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 section 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

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2	010	and ending	12/31/2	2010			
Α.	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participa	nt plan		
В .	This return/report is for: first return/report	final retur	n/report					
	an amended return/report	short plan	n year return/report (less than 12 m	onths)				
С	Check box if filing under:	automatic	extension		DFVC progra	ım		
	special extension (enter descri	otion)						
Pa	art II Basic Plan Information—enter all requested info	<u>'</u>						
	Name of plan	madon		1b	Three-digit			
	RAM & ASSOCIATES, PLLC 401(K) PROFIT SHARING PLAN				plan number	002		
					(PN) •			
				1C	Effective date of 01/01/2			
2a	Plan sponsor's name and address (employer, if for single-employer)	ver plan)		2b	Employer Identif			
	RAM & ASSOCIATES, PLLC	,			(EIN) 64-0902			
211 0	SOUTH 29TH AVENUE			2c	Plan sponsor's t	elephone number		
	FIESBURG, MS 39402			24	Business code (
				24	541110	see mstructions)		
3a	Plan administrator's name and address (if same as Plan sponsor RAM & ASSOCIATES, PLLC 211 SOUTH	, enter "Sam	e")	3b	Administrator's I			
INGR	HATTIESI	BURG, MS 39	9402	20	3c Administrator's telephone n			
				36	601-270	0-3310		
	f the name and/or EIN of the plan sponsor has changed since the		port filed for this plan, enter the	4b	EIN			
1	name, EIN, and the plan number from the last return/report. Spor	nsor's name		10	PN			
5a	Total number of participants at the beginning of the plan year				FIN	2		
b	Total number of participants at the end of the plan year					2		
C	Total number of participants at the end of the plan year			- 5b				
	complete this item)			. 5c		2		
6a	Were all of the plan's assets during the plan year invested in eli	gible assets?	(See instructions.)			X Yes No		
b	Are you claiming a waiver of the annual examination and report					X Vac D Na		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibil If you answered "No" to either 6a or 6b, the plan cannot use	•	•			Yes No		
Pa	rt III Financial Information	, i Oilli 3300-	or and must mistead use i orm s	500.				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
а	Total plan assets	7a	8500	00	()	130789		
b	Total plan liabilities	7b		0		0		
С	Net plan assets (subtract line 7b from line 7a)		8500	00		130789		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:	0 (1)	440	00				
	(1) Employers			0				
	(2) Participants	` '		0				
h	(3) Others (including rollovers) Other income (loss)		178					
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					45789		
c d	Benefits paid (including direct rollovers and insurance premiums							
-	to provide benefits)			0				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0		
i	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>				45789		
i	Transfers to (from) the plan (see instructions)	gi		0				

	F	orm 5500-SF 2010 Page 2-]					
Par	t IV	Plan Characteristics						
		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C $_{ m ZE}$ $_{ m ZJ}$ $_{ m 3D}$	Character	stic Co	des in	the instru	ctions:	
		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	haracteris	stic Co	des in t	the instru	ctions:	
art	V	Compliance Questions						
0	Durir	ng the plan year:		Yes	No		Amoun	t
а		there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	d in 10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions report ne 10a.)	ed 10b		X			
С	Was	the plan covered by a fidelity bond?	10c		X			
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra shonesty?	ud 10d		X			
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X			
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI	Pension Funding Compliance			•			
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and					Y	es X No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the C	Code or s	ection 3	302 of	ERISA?	Y	es X No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ing the waiver.						
lf y	•	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line						
b	Ente	the minimum required contribution for this plan year			12b			
С	Ente	the amount contributed by the employer to the plan for this plan year		L	12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the tive amount)			12d			
е	Will t	he 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 during the plan year or any prior year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

of the PBGC?..... If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s)

13c(3) PN(s)

Yes X

Yes X No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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

SIGN	Filed with authorized/valid electronic signature.	10/14/2011	JOEY GONZALES
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

5500-SF Electronic Filing Authorization

Plan Name:

Ingram & Associates, PLLC 401(k) Profit Sharing Plan

EIN/PN:

64-0902738/002

Plan Year:

01/01/2010 - 12/31/2010

I hereby authorize Joey Gonzales @ QBI, LLC to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

shign)

(date)

Plan Sphoor

(gign)

(date)

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	► Complete all entries in accorda	ance with 1	the instructions to the Form 5500-	SF.		
Pa	rt I Annual Report I	dentification Information					
For	the calendar plan year 2010 or	fiscal plan year beginning	01/01/	/2010 and ending	12/	/31/2010	
Α -	his return/report is for:	x single-employer plan	multiple-em	oloyer plan (not multiemployer)		one-participan	t plan
	This return/report is for:		inal return/r	enort	_	•	
_	This returning out is ion:	□ □		ear return/report (less than 12 months)			
_		님 ' 님			_	DFVC program	
C	Check box if filing under:	E	automatic e	xtension	L	Drvc plograf	П
		special extension (enter description)					
Pε	irt II Basic Plan Info	rmation enter all requested inform	ation.				
1a	Name of plan					'hree-digit Ian number	
	Ingram & Associates,	PLLC 401(k) Profit Sharing	Plan			PN) ►	002
						Effective date of	plan
		<u>, , , , , , , , , , , , , , , , , , , </u>				1/01/2008	
2a	•	ess (employer, if for single-employer plar	1)			Employer Identif EIN) 64~09(ication Number
	Ingram & Associates,	PLLC		<u> </u>	<u>`</u>	··	elephone number
	211 South 29th Avenue	ə				(601) 270-3	•
		Ma 20400					see instructions)
บร 3a		MS 39402	r "Same"\			341110 Administrator's F	
Ja	Same	tor's name and address (If same as plan employer, enter "Same") 3b Administrator's EIN 3c Administrator's telephone number					
				-	3c /	Administrator's t	elenhone number
					0 0 /	Administrator 3 (erebuoite unimer
4	If the name and/or EIN of the p	olan sponsor has changed since the last refer from the last return/report. Sponsor's N	eturn/repor	t filed for this plan, enter the	4b 1	EIN	
	name, Env and the plan humbe	er nom me last returnireport. Sponsor's N	anie		4c F	PN	
<u>5a</u>	Total number of participants at	the beginning of the plan year			5a		2
b	b Total number of participants at the end of the plan year						2
C		th account balances as of the end of the			5c		2
62						_ 	X Yes No
b		e annual examination and report of an in					
~	under 29 CFR 2520.104-467 (\$	See instructions on waiver eligibility and e	conditions.)				XYes No
	If you answered "No" to eithe	er 6a or 6b, the plan cannot use Form	5500-SF at	nd must instead use Form 5500.			
Pε	rt III Financial Inform	nation			,		
7	Plan Assets and Liabilities			(a) Beginning of Year	ļ	(b) End	of Year
а	Total plan assets		7a	85,000			130,789
b	Total plan liabilities		7b	0	ļ <u>.</u>		0
<u>c</u>	Net plan assets (subtract line 7	7b from line 7a)	7c	85,000	1		130,789
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount	(b) Total		Totai
а	Contributions received or recei	vable from:	0-/4	44,000	a so		
	(1) Employers		8a(1)	44,000	1		udag ki berbek
	(2) Participants		8a(2)	0			
L	(3) Others (including rollovers)	8a(3)	1,789		udaga basin b	
b	Other income (loss)		8b	1,789			
c d	Total income(add lines 8a(1), 8	Ba(2), 8a(3), and 8b)	8c				45,789
u			8d	0			
е		live distributions (see instructions)	8e	0			
f		rs (salaries, fees, commissions)	8f	0			procede professionales.
g	Other expenses		8g	0	1		
	·		. 8h				0
h i	Total expenses (add lines 8d, 8						45,789
1	Net income (loss) (subtract line	•	. <u>8i</u>	0			
- 1	transfers to (from) the plan (se	ee instructions)	. 8j	· · · · · · · · · · · · · · · · · · ·			

	Form 5500-SF 2010	Page 2			-		
	DL. Characteristics						
Part IV	Plan Characteristics plan provides pension benefits, enter the applicable pension feature code	es from the List of Pla	an Characteristi	c Cod	es in t	he instruction	s:
9a If th	g plan provides pension benefits, effect the applicable positions and a second serious serious pension benefits, effect the applicable positions are serious s	a a control	- Oh - reptoriptio	Code	e in th	e instructions	
b If th	2A 2E 2J 3D eplan provides welfare benefits, enter the applicable welfare feature codes	s from the List of Pla	n Characteristic	Code	;5 HI UI	0 11/5/1/40/10/10	·
	g pan provides were a contours, one						
Part V	Compliance Questions	. 4 - 43 8. 0 6.4	tása unija a		Yes	No	Amount
10	uring the plan year:	the time period desc	ribed in			x	
a v	uring the plan year: #as there a failure to transmit to the plan any participant contribution within #BY CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corre	ection Program)		10a			
			reported	10b		x	
o	n line 10a.)			10c		х	
Ç.V	Vas the plan covered by a fidelity bond?		by froud				The second secon
d , t	vas the plan covered by a lidelity bollor. fid the plan have a loss, whether or not reimbursed by the plan's fidelity bord dishonesty?	and, that was caused	et abotastasta	10d		х	*
	#1. 樹身 1. #1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	by an incurance cal	rier	,			MEN WELL
e :: \	vere any fees or commissions paid to any brokers, agents, or other persons	nefits under the plan	?'(See	10e	00/35.4	x	and the same of th
				1		x	
14	las the plan failed to provide any benefit when due under the plan?	in Bulk bay is to a city to		10f		x	Carried Sales
	and loans (If "Yes" enter amount as of year	end.)		10g	 		
h'	f this is an individual account plan, was there a blackout period? (See insti	ructions and 29 Or is		10h	'	x	
I	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the require exceptions to providing the notice applied under 29 CFR 2520.101-3			101	1		
					- dulo	SB (Form	
11	this address benefit plan subject to minimum funding requirements? (II	f "Yes," see instruction	ins and comple	le acı	180018		Yes X No
	Is this a defined contribution plan subject to the minimum funding requiren	nants of section 412	of the Code or	sectio	n 302	of ERISA?	Yes X No
12	Is this a defined contribution plan subject to the minimum funding requirem	Herita of accion 4 /	•= ==			*1	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amor	tized in this plan vea	r, see instructio	ns, ai	nd ente	r the date of	the letter ruling
a .	If a waiver of the minimum funding standard for a prior year is being amor granting the waiver		Mo	onth _		_ Day	Year
lf v	ou completed line 12a, complete lines 3, 9, and 10 of Schedule Mid (Fi	Office about a trace and	•••			12b	
b						12c	
C	the state ampleyor to the plan for this plan Vet	ar	to the left of	•		····	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the res	sult (enter a minus si	gn to the left of	a ,		12d	
					• <u> </u>	🗆	Yes No N/A
e	will the minimum funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the 12d	uning doddoops		, , ,			and the second second second
Part	Plan Terminations and Transfers of Assets: Has a resolution to terminate the plan been adopted during the plan year	vor pay prior year?				1	Yes X No
13a	Has a resolution to terminate the plan been adopted during the plan year "If "Yes," enter the amount of any plan assets that reverted to the employ	erthis vear			ا است فیت	13a	10 A 100 CO
	If "Yes," enter the amount of any plant assets that the	Design the mass of	a or behught ur	ider ti	ae con	trol	
⊬b	"If "Yes" enter the amount of any plan assets that reverted to the employ. Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?	Terred to another pla	47.48			4	Yes X No
^	of the PBGC7	s plan to another plar	n(s), identify the	plan	s) to		The second secon
	which assets or liabilities were transferred. (See instructions.)					13c(2) EIN(s	13c(3) PN(s)
	13c(1) Name of plan(s):		<u></u>			100(2) 237 (4	
						_	
			,				
					:		
<u></u>	ion: A penalty for the late or incomplete filing of this return/report wil	II be assessed unle	ss reasonable	caus	e is es	tablished.	, 1
Caut	ion: A penalty for the late or incomplete filing of this recurring of the	lare that I have exam	nined this return	/repo	rt, incl	uding, if appli	cable, a Schedule
SBo	r Schedule MB completed and signed by all elliblied actions, as well as	ne electronic version	of this return/re	port,	and to	rite best of M	y miowiougo and
belie	f it is true, confect, and complete.		1				
12	3N X austra	X10-11-11	Carroll I			ioning as pla	ın administrator
	RE Signature of plan administrator	Date					
	SN X montos	119-11-01	Carroll I			alanina ne om	polover or plan sponsor
\$350°55	RE Signature of employer/plan sponsor	Date	Enter name o	indi	vigual	orgrining as em	nployer or plan sponsor
130000000		CANADA PARTIE DE LA CONTRACTOR DE LA CANADA DE LA CONTRACTOR DE LA CONTRAC	NATIONAL PROPERTY AND ADDRESS OF THE PARTY.	BECOMES STREET	ALL TERMINENSISSES	AMERICAN TO AN ARRANGA COMPANY	NAMES OF THE PARTY