

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>QUICK SOLUTIONS, INC. EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN</u>	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td><u>001</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td><u>10/01/1995</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>001</u>	1c Effective date of plan	<u>10/01/1995</u>
1b Three-digit plan number (PN) ►	<u>001</u>				
1c Effective date of plan	<u>10/01/1995</u>				
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>QUICK SOLUTIONS, INC.</u> <u>440 POLARIS PARKWAY</u> <u>WESTERVILLE, OH 43082</u>	<table border="1"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1335615</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>614-825-8000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541519</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1335615</u>	2c Sponsor's telephone number <u>614-825-8000</u>	2d Business code (see instructions) <u>541519</u>	
2b Employer Identification Number (EIN) <u>31-1335615</u>					
2c Sponsor's telephone number <u>614-825-8000</u>					
2d Business code (see instructions) <u>541519</u>					

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 accompanying schedules, statements and attachments, 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 HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/04/2011</u>	<u>MELISSA LEWIS</u>
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") QUICK SOLUTIONS, INC. 440 POLARIS PARKWAY WESTERVILLE, OH 43082	3b Administrator's EIN 31-1335615 3c Administrator's telephone number 614-825-8000
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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	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	328
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	136
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	222
d Subtotal. Add lines 6a , 6b , and 6c	6d	358
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	358
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	356
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	64

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2H 2J 2K 2O 2Q

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan QUICK SOLUTIONS, INC. EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 QUICK SOLUTIONS, INC.	D Employer Identification Number (EIN) 31-1335615	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MERRILL LYNCH, PIERCE, FENNER AND S
2 EASTSTON CIRCLE
STE 100
COLUMBUS, OH 43219

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 18 52 56 59 60 62 63 72	RECORDKEEPER	5083	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

THE PERRY FISHER COMPANY
180 EAST BROAD STREET
SUITE 814
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	9970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

BRICKER AND ECKLER
100 SOUTH THIRD STREET
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	PLAN ATTORNEY	4388	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

COMSTOCK ADVISORS

1335 DUBLIN ROAD
STE 225A
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
34	VALUATOR	9390	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

GBQ PARTNERS LLC

230 WEST STREET
SUITE 700
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	8045	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>QUICK SOLUTIONS, INC. EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>QUICK SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>31-1335615</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>233255</u>	<u>65730</u>
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	<u>83443</u>	<u>55478</u>
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	<u>6807556</u>	<u>7221194</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	3876379	3825990
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11000633	11168392

Liabilities

g Benefit claims payable	1g	60	
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	60	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11000573	11168392
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	664151	
(C) Others (including rollovers)	2a(1)(C)	15423	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		679574

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	149368	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		149368

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-50389	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-50389
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		774922
c Other income.....	2c		1466
d Total income. Add all income amounts in column (b) and enter total.....	2d		1554941

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1350245	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1350245
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	31793	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	5084	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		36877
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1387122

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		167819
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: YANKOVICH ADELMAN JOHNSON STEVENSON

(2) EIN: 26-1347383

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** 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.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>QUICK SOLUTIONS, INC. EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>QUICK SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>31-1335615</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-1335615</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☒ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☒ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☒ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☒ Yes	☐ No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**QUICK SOLUTIONS, INC. EMPLOYEE STOCK
OWNERSHIP AND 401(K) PLAN**

**FINANCIAL STATEMENTS
AND
SUPPLEMENTAL INFORMATION**

December 31, 2010 and 2009

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YANKOVICH ADELMAN
JOHNSON STEVENSON
Certified Public Accountants + Business Partners

To the Plan Administrator of
Quick Solutions, Inc. Employee Stock
Ownership and 401(k) Plan
Westerville, Ohio

Independent Auditors' Report

We were engaged to audit the accompanying statements of net assets available for benefits of Quick Solutions, Inc. Employee Stock Ownership and 401(k) Plan as of December 31, 2010 and the related statements of changes in net assets available for benefits for the year then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements, based upon our audit. The financial statements of the Plan as of December 31, 2009, were audited by other auditors whose report dated July 23, 2010, expressed an unqualified opinion on those statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. These standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the company's internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2010, and the changes in net assets available for benefits for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was performed for the purpose of forming an opinion on the Plan's financial statements taken as a whole. The supplemental schedule of assets (held at end of year) is presented for the purpose of additional analysis and is not a required part of the basic financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audit of the basic financial statements for the year ended December 31, 2010, and, in our opinion, is fairly stated in all material respects to the basic financial statements taken as a whole.

Yakovlevich Adelman Johnson & Strickland, LLC

Columbus, Ohio

July 25, 2011

QUICK SOLUTIONS, INC
EMPLOYEE STOCK OWNERSHIP AND 401(k) PLAN

Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

	2010			2009		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
ASSETS						
Cash	\$ 65,730	\$ -	\$ 65,730	\$ 233,195	\$ -	\$ 233,195
Investments, at fair value:						
Mutual funds	7,221,194	-	7,221,194	6,807,556	-	6,807,556
Quick Solutions, Inc. common stock	3,825,990	-	3,825,990	3,876,379	-	3,876,379
Total Investments at Fair Value	11,047,184	-	11,047,184	10,683,935	-	10,683,935
Receivables:						
Participant notes receivable	55,478	-	55,478	83,442	-	83,442
 NET ASSETS AVAILABLE FOR BENEFITS	 \$ 11,168,392	 \$ -	 \$ 11,168,392	 \$ 11,000,572	 \$ -	 \$ 11,000,572

The accompanying notes are an integral part of the financial statements.

QUICK SOLUTIONS, INC
EMPLOYEE STOCK OWNERSHIP AND 401(k) PLAN

Statements of Changes in Net Assets Available for Benefits

For the years ended December 31, 2010 and 2009

	2010			2009		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
Additions to Net Assets Attributed to:						
Investment Income:						
Net appreciation in fair value of investments:						
Quick Solutions, Inc. common stock	\$ -	\$ -	\$ -	\$ -	\$ 44,299	\$ 44,299
Investments at quoted market prices	774,922	-	774,922	1,199,562	-	1,199,562
Interest and Dividends	149,368	-	149,368	101,017	-	101,017
Distributions from Quick Solutions, Inc.	1,466	-	1,466	370,380	-	370,380
Total investment income	925,756	-	925,756	1,670,959	44,299	1,715,258
Participants' rollovers	\$ 15,423	\$ -	\$ 15,423	\$ 761	\$ -	\$ 761
Participants' contributions	664,151	-	664,151	771,239	-	771,239
Employer's contributions	-	-	-	-	218,384	218,384
Allocation of Quick Solutions, Inc. common stock	-	-	-	196,103	-	196,103
Total contributions	679,574	-	679,574	968,103	218,384	1,186,487
Total additions	1,605,330	-	1,605,330	2,639,062	262,683	2,901,745
Deductions from Net Assets Attributed to:						
Net Depreciation in fair value of investments:						
Quick Solutions, Inc. common stock	\$ 50,389	\$ -	\$ 50,389	\$ 127,082	\$ -	\$ 127,082
Benefits paid to participants	1,350,245	-	1,350,245	733,839	-	733,839
Plan expenses	31,793	-	31,793	34,393	-	34,393
Loan interest expense	-	-	-	-	2,479	2,479
Administrative expenses	5,083	-	5,083	-	196,103	196,103
Allocation of Quick Solutions, Inc. common stock at fair value	-	-	-	6,904	-	6,904
Total deductions	1,437,510	-	1,437,510	902,218	198,582	1,100,800
Net increase	167,820	-	167,820	1,736,844	64,101	1,800,945
Net Assets Available for Benefits:						
Beginning of Year	11,000,572	-	11,000,572	9,263,728	(64,101)	9,199,627
End of Year	\$ 11,168,392	\$ -	\$ 11,168,392	\$ 11,000,572	\$ -	\$ 11,000,572

The accompanying notes are an integral part of the financial statements.

QUICK SOLUTIONS, INC.
EMPLOYEE STOCK OWNERSHIP AND 401(k) PLAN

Notes to Financial Statements

December 31, 2010 and 2009

Plan Description

The following description of the Quick Solutions, Inc. (the Company) Employee Stock Ownership and 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions. The Plan is a continuation of the Quick Solutions, Inc. 401(k) Plan.

In 2004, the Plan purchased Company common stock using the proceeds of a loan from a bank, guaranteed by the Company, and held the stock in a trust established under the employee stock ownership component of the Plan (ESOP). The borrowings were repaid over a five year period by Company contributions to the trust. As the ESOP makes each payment of the principal and interest, an appropriate percentage of stock was allocated to eligible employees' accounts in accordance with applicable regulations under the Internal Revenue Code of 1986, as amended (Code). The loan was repaid in 2009.

In 2001, the Plan purchased Company common stock using the proceeds of a bank loan and a related party borrowing, guaranteed by the Company, and held the stock in a trust established under the ESOP. The borrowings were repaid over a period ranging from three to four years by Company contributions to the trust. As the ESOP makes each payment of principal and interest, an appropriate percentage of stock was allocated to eligible employees' accounts in accordance with applicable regulation under the Code.

The borrowings were collateralized by the unallocated shares of stock and are guaranteed by the Company. The lenders had no rights against shares once they were allocated under the ESOP. Accordingly, the financial statements of the Plan for the years 2010 and 2009 present separately the assets and liabilities and changes therein pertaining to:

- a) the accounts of employees with vested rights in allocated stock (Allocated), and
- b) stock not yet allocated to employees (Unallocated)

General

The Plan is a defined contribution plan covering substantially all employees of the Company and also contains an ESOP feature. There are no age or service requirements to become eligible to participate in the Plan. Effective, January 1, 2010, the Plan was amended to automatically enroll participants at 3% of eligible compensation at the first quarterly enrollment date. There is an annual service requirement of 1,000 hours and a requirement to be employed on the last day of the Plan year to be eligible to share in employer matching and non-elective contributions. The Plan is subject to the provisions of Employee Retirement Income Security Act of 1974 (ERISA). The Plan may reimburse the Company for the administrative expenses of the Plan.

QUICK SOLUTIONS, INC.
EMPLOYEE STOCK OWNERSHIP AND 401(k) PLAN

Notes to Financial Statements

December 31, 2010 and 2009

Plan Description (continued)

Contributions

Each year, participants may contribute up to 80% of their pretax annual compensation. Participants may also contribute amounts consisting of distribution from other qualified plans. Participants who have attained age 50 before the end of the year are eligible to make catch-up contributions. The Board of Directors of the Company has the discretion to cause the Company to contribute additional funds to the Plan as a matching contribution up to six percent of each participant's compensation. Additional amounts may be contributed at the option of the Company's Board of Directors as a non-elective contribution. However, the non-elective employer contribution for each plan year shall never be less than the amount required to enable the trust to discharge any indebtedness in connection with the financed purchase of Company stock. The employer contributions may be made to the Plan in the form of Company stock, cash or any combination thereof, as the Board of Directors determines.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of a) the Company's contribution, b) forfeitures of terminated participants' non vested accounts of the Company stock, c) shares of the Company's common stock released by the Trustee from the unallocated account and d) plan earnings. Allocations are based on participant earnings or account balances, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service and is subject to the following vesting percentage provisions:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

A participant is 100% vested in the Company's matching and discretionary contribution portion of their accounts at normal retirement age of 65.

QUICK SOLUTIONS, INC.
EMPLOYEE STOCK OWNERSHIP AND 401(k) PLAN

Notes to Financial Statements

December 31, 2010 and 2009

Plan Description (continued)

Investment Options

A Participant may direct all non-employer stock contributions into any of the 14 investment options as allowed by the Plan.

Participants may change their investment options at any time.

Participant Notes Receivable

Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and will bear interest at a rate commensurate with local prevailing rates as determined quarterly by the plan administrator. The interest rates on participants' notes range from 4.25% to 9.25%. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service due to death, disability, retirement or other reasons, distributions of the balances in a participant's elective contribution account, profit sharing account and rollover account will be made in cash. The balance in a participant's Company stock account and other investment account will be distributed either in whole shares of Company stock, in cash or in any combination thereof, as decided by the Trustee.

Voting Rights

Shares of Company stock held in the Trust shall be voted by the Trustee in most instances. In certain extraordinary situations, such as a corporate merger, Treasury Regulations may require pass-through of voting rights in Company stock which has been fully paid for to Plan participants and beneficiaries.

Put Options

Under the terms of the Plan and Federal income tax regulations, any Company stock that is distributed and held by participants will include a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants. The put price is representative of the fair value of the stock. The Company can, in its discretion, pay for the purchase of the Company stock in a single sum or in installments with interest over a period not to exceed five years.

Forfeited Accounts

Company stock accounts that have been forfeited by participants who have terminated prior to becoming fully vested are allocated to participants. During 2010 and 2009 forfeitures were \$30,859 and \$68,102, respectively.

QUICK SOLUTIONS, INC.
EMPLOYEE STOCK OWNERSHIP AND 401(k) PLAN

Notes to Financial Statements

December 31, 2010 and 2009

Plan Description (continued)

Other amounts forfeited by participants who have terminated prior to becoming fully vested are used to reinstate previously forfeited accounts, if any, and the remaining forfeitures are used to pay the administrative expenses of the Plan and reduce any employer matching and non-elective contribution. At December 31, 2010 and 2009, forfeited non-vested accounts totaled \$29,442 and \$18,296, respectively.

Summary of Significant Accounting Principles

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, as determined by quoted market prices, except for the Company's stock, which is determined by an annual independent appraisal. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Net appreciation in fair value of investments is reflected in the statements of changes in net assets available for benefits and includes realized gains and losses on investments bought and sold and the change in appreciation from one period to the next.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

QUICK SOLUTIONS, INC.
EMPLOYEE STOCK OWNERSHIP AND 401(k) PLAN

Notes to Financial Statements

December 31, 2010 and 2009

Summary of Significant Accounting Policies (continued)

Recent Accounting Pronouncements

FASB issued ASU No. 2010-25 that requires participant loans to be reclassified as a note receivable to the plan, and measured at the unpaid principal balance plus any accrued interest. Previous guidance required the participant loans to be classified as a plan investment and measured at fair value. The guidance is effective for plan years ending after December 15, 2010 and must be applied retrospectively.

Reclassification

Certain reclassifications have been made to the 2009 financial statements in order to conform to the 2010 presentation.

Investments in Mutual Funds

The following is a summary of mutual fund investments held as of December 31, 2010 and 2009. Investments that represent 5% or more of the Plan's net assets are separately identified.

	2010	2009
Blackrock Capital Appreciation Fund	\$ 1,075,543	\$ 1,004,024
Pimco Total Return Fund	946,874	722,692
Thornburg International Fund	1,007,319	998,777
Blackrock Basic Value Fund	655,650	*
Retirement Reserve Fund	627,870	754,685
Others	2,907,938	3,327,378
	<u>\$ 7,221,194</u>	<u>\$ 6,807,556</u>

* The fair value of this investment did not represent 5% or more of the Plan's net asset as of the specified date and are included in other investments.

Investments in Common Stock of Plan Sponsor

At December 31, 2010 and 2009, the Plan was allocated shares of the Company's \$2.00 par value common stock with fair values of \$10.63 and \$10.77 per share, respectively.

QUICK SOLUTIONS, INC.
EMPLOYEE STOCK OWNERSHIP AND 401(k) PLAN

Notes to Financial Statements

December 31, 2010 and 2009

Investments in Common Stock of Plan Sponsor (continued)

The investment in the Company's stock, at December 31, is presented in the following table:

	2010		2009	
	<u>Allocated</u>	<u>Unallocated</u>	<u>Allocated</u>	<u>Unallocated</u>
Number of Shares	359,923	-	359,923	-
Common Stock – Fair Value	\$ 3,825,990	\$ -	\$ 3,876,379	\$ -
Common Stock - Cost	\$ 4,682,130	\$ -	\$ 4,682,130	\$ -

Loans Payable

In 2004, the Plan entered into a term loan agreement and used the proceeds to purchase 151,946 shares of the Company's common stock. The original amount of the loan was for \$2,159,149 and was borrowed from a bank. The agreement provided for the loan to be repaid over five years. The loan bore interest at the one-month London Inter Bank Offering Rate (LIBOR) plus 2.5% (4.40% at December 31, 2008). Unallocated shares were collateral for the loan. The loan was fully repaid during 2009.

Fair Value Measurements

ASC 820, Fair Value Measurements and Disclosures establishes a framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

QUICK SOLUTIONS, INC.
EMPLOYEE STOCK OWNERSHIP AND 401(k) PLAN

Notes to Financial Statements

December 31, 2010 and 2009

Fair Value Measurements (continued)

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Cash: Valued at cost, which approximates fair value.

Mutual Funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Quick Solutions, Inc. Common Stock: Valued at estimated fair value based upon an independent appraisal. This appraisal was based upon a combination of market and income valuation techniques consistent with prior years. The appraiser took into account historical and projected cash flow and net income, return on assets, return on equity, market comparables and estimated fair value of Company assets and liabilities.

QUICK SOLUTIONS, INC.
EMPLOYEE STOCK OWNERSHIP AND 401(k) PLAN

Notes to Financial Statements

December 31, 2010 and 2009

Fair Value Measurements (continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

Investments at fair value as of 12/31/2010				
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Large-Cap Equity Fund	\$ 2,051,563	\$ -	\$ -	\$ 2,051,563
Mid-Cap Equity Fund	1,206,921	-	-	1,206,921
Small-Cap Equity Fund	468,545	-	-	468,545
International Equity Fund	1,397,257	-	-	1,397,257
Bond Fund	1,178,406	-	-	1,178,406
Index Fund	290,632	-	-	290,632
Money Fund	627,870	-	-	627,870
Common Stock	-	-	3,825,990	3,825,990
Total Investments	<u>\$ 7,221,194</u>	<u>\$ -</u>	<u>\$ 3,825,990</u>	<u>\$ 11,047,184</u>

Investments at fair value as of 12/31/2009				
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Large-Cap Equity Fund	\$ 2,044,434	\$ -	\$ -	\$ 2,044,434
Mid-Cap Equity Fund	847,023	-	-	847,023
Small-Cap Equity Fund	444,769	-	-	444,769
International Equity Fund	1,436,628	-	-	1,436,628
Bond Fund	900,152	-	-	900,152
Index Fund	379,862	-	-	379,862
Money Fund	754,688	-	-	754,688
Common Stock	-	-	3,876,379	3,876,379
Total Investments	<u>\$ 6,807,556</u>	<u>\$ -</u>	<u>\$ 3,876,379</u>	<u>\$ 10,683,935</u>

QUICK SOLUTIONS, INC.
EMPLOYEE STOCK OWNERSHIP AND 401(k) PLAN

Notes to Financial Statements

December 31, 2010 and 2009

Fair Value Measurements (continued)

There were no significant transfers between level 1 and level 2 investments during the year ended December 31, 2010 and 2009.

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2010 and 2009.

	<u>2010</u>	<u>2009</u>
Balances, beginning of year	\$ 3,876,379	\$ 3,959,162
Unrealized losses related to instruments still held at the reporting date	(50,389)	(82,783)
Purchases, sales, issuances and settlements (net)		-
Balances, end of year	<u>\$ 3,825,990</u>	<u>\$ 3,876,379</u>

Plan Termination

Under the Plan, the Company has the right to discontinue its contributions at any time and to terminate the Plan. The Company has expressed no present intention to terminate the Plan. In the event of Plan termination, participants would become 100% vested in their accounts. Upon termination of the Plan, the Trustee should pay all liabilities and expenses of the Plan.

Tax Status

The Plan and Trust are intended to qualify as a qualified plan and a tax exempt trust. The Plan obtained its latest determination letter on January 27, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter to comply with technical requirements of the IRC. The Plan administrator believes that the Plan agreement has been drafted and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

QUICK SOLUTIONS, INC.
EMPLOYEE STOCK OWNERSHIP AND 401(k) PLAN

Notes to Financial Statements

December 31, 2010 and 2009

Related Party Transactions

Certain Plan investments are shares of mutual funds managed by Merrill Lynch. Merrill Lynch is the custodian as defined by the Plan agreement and, therefore, these transactions qualify as party-in-interest transactions.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect participants' account balances and the amounts reported in the accompanying 2010 statement of net assets available for benefits.

Plan Amendments

Effective January 1, 2010, the Plan was amended to automatically enroll all eligible employees unless they specifically opt out.

Subsequent Events

The Plan has evaluated subsequent events through July 25, 2010, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

QUICK SOLUTIONS, INC
EIN: #77-0695451 PLAN: #001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2010

(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest (c) Collateral, Par or Maturity Value	Current (e) Value
	Blackrock	Capital Appreciation Fund	\$ 1,075,543
	Thornburg	International Fund	1,007,319
	Pimco	Total Return Fund	946,874
	Blackrock	Basic Value Fund	655,650
*	Merrill Lynch	Retirement Reserve Money Fund	627,870
	Federated	Kaufman Fund	534,018
	JP Morgan	Small Cap Growth Fund	468,545
	Blackrock	Global Allocation Fund	389,938
	Eaton Vance	Strategic Income Fund	353,532
	Victory	Established Value Fund	319,371
	Blackrock	S&P 500 Index Fund	290,632
	Federated	Capital Appreciation Fund	243,046
	Pimco	High Yield Fund	231,532
	Seligman	Communication and Information Fund	77,324
	Cash	Cash	65,730
*	Quick Solutions, inc.	Company Stock	3,825,990
*	Participant notes receivable	Interest 4.25% - 9.25%	55,478
			<u><u>\$ 11,168,392</u></u>

* Denotes a party-in-interest

** Historical cost is not required as all investments are participant directed

QUICK SOLUTIONS, INC
EIN: #77-0695451 PLAN: #001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2010

(a)	Identity of Issuer, Borrower, (b) Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest (c) Collateral, Par or Maturity Value	Current (e) Value
	Blackrock	Capital Appreciation Fund	\$ 1,075,543
	Thornburg	International Fund	1,007,319
	Pimco	Total Return Fund	946,874
	Blackrock	Basic Value Fund	655,650
*	Merrill Lynch	Retirement Reserve Money Fund	627,870
	Federated	Kaufman Fund	534,018
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