov and a	
ıı ine İnatri	actuary I	ias not rully reflected any regulation	i or ruling promulga	ileu under the statute i	n completing this schedt	iie, cneck	the box and se	

· - 1	
	. - 1

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding B	alances							
						_	(a)	Carryover balance		(b) F	Prefundir	ng balar	nce
7		•	0 , ,		cable adjustments (line 13 f	•			0				4912
8			•	-	unding requirement (line 35				0				0
9	Amount	remainir	ng (line 7 minus lir	ne 8)					0				4912
10	Interest	on line 9	using prior year's	s actual ret	urn of <u>-4.88</u> %				0				-240
11	Prior yea	ar's exce	ess contributions t	o be added	I to prefunding balance:								
	a Prese	nt value	of excess contrib	utions (line	38a from prior year)								796
					Ba over line 38b from prior ye interest rate of5.25								42
	b(2) In	terest on	line 38b from prid	or year Sch	nedule SB, using prior year's	s actual							
					ear to add to prefunding balar								0
	_		0 0			-							838
	d Portic	on of (c)	to be added to pre	efunding ba	llance								0
12	Other re	ductions	s in balances due	to elections	s or deemed elections				0				0
13	Balance	at begir	nning of current ye	ear (line 9 +	line 10 + line 11d – line 12)			0				4672
Pa	art III	Fun	ding Percenta	ages									
14	Funding	target a	ttainment percent	age							14	80	5.57 %
15	Adjusted	d funding	g target attainmen	t percentag	je						15	80	5.57 %
16					of determining whether car						16	92	2.32 %
17	If the cu	rrent val	ue of the assets o	f the plan i	s less than 70 percent of the	e funding tar	get, enter	such percentage			17	(0.00 %
Pa	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18	Contribu	itions ma	ade to the plan for	the plan y	ear by employer(s) and em	oloyees:							
(M	(a) Date 1M-DD-Y		(b) Amount pa employer		(c) Amount paid by employees	(a) D (MM-DD-		(b) Amount paid employer(s)	l by	(0	Amour emplo	•	ру
10)/22/2015			4000	0								
05	5/06/2016			3082	0								
06	8/30/2016			3082	0								
07	7/22/2016			6164	0								
						T-4-1- N	40(%)			40(-)	I		
40						Totals ▶	18(b)	1	16328	18(c)			0
19			•		tructions for small plan with			· · ·					
	_			•	imum required contributions			<u> </u>	19a				0
					ljusted to valuation date				19b				0
20					uired contribution for current y	/ear adjusted	to valuatio	on date	19c				14800
20		•	outions and liquidit	•	:: he prior year?						V	Yes	No No
			_		-						<u>^</u>		
					installments for the curren	-	-	/ IIIdIIIIEI /			······	Yes	X No
	C IT line	∠∪a is "	res, see instructi	ons and co	implete the following table a Liquidity shortfall as of e			an vear					
		(1) 1s	st		(2) 2nd	or quartor	(3)	3rd			(4) 4th		
			0		0			0				0	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21		unt rate:		· unumg ranger and range	111011111111111111111111111111111111111					
	a Seg	gment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		□ N/A,	ull yield	curve	e used
	b App	licable month (enter code)			21b				1
22	Weigh	ted average ret	tirement age			22				66
23	Mortal	ity table(s) (se	e instructions)	escribed - combined Pres	scribed - separate	Substitu	ute			
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	tions regarding required	attachmen	nt		Yes	X No
27		•	•	ter applicable code and see instruc	tions 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	funpaid 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	tions):						
	a Targ	et normal cost	(line 6)			31a				0
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a		31b				0
32	Amorti	zation installme	ents:		Outstanding Bala	ance		Installm	ent	
	a Net	shortfall amorti	zation installment			76829				14462
						0				0
33				ter the date of the ruling letter grar) and the waived amount		33				
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	. 34				14462
				Carryover balance	Prefunding bala	nce	Т	otal bal	ance	
35			use to offset funding	0		0				0
36	Additio	onal cash requi	rement (line 34 minus line 35).			36				14462
37			'	ontribution for current year adjuste		37				14800
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)						
	a Tota	I (excess, if any	y, of line 37 over line 36)			38a				0
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b				0
39	Unpaid	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	ine 37)	39				0
40	Unpaid			8		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 .				<u> </u>	2 plus 7 ye	ars	15 <u>y</u>	years
	b Eligi	ble plan year(s) for which the election in line	41a was made		200	08 2009	2010)	2011
42	Amour	nt of acceleratio	on adjustment			42				
43	Excess	s installment ac	celeration amount to be carrie	d over to future plan years		43				

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 12/28/2014

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment: 4.99%
Second Segment: 6.32%
Third Segment: 6.99%

IRC404 Funding Yield Curve Segmented Rates

First Segment: 1.18%
Second Segment: 4.08%
Third Segment: 5.18%

PBGC Segmented Rates

First Segment: 1.4%
Second Segment: 3.88%
Third Segment: 4.96%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table 2014 430(h)(3)(A)-Optional combined

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 2014 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 12/28/2014

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 2014 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

VALUATION AS OF 12/28/2014

	Present	Date	Years	Amount of
Type of Base	Value	Established	Remaining	Installment
Shortfall Base	14,803	12/28/2008	1	14,803
Shortfall Base	-4,206	12/28/2009	2	-2,154
Shortfall Base	-12,219	12/28/2010	3	-4,273
Shortfall Base	52,889	12/28/2011	4	14,203
Shortfall Base	-59,663	12/28/2012	5	-13,122
Shortfall Base	35,189	12/28/2013	6	6,661
Shortfall Base	50,036	12/28/2014	7	8,374
Total	76,829			24,492

Amount prorated 7/12 due to plan termination

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
VALUATION AS OF 12/28/2014

			Effective		Penalty	Additional	Value
		Plan	Rate of	Discounted	Rate of	Discounted	As of
Date	Amount	Year	Interest	Amount	Interest	Amount	Valuation Date
10/22/2015	4000.00	2014	5.23%	3837.00	10.23%	-93.51	3743.49
05/06/2016	3082.00	2014	5.23%	2876.00	10.23%	-107.63	2768.37
06/30/2016	3082.00	2014	5.23%	2854.00	10.23%	-103.73	2750.27
07/22/2016	6164.00	2014	5.23%	5691.00	10.23%	-153.29	5537.71
Total for Minimum Required Contribution	16328.00			15258.00		-458.16	14799.84

Mixon & Associates, Inc. Defined Benefit Plan

VALUATION AS OF 12/28/2014

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

Plan EIN: 59-3117515
Plan Number: 001

									Ye	ars of Cred	dited S	ervice								
		< 1	1	- 4	;	5 - 9	10) - 14	15	5 - 19	2	0 - 24	2	5 - 29	30	0 - 34	3	5 - 39		40+
		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.
Age	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.
<25																				
25-29																				
30-34			1		1															
35-39																				
40-44																				
45-49																				
50-54																				
55-59																				
60-64											1									
65-69																				
70+											1									

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.

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 12/28/2014

ID: P61004

Plan Effective Date December 28, 2006

Plan Anniversary Date December 28, 2014

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 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 \$260,000 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 12/28/2014

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.

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Can anland		Identification Information	11			
For calend	ar plan year 2014 or f	iscal plan year beginning	12/28/2014	and ending	12/27/20	015
A This ref	turn/report is for:	a single-employer plan a one-participant plan	a multiple-employer p a foreign plan	lan (not multiemployer)		
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC	program
		special extension (enter des	cription)			
Part II	Basic Plan Info	ormation—enter all requested i	nformation	75		
1a Name		•			1b Three-digi	it
Mixo	n & Associates. I	nc. Defined Benefit Plan			plan numb	ber 001
	,				(PN) •	1000
					1c Effective of	
2a Plan e	noncor's name and a	ddress; include room or suite num	hor (omployer if for a single	omployer plan)		2/28/2006
Mixon 8	Associates, Inc.	duless, include room of suite fluin	ber (employer, ir for a single-	employer plan	(EIN)	Identification Number 593117515
119 E. I	Park Avenue					s telephone number
						502222571
Tallahas	ssee	FL			20 Business	code (see instructions)
32301 3a Plan a	dministrator's name a	nd address Same as Plan Spor	nsor.		3b Administra	813000 ator's EIN
					20 41 :::	
					3C Administra	ator's telephone number
4 If the r	name and/or FIN of th					
		e plan sponsor has changed since	e the last return/report filed for	or this plan, enter the	4b EIN	
	, EIN, and the plan nu	e plan sponsor has changed since imber from the last return/report.	e the last return/report filed fo	or this plan, enter the	4b EIN 4c PN	
name a Spons	, EIN, and the plan nu or's name				4c PN	6
a Spons 5a Total	, EIN, and the plan nu or's name number of participants	mber from the last return/report.			4c PN 5a	6 5
a Spons 5a Total r b Total r C Numb	, EIN, and the plan nu or's name number of participants number of participants er of participants with	s at the beginning of the plan year sat the end of the plan year	f the plan year (defined bene	fit plans do not	4c PN 5a	5
a Spons 5a Total r b Total r c Numb	, EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year at the end of the plan year	f the plan year (defined bene	fit plans do not	4c PN 5a 5b 5c	5 0
a Spons 5a Total r b Total r c Numb comple d(1) Total	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)al number of active pa	s at the beginning of the plan year sat the end of the plan year	f the plan year (defined bene	fit plans do not	4c PN 5a 5b 5c 5d(1)	5 0 4
name, a Sponsi 5a Total r b Total r c Numb comple d(1) Tota d(2) Total e Numbe	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	articipants at the end of the plan year artici	f the plan year (defined bene blan yearear. plan year with accrued bene	fit plans do not	4c PN 5a 5b 5c	5 0 4 4
name, a Spons 5a Total i b Total i c Numb comple d(1) Tota d(2) Tota e Numbe less th	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	anther from the last return/report. Is at the beginning of the plan year Is at the end of the plan year It account balances as of the end of articipants at the beginning of the plan year It is a tricipants at the end of the plan year It is a tricipants at the end of the plan year It is a tricipants at the end of the plan year It is a tricipants at the end of the plan year It is a tricipants at the end of the plan year It is a tricipants at the end of the plan year It is a tricipants at the end of the plan year It is a tricipants at the end of the plan year It is a tricipants at the end of the plan year It is a tricipants at the end of the plan year It is a tricipants at the end of the plan year It is a tricipants at the end of the plan year.	f the plan year (defined bene plan yearear. ear. plan year with accrued bene	fit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	5 0 4 4 0
name, a Spons 5a Total n b Total n c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item) al number of active pa al number of active pa r of participants that t an 100% vested	articipants at the beginning of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year minated employment during the or incomplete filing of this retu	olan year (defined bene plan yearear. plan year with accrued bene	fit plans do not fits that were unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establishe	5 0 4 4 0
a Sponsi 5a Total r b Total r c Numb comple d(1) Total d(2) Total e Numbe less the Caution: A Under pena	EIN, and the plan number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year minated employment during the correct or incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary,	olan year (defined bene blan year ear plan year with accrued bene rn/report will be assessed i	fit plans do not fits that were unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	5 0 4 4 0 od. applicable, a Schedule
name, a Sponsi 5a Total r b Total r c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year minated employment during the correct or incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary,	olan year (defined bene blan year ear plan year with accrued bene rn/report will be assessed i	fit plans do not fits that were unless reasonable cau examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if at t, and to the best of the second points of the second points.	5 0 4 4 0 od. applicable, a Schedule
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name, a Spons 5a Total r b Total r c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pens SB or Sche belief, it is t SIGN HERE SIGN HERE	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	art the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the beginning of the participants at the end of the plan year minated employment during the cor incomplete filling of this returned signed by an enrolled actuary, uplete.	f the plan year (defined bene blan year	fit plans do not fits that were unless reasonable cau examined this return/report Paky Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if at, and to the best of the best o	5 0 4 4 0 ed. applicable, a Schedule of my knowledge and administrator

1 has the plantalied to provide any behink when dee under the plant.		Form 5500-SF 2014		Page 2							
Part III Financial Information	b Ard un lf y	e you claiming a waiver of the annual examination and report of a der 29 CFR 2520.104-46? (See instructions on waiver eligibility a you answered "No" to either line 6a or line 6b, the plan cann	an independ and condition ot use Forn	ent qualified public accountans.) n 5500-SF and must instea	ant (IC	QPA) • Form	 1 5500.		✓ Y	es [No
7 Pien Assets and Liabilities			surance pro	gram (see ERISA section 40	021)?	<u>/</u>	Yes	No _	Not de	ermine	:d
a Total plan assets. 7a 500343 461909 b Total plan liabilities. 7b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											
b Total plan liabilities			_	1 / 2	5.1 (a.1) ((b) End		24000	
C Net plan assets (subtract line 7b from line 7a)			5	0034				40	51908		
8 Income. Expenses, and Transfers for this Pfan Year a Contributions received or receivable from: (1) Employers				5	003/	_			4	31900	<u>,</u>
a Contributions received or receivable from: (1) Employers (2) Participanis. (3) Others (including rollovers). 8a(3) 0 0 0 0 0 0 0 1 0 1 0 1 0 1 0 1 0 1 0					0034	13		(b) T		71000	
(2) Participants				(a) ranount				(2)			
(3) Others (including rollovers)	(1)	Employers	8a(1)		1632	28					
b Other income (loss)	(2)	Participants				0					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		, , , , , , , , , , , , , , , , , , , ,				V					
d Benefits paid (including direct rollovers and insurance premitums to provide benefits). e Certain deemed and/or corrective distributions (see instructions)					5476	2				0.40.4	
to provide benefits)			8c			580				88434	
f Administrative service providers (salaries, fees, commissions)			8d			0					
g Other expenses	e Ce	rtain deemed and/or corrective distributions (see instructions)	8e			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 0 i Net income (loss) (subtract line 8h from line 8c) 8l -38434 j Transfers to (from) the plan (see instructions) 9j 0 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 11 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 1D During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 GFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	f Ad	ministrative service providers (salaries, fees, commissions)	8f			0					
i Net income (loss) (subtract line Bh from line 8c)	g Otl	her expenses	8g	*		0					
Transfers to (from) the plan (see instructions)	h To	tal expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
Part IV Plan Characteristics	i Ne	t income (loss) (subtract line 8h from line 8c)						-3	8434		
9a	j Tra	ansfers to (from) the plan (see instructions)	8j			0					
The During the plan year: A Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			eature codes	from the List of Plan Chara	cterist	tic Cod	les in the	instructi	ons:	N.	
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Yes	No	9	Amoun	t	
on line 10a.)	a v	Vas there a failure to transmit to the plan any participant contribut			10a		1				0
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	0	n line 10a.)			10b		1				
or dishonesty?					10c	✓				50	000
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	0	r dishonesty?			10d		✓				0
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	in	nsurance service, or other organization that provides some or all	of the benefi	ts under the plan? (See	10e		1				0
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	f H	las the plan failed to provide any benefit when due under the plar		10f		✓				0	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	g D	oid the plan have any participant loans? (If "Yes," enter amount as	i.)	10q		1				0	
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)		h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR									
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39					10i						
5500) and line 11a below)	Part VI	Pension Funding Compliance									
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	5	500) and line 11a below)							✓ Ye	es 🗌	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)											
					or se	ection :	302 of ER	ISA?	∐ Ye	es 🗸	No
					ctions	and a	enter the	date of t	ne letter	rulina	

Day

Year_

	Form 5500-SF 2014 Page 3 -						
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year		12b		0		
					1		
С	Enter the amount contributed by the employer to the plan for this plan year		12c	2c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		12d	d			
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?		XY	'es No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	C			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under the o	e control Yes × No				
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s) t	to				
	3c(1) Name of plan(s):	1;	3c(2) El	N(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)						
14a	Name of trust	14b Trust's EIN					

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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

2014

This Form is Open to Public Inspection

v. 140124

For calendar plan year 2014 or fiscal plan year beginning 12/28/2014	and e	nding 12/2	27/2015		
▶ Round off amounts to nearest dollar.					
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless re	asonable cause is establi	shed.			
A Name of plan	digit umber (PN)		001		
Mixon & Associates, Inc. Defined Benefit Plan	plann	umber (FIV)		1	
C Di	D Employ	or Identificat	ion Number (E	:INI)	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employ			.114)	
Mixon & Associates, Inc.			593117515		
E Type of plan: Single Multiple-A Multiple-B F Prior year	plan size: X 100 or fewer	r 🛮 101-5	00 More th	an 500	
Part I Basic Information					
1 Enter the valuation date: 12/28/2014					
2 Assets:				500404	
a Market value		2a		500181	
b Actuarial value		2b	80 (COS 8900 T	500181	
3 Funding target/participant count breakdown	(1) Number of participants	51 10501	ted Funding arget	(3) Total Fund Target	ding
a For retired participants and beneficiaries receiving payment	0		0	0	
b For terminated vested participants	1		331	331	
C For active participants	4	57	70477	572007	
d Total	5	57	70808	572338	i
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	Π	•			
a Funding target disregarding prescribed at-risk assumptions		4a			
b Funding target reflecting at-risk assumptions, but disregarding transition rule for at-risk status for fewer than five consecutive years and disregarding loading	or plans that have been in	4b			
5 Effective interest rate		5		5.23	%
6 Target normal cost		6		0	
Statement by Enrolled Actuary				MOD # 10000000 1555-45514 #000000 004-506-51 (20)	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, stateme accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking in combination, offer my best estimate of anticipated experience under the plan.	nts and attachments, if any, is co to account the experience of the p	npiete and accu plan and reasons	rate. Each prescrib able expectations) a	ed assumption was ap and such other assump	ptions, in
SIGN			9/8/2016		
HERE Signature of actuary			Date		
Deborah Smist			1404681		
Type or print name of actuary		Most r	ecent enrollme		
Guardian Life Ins. Co. of America			413499432	21	
Firm name 700 South Street		Telephone	number (includ	ding area code)	
Pittsfield MA . 01201					
Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated under the statuinstructions	ute in completing this scho	edule, check	the box and s	ee [
For Panerwork Reduction Act Notice and OMB Control Numbers, see the instruct	ions for Form 5500 or 5	500-SF.	Schedul	e SB (Form 550	0) 2014

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Pa		s Used to Determine	Funding Target and Targe	t Normal Cost						
21	Discount rate:									
	a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, full yield curve used				
	b Applicable month (en	nter code)			21b	11				
22	Weighted average retire	ement age			22	66				
23	Mortality table(s) (see i	instructions) × Pre	escribed - combined Pres	cribed - separate	Substitu	te				
Pa	rt VI Miscellaneou	us Items								
24			uarial assumptions for the current			Yes 🔀 No				
25	Has a method change b	peen made for the current pl	an year? If "Yes," see instructions	regarding required attac	hment	Yes 🔀 No				
26	Is the plan required to p	provide a Schedule of Active	Participants? If "Yes," see instruc	ions regarding required	attachment	t				
27			er applicable code and see instruc		27					
Pa	rt VII Reconciliat	ion of Unpaid Minimu	ım Required Contributions	For Prior Years						
-			years		28	0				
29	Discounted employer co	ontributions allocated toward	l unpaid minimum required contribu	itions from prior years	29	0				
30			ntributions (line 28 minus line 29)		30	0				
Pa	rt VIII Minimum R	equired Contribution	For Current Year							
31	Target normal cost and	l excess assets (see instruct	ions):							
	a Target normal cost (lir	ne 6)			31a	0				
-	b Excess assets, if app	licable, but not greater than	line 31a		31b	0				
32	Amortization installment	ts:		Outstanding Bala	nce	Installment				
	a Net shortfall amortiza	tion installment			76829 14					
	Participation and transit to the control of the co			111	0	0				
33	If a waiver has been ap	proved for this plan year, en	ter the date of the ruling letter gran) and the waived amount		33					
34	Total funding requireme	ent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	14462				
	Total fallening 1-q-11-11	,	Carryover balance	Prefunding balar	nce	Total balance				
35	Balances elected for us	se to offset funding	0		0	0				
36	W	N-10 10 100 Co-2000			36	14462				
37	Contributions allocated	toward minimum required co	ontribution for current year adjusted	I to valuation date	37	14800				
20		s contributions for current ye								
- 30			ar (see matructions)		38a	0				
-		38b	0							
20	b Portion included in lin		39	0						
39			40	0						
40			Danaian Daliaf Act of 2040							
			Pension Relief Act of 2010	(See mstructions)	X .					
41		to use PRA 2010 funding re				10 mlus 7 mags				
_	September 19 Septe	AND THE RESERVE OF THE PARTY OF				2 plus 7 years 15 years				
4			41a was made			8 2009 2010 2011				
42	Amount of acceleration	adjustment			42					
43	Excess installment acce	eleration amount to be carrie		43						

age	2	-	

Pa	ırt II	Begin	ning of Year	Carryove	r and Prefunding Ba	ala	nces							
. III Selli Se		077						(a) Carryover balance	е	(b)	Prefund	ling balance	е
7		_			able adjustments (line 13 f				0			491	2	9
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)						0				0				
9									0			491	12	
10	Interest	on line 9	using prior year's	actual retu	rn of <u>-4.88</u> %				0	-240			10	
11														
	a Prese	nt value	of excess contribu	utions (line 3	88a from prior year)							79	6	
	b(1) In	terest on chedule \$	the excess, if any SB, using prior yea	, of line 38a ar's effective	over line 38b from prior year interest rate of 5.25 %	ear				42				
	b(2) In:	terest on	line 38b from prid	or year Sche	edule SB, using prior year's	s ac	ctual							
					er to add to prefunding balan		_					838	3	
	d Portio	on of (c)	to be added to pre	funding bala	ance							0		
12	Other re	eductions	in balances due	to elections	or deemed elections				0			0		
13	Balance	at begin	nning of current ye	ar (line 9 + l	line 10 + line 11d – line 12)			0			467	2	
Р	art III	Fun	ding Percenta	iges										
14	Funding	target a	ttainment percent	age								14	86.57	%
15	Adjusted	d funding	target attainmen	t percentage)							15	86.57	%
16												16	92.32	%
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage													
Р	art IV	Con	tributions and	d Liquidit	y Shortfalls									
18					ar by employer(s) and emp	oloy								
	(a) Date 1M-DD-Y	YYY)	(b) Amount p employer		(c) Amount paid by employees		(a) Da (MM-DD-)				y (c) Amount paid by employees			
	10/22/20	015		4000	0									
	5/6/20	16		3082	0									
	6/30/20)16		3082	0									
	7/22/20)16		6164	0					19	_			
						Т	otals ►	18(b)	1632	3 18(c)			0
19	Discoun	ited emp	loyer contributions	s – see instr	uctions for small plan with	a v	aluation d	ate afte	the beginning of the	ne year:	_			
	a Contr	ibutions	allocated toward	unpaid minin	num required contributions	s fro	om prior ye	ears		19a				
b Contributions made to avoid restrictions adjusted to valuation date								(
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date														
20	Quarterl	ly contrib	outions and liquidit	y shortfalls:										
a Did the plan have a "funding shortfall" for the prior year?														
	b If line	20a is "	Yes," were require	ed quarterly	installments for the current	t ye	ear made i	n a time	ly manner?				Yes 🛚	No
	c If line	20a is "	Yes," see instructi	ons and con	nplete the following table a									
		(4)			Liquidity shortfall as of e	nd	of quarter	7,000				(4) 4	th	
		(1) 15	ot 0		(2) 2nd			(3) 3rd			(4) 4		0
			U		Ü									300