Form 5500-	ort of Small Emplo	OMB Nos. 12							
Department of the Treas Internal Revenue Servi		<b>1</b> ad 4065 of the Employee Re	tirement	2015					
Department of Labor Employee Benefits Security Adm	Income Security Act of 197	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).							
Pension Benefit Guaranty Co	Complete all entries in		nstructions to the Form 550		ublic Inspection				
	Report Identification Information015 or fiscal plan year beginning12/28		and ending 07/	27/2016					
	X a single-employer plan		er plan (not multiemployer) (		box must attach a				
<b>A</b> This return/report is f	or:	list of participating	employer information in acc	ordance with the fo	orm instructions)				
<b>B</b> This return/report is	the first return/report	$\times$ the final return/rep	ort						
	an amended return/report		eturn/report (less than 12 mo	nths)					
<b>C</b> Check box if filing un	der: Form 5558	automatic extension	n	DFVC pr	ogram				
-	special extension (enter des				ogram				
Part II Basic Pla	an Information—enter all requested i								
1a Name of plan	· · ·			1b Three-digit					
MIXON & ASSOCIATES,	INC. DEFINED BENEFIT PLAN			plan number (PN) ▶	001				
				1c Effective date					
					2/28/2006				
Mailing address (inc	e (employer, if for a single-employer plan) lude room, apt., suite no. and street, or P. r province, country, and ZIP or foreign pos		nstructions)	(=)	-3117515				
MIXON & ASSOCIATES, I	NC.			2c Sponsor's telephone number 850-222-2571					
				2d Business cod	e (see instructions)				
I 19 E. PARK AVENUE FALLAHASSEE, FL 32301				813000					
3a Plan administrator's	name and address XSame as Plan Spor	isor.		3b Administrator	's EIN				
			F	<b>3c</b> Administrator	s telephone number				
<b>A</b> 16.0				4					
	IN of the plan sponsor has changed since plan number from the last return/report.	e the last return/report file	ed for this plan, enter the	4b EIN					
a Sponsor's name				<b>4c</b> PN					
5a Total number of par	ticipants at the beginning of the plan year			5a	5				
	ticipants at the end of the plan year			5b	0				
	nts with account balances as of the end o		-	5c	0				
· · · /	active participants at the beginning of the		F	5d(1)	4				
	active participants at the end of the plan y	-	F	5d(2)	0				
e Number of participa	ants that terminated employment during th	e plan year with accrued	benefits that were less	5e	0				
	he late or incomplete filing of this retu								
Under penalties of perjur	y and other penalties set forth in the instru	uctions, I declare that I ha	ave examined this return/rep	ort, including, if app					
belief, it is true, correct, a	pleted and signed by an enrolled actuary, and complete.	as well as the electronic	version of this return/report,	and to the best of	my knowledge and				
SIGN Filed with au	thorized/valid electronic signature.	09/30/2016	PATSY MIXON						
HERE Signature of	of plan administrator	Date	Enter name of individu	al signing as plan a	dministrator				
SIGN									
HERE Signature of	of employer/plan sponsor	Date	Enter name of individu	al signing as emplo	yer or plan sponsor				
Preparer's name (includi	ng firm name, if applicable) and address (	include room or suite nu	mber)	Preparer's telepho	ne number				
For Denominals Distant			500 ST		Form 5500.05 (0045)				
FOR Paperwork Reduction	Act Notice and OMB Control Numbers, see t	ne instructions for Form 5	JUU-3F.		Form 5500-SF (2015)				

i

j

Part VI

11

	Form 5500-SF 2015		Page <b>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		,						XY	es 🗌 No	
ι	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								×Υ	es No	
	If you answered "No" to either line 6a or line 6b, the plan cann						_	п., г	<b></b>		
	f the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA se	ection 4	021)? .	×	Yes	No	Not det	ermined	
Part						1					
<b>7</b> F	Plan Assets and Liabilities		(a) Beginning of Year (b) End of Year								
<u>a</u> 1	Total plan assets	7a	461909						0		
	Total plan liabilities	7b		0					0		
<b>C</b> 1	Net plan assets (subtract line 7b from line 7a)	7c		461909				0			
	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b)	Total		
	Contributions received or receivable from:  (1) Employers	8a(1)		0							
(	2) Participants	8a(2)			0						
(	3) Others (including rollovers)	8a(3)			0						
b (	Other income (loss)	8b		-12551							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-1	2551	
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	449358								
<b>e</b> (	Certain deemed and/or corrective distributions (see instructions)	8e	0								
f A	Administrative service providers (salaries, fees, commissions)	8f	0								
<b>g</b> (	Other expenses	8g	0								
<u>h</u> 1	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							44	9358	
<u>i</u> 1	Net income (loss) (subtract line 8h from line 8c)	8i					-461909				
j 1	Transfers to (from) the plan (see instructions)	8j			0						
Part	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in t	he instru	ictions:		
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in th	e instruc	tions:		
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amour	nt	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40-		x				0	
b	Program) Were there any nonexempt transactions with any party-in-interest			10a		~				0	
	reported on line 10a.)			10b		Х				0	
С	Was the plan covered by a fidelity bond?			10c	Х					50000	
d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					х				0	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					x				0	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				0	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				0	
	If this is an individual account plan, was there a blackout period?			10g		Х					

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

10i

10j

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.....

Did the plan trust incur unrelated business taxable income? .....

5500) and line 11a below)..... **11a** Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.

**Pension Funding Compliance** 

Yes No

No

Yes 🗙

11a

Form 5500-SF 2015

Page **3 -** 1

-					Т				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf	you c	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					
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year									
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)									
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
Part	Part VII Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?			X Y	es No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0		
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					0		
D		e PBGC?				X Yes	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I					
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Dert	1/111	Truck Information							
Part		Trust Information		44					
14a	Name	e of trust		14b Trust's EIN					
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		1					
15a	Is th	e plan a 401(k) plan?		Y	es	No			
<ul><li><b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li></ul>					Design- ased safe arbor nethod	PP/ACP st			
<b>15c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?						es 🗌 No			
<b>16a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):						atio ercentage Average st benefit			
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No			
17a	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted////	•				structions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		∏ Y€	Yes No				
19	Were	in-service distributions made during the plan year?		Y	es	No			
	lf "Ye	es," enter amount		19					
20	20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?						N/A		

Form 5500-SF		Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service		This form is required to be file	etirement	2015					
Employee B	epartment of Labor Benefits Security Administration		Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).						
Pension B	enefit Guaranty Corporation	▶ Complete all entries in	accordance with the inst	ructions to the Form 5	500-SF.	Public Inspection			
Part I		Identification Information							
For calend	ar plan year 2015 or fis	scal plan year beginning           Image: scale plan year beginning           Image: scale plan year beginning	12/28/2015	and ending	7/2	7/2016			
			cking this box must attach a						
A This ret	turn/report is for:	nployer information in ac	ccordance w	ith the form instructions)					
B This return/report is interimiting the first return/report interimiting the final return/report									
		an amended return/report	a short plan year retur						
C Check	box if filing under:	Form 5558	automatic extension			DFVC program			
		special extension (enter desci							
Part II	Basic Plan Info	rmation—enter all requested in	1 /	an a dhuan an a					
1a Name		mation—enter an requested in	Iormation		1b Three	o digit			
	(	c. Defined Benefit Plan				number 001			
					· · · ·	tive date of plan 12/28/2006			
		yer, if for a single-employer plan)			2b Emplo	oyer Identification Number			
		n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		ructions)	(EIN)	59-3117515			
	& Associates, Inc.		ar code (in foreign, see mai		2c Sponsor's telephone number 850-222-2571				
119 E.	Park Avenue				2d Business code (see instructions)				
Tallaha	19990	FL			010000				
32301	13366	· E			813000				
3a Plan administrator's name and address Asame as Plan Sponsor.					3b Administrator's EIN				
					3c Administrator's telephone number				
		plan sponsor has changed since the nber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN				
	or's name	iber nom the last return/report.			4c PN				
5a Total r	number of participants	at the beginning of the plan year							
		at the end of the plan year		1	5b	0			
		account balances as of the end of t				0			
compl	ete this item)				5c	0			
		ticipants at the beginning of the pla	•		5d(1)	4			
		ticipants at the end of the plan yea erminated employment during the			5d(2)	0			
than '	100% vested	enninated employment during the	plan year with accrued ber	nents that were less	5e	0			
Caution: A	penalty for the late o	r incomplete filing of this return	/report will be assessed	unless reasonable cau	se is establ	lished.			
SB or Sche	alties of perjury and oth dule MB completed an rue, correct, and comp	er penalties set forth in the instruc d signed by an enrolled actuary, a lete.	tions, I declare that I have s well as the electronic ver	examined this return/rep sion of this return/report,	oort, includin , and to the I	g, if applicable, a Schedule best of my knowledge and			
SIGN	10011	J.mex	9-30-16	Patsin	D.M	NXON			
HERE	Signature of plan ac		Date	Enter name of individu		s plan administrator			
SIGN	olginatare el plan ac		Date	Litter name of individu	iai siyining as	s plan administrator			
HERE	Signature of employ	er/plan sponsor	al cianina						
Preparer's		ame, if applicable) and address (in	Date clude room or suite numbe	r)		s employer or plan sponsor telephone number			
the second s	,								
				H					
	ork Doduction Act Nation								

Form 5500-SF 2015

Page 2

<ul><li>6a Were all of the plan's assets during the plan year invested in eligit</li><li>b Are you claiming a waiver of the annual examination and report of</li></ul>	an indeper	ndent qualified public	accoun	tant (IC	QPA)			Ye		
under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan canr C If the plan is a defined benefit plan, is it covered under the PBGC ir	not use Fo	rm 5500-SF and mus	st inste	ad use	Form	n 5500.		Not dete	s    No ermined	
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) End	of Year		
a Total plan assets	. 7a		461909						0	
b Total plan liabilities	. 7b				0				0	
c Net plan assets (subtract line 7b from line 7a)	. 7c		4	46190	)9				0	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	Amount			(b) Total				
a Contributions received or receivable from:						·				
(1) Employers	. 8a(1)				0					
(2) Participants	. 8a(2)				0					
(3) Others (including rollovers)	. 8a(3)				0					
b Other income (loss)	. 8b			-1255	51					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		991439445 1					-1:	2551	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			14935	8					
e Certain deemed and/or corrective distributions (see instructions)	8e			11000	0					
f Administrative service providers (salaries, fees, commissions)	8f				0	20000		a. (		
g Other expenses	8g				0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	an an an ann an an an taraig				4493			9358	
i Net income (loss) (subtract line 8h from line 8c)	8i				8				1909	
j Transfers to (from) the plan (see instructions)					0		a ta ka sa			
Part IV Plan Characteristics	8j				•	National States		for from the second		
B       If the plan provides welfare benefits, enter the applicable welfare for the applicable welfare welfare for t										
10 During the plan year:				Yes	No	N/A		Amount		
a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program).	oluntary F	iduciary Correction	10a		1					
b Were there any nonexempt transactions with any party-in-interest	? (Do not i	nclude transactions								
reported on line 10a.)			10b		V					
<b>C</b> Was the plan covered by a fidelity bond?			10c	$\checkmark$					5000	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		1					
e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		1					
f Has the plan failed to provide any benefit when due under the plan					$\checkmark$					
<ul><li>g Did the plan have any participant loans? (If "Yes," enter amount a:</li></ul>			10f		V					
			10g		V		Constant and story			
2520.101-3.)	h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the				1					
exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
j Did the plan trust incur unrelated business taxable income?			10j				19 19 19 19 19 19 19 19 19			
Part VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions	and con	nplete	Sched	ule SB (	Form	Yes	No	
1a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40						11a				

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

1 01	m 5500-SF 2015 Page <b>3</b> -							
(If "Yes,	" complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling								
granting the waiver Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
	minimum required contribution for this plan year		12b					
		12c						
the second s	amount contributed by the employer to the plan for this plan year		120					
negative			12d					
the first of the second second second	minimum funding amount reported on line 12d be met by the funding deadline?			Yes No N/A				
	an Terminations and Transfers of Assets							
13a Has a re	solution to terminate the plan been adopted in any plan year?		Yes 🗌 No					
lf "Yes,"	enter the amount of any plan assets that reverted to the employer this year		13a					
b Were al of the P	the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou BGC?	ught under the co	ontrol		Yes	No		
	this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden ssets or liabilities were transferred. (See instructions.)	tify the plan(s) to	)					
13c(1) Na	me of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)			
Part VIII 1	rust Information							
14a Name of	14b Trust's EIN							
140 11-11-1	441							
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number			
Part IX	RS Compliance Questions							
15a is the pla	an a 401(k) plan?		Yes	3	No			
				sign-				
	now does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe AD			PIACP		
			me	thod				
testing m	P/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "o ethod" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.	401(m)-	[] Yes	6	No			
2(a)(2)(ii	)?		n Ra	tio				
16a Check th	e box to indicate the method used by the plan to satisfy the coverage requirements under sec	ion 410(b):	∐ per	centage	Average benefit test			
16b Does the	plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by cor with any other plans under the permissive aggregation rules?	nbining	tes		No			
	☐ Yes		 No	∏ N/A				
	lan been timely amended for all required tax law changes?							
for tax la	w changes and codes).	Enter the ap	•		_ (See inst			
17c If the plan advisory	n sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl letter, enter the date of that favorable letter and the letter's serial		t to a fav	vorable IR	S opinion	or		
17d If the plan	n is an individually-designed plan and received a favorable determination letter from the IRS, e ation letter		the plan	s last fav	orable			
18 Is the Pla	in maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 merican Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	) has been h Islands)?	Yes		No			
19 Were in-s	ervice distributions made during the plan year?		Yes	Yes No				
If "Yes," e	enter amount		19					
	uired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of was required under section 401(a)(9)?		Yes		No	□ N/A		