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 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
QED, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1989

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
QED, INC.

C/O RPS PLAN ADMINISRATION
2851 S PARKER RD, STE 230
AURORA, CO 80014

2b Employer Identification Number (EIN)
20-2053336

2c Sponsor's telephone number
303-825-5011

2d Business code (see instructions)
423600

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	Filed with authorized/valid electronic signature.	10/14/2011	MICHELLE ANGHIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	MICHELLE ANGHIS
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

QED, INC.

1661 W 3RD AVENUE
DENVER, CO 80223

3b Administrator's EIN
20-2053336

3c Administrator's telephone number
303-825-5011

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

5	Total number of participants at the beginning of the plan year	**5**	305
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**	244
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	82
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	326
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	326
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	260
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	30
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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 2G 2J 2K 3D 2R

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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
QED, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
QED, INC.

D Employer Identification Number (EIN)
20-2053336

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-B2-JM74	8	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
75	32

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CAMBRIDGE INVESTMENT RESEARCH
1776 PLEASANT PLAIN ROAD
FAIRFIELD, IA 52556-8757

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
75			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NATHAN CARLSON
2851 S PARKER RD, STE 230
AURORA, CO 80014

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	32	ADMINISTRATIVE EXPENSES PAID BY NATIONWIDE	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	29581
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	33528
c	Additions: (1) Contributions deposited during the year	7c(1)	981		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1181		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	635		
	▶ LOAN PAYMENTS				
	(6) Total additions			7c(6)	2797
d	Total of balance and additions (add **b** and **c(6)**)			7d	36325
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	159		
	(2) Administration charge made by carrier	7e(2)	126		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	6459		
	▶ LOAN WITHDRAWAL				
	(5) Total deductions			7e(5)	6744
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	29581

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
QED, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
QED, INC.

D Employer Identification Number (EIN)
20-2053336

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-B3-NV88	2	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
53	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CAMBRIDGE INVESTMENT RESEARCH
1776 PLEASANT PLAIN ROAD
FAIRFIELD, IA 52556-8757

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
53			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	19722
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	24770
c	Additions: (1) Contributions deposited during the year	7c(1)	-8		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	819		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	3859		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	4670
d	Total of balance and additions (add **b** and **c(6)**)			7d	29440
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	197		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	9521		
	▶ LOAN WITHDRAWAL				
	(5) Total deductions			7e(5)	9718
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	19722

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
QED, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
QED, INC.

D Employer Identification Number (EIN)
20-2053336

Part I Service Provider Information (see instructions)

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).. . . . . [X] 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

NATIONWIDE
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

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

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

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

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

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)

RPS PLAN ADMINISTRATORS

2851 S. PARKER ROAD, STE. 230
AURORA, CO 80014

(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?
13	N/A	15522	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

NATIONWIDE

ONE NATIONWIDE PLAZA
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?
19	N/A	15522	Yes [X] No [ ]	Yes [X] No [ ]	10135	Yes [ ] No [X]

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

CLARKE LANZEN SKALLA LLC

4020 SOUTH 147TH STREET
OMAHA, NE 68137

(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?
28	N/A	6063	Yes [ ] No [X]	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 ☐

(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 ☐

(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

(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

(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

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
QED, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
QED, INC.

D Employer Identification Number (EIN)
20-2053336

Part I Asset and Liability Statement

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)	20879	
(2) Participant contributions	1b(2)	30799	
(3) Other	1b(3)	663	178
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	154365	152863
(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)	3015012	3535788
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	58300	49304
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(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	3280018	3738133
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3280018	3738133

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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	384140	
(C) Others (including rollovers)	2a(1)(C)	206572	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		590712
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)	7501	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7501
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(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)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(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)		357076
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		955289
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	454504	
(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)		454504
f Corrective distributions (see instructions)	2f		3893
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	15522	
(3) Investment advisory and management fees	2i(3)	6063	
(4) Other	2i(4)	17192	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		38777
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		497174
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		458115
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: HUGHES WEDGWOOD & COMPANY LLC (2) EIN: 84-1523785

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n			

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)

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
QED, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
QED, INC.

D Employer Identification Number (EIN)
20-2053336

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** 0

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): 31-1592130

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 of 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**

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):

---

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):

QED, INC.
401(k) PLAN

AUDITED FINANCIAL STATEMENTS

December 31, 2010 and 2009

HUGHES, WEDGWOOD
& COMPANY, LLC
Certified Public Accountants
And Business Advisors

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HUGHES
WEDGWOOD & COMPANY, LLC
CERTIFIED PUBLIC ACCOUNTANTS
AND BUSINESS ADVISORS

789 Sherman Street, Suite 575
Denver, CO 80203
Phone: 303.318.0115
Fax: 303.318.0534

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
QED, INC. 401(k) Plan

We were engaged to audit the financial statements of QED, INC. 401(k) Plan as of December 31, 2010 and 2009, and for the year ended December 31, 2010, and the supplemental schedule referred to as "supplemental information," as of and for the year ended December 31, 2010 as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Nationwide Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Hughes, Wedgwood & Company, LLC

Hughes, Wedgwood & Company, LLC
Denver, Colorado
August 5, 2011

QED, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2010 and 2009

ASSETS

	2010	2009
Investments (at fair value):		
Guaranteed Investment Contracts	$ 49,304	$ 57,725
Investment in Mutual Funds	3,535,788	3,015,012
Total Investments	**3,585,092**	**3,072,737**
Receivables:		
Employer's Contributions	-	20,879
Participants' Contributions	-	30,799
Notes Receivable from Participants	152,863	154,365
Accrued Interest	-	663
Other Receivables	178	-
Total Receivables	**153,041**	**206,706**
Total Assets	**3,738,133**	**3,279,443**
Net Assets Reflecting Investments at Fair Value	**3,738,133**	**3,279,443**
Adjustment from Fair Value to Contract Value for Fully Benefit Responsive Investment Contract	-	575
Net Assets Available for Benefits	**$ 3,738,133**	**$ 3,280,018**

See Independent Auditors' Report and Notes to Financial Statements.

QED, INC. 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended December 31, 2010

Additions to Net Assets Available for Benefits		
Attributed to:		
Investment Income		
Net Increase (Realized and Unrealized) in Fair Value of Investments	$ 357,076	
Interest and Dividend Income	7,501	
Total Investment Income		$ 364,577
Contributions:		
Participants'	384,140	
Participant Rollover	206,572	
Total Contributions		590,712
TOTAL ADDITIONS		**955,289**
Deductions from Net Assets Available for Benefits		
Administrative Expenses	38,777	
Corrective Distributions	3,893	
Benefits Attributed to:		
Benefits Paid to Participants	454,504	
TOTAL DEDUCTIONS		**497,174**
Increase in Net Assets Available for Benefits		458,115
NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR		**3,280,018**
END OF YEAR		**$ 3,738,133**

See Independent Auditors' Report and Notes to Financial Statements.

QED, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of the QED, INC. 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is commonly known as a Code Section 401(k) profit sharing plan. It covers all employees of QED, Inc., JD Stauffer, LLC and Quality Electrical Systems, Inc. who have one month of service and are age twenty-one or older, excluding non-resident aliens. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. Each year, participants may contribute to the plan a percentage of their annual wages, not to exceed a specific dollar amount determined by the Internal Revenue Service. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The plan has enacted an automatic contribution arrangement under which eligible employees are automatically enrolled at a 3% deferral rate unless a contrary election is made. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various registered investment options for participants. The Company may make matching contributions or non elective contributions at the discretion of the Company's board of directors. The Companies elected to stop the matching contributions in February 2009. Non elective contributions are subject to certain limitations.

Participant Accounts. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. 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 contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service if the plan is considered a top-heavy plan.

Notes Receivable from Participants. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their account balance, whichever is less. The loans are secured by 50% of the borrowing participants vested account and bear interest at rates, which are commensurate with local prevailing rates as determined quarterly

by the Plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits. On termination of service a participant must receive the value of the vested interest in his or her account as a lump-sum distribution if the amount is under $5,000. If the vested interest is over $5,000, than the participant may elect from two different options:

1. Lump-sum distribution
2. Installment payments for required minimum distributions only (annually, quarterly, monthly) over a specified period of time, not exceeding your life expectancy or the joint life expectancy of you and your designated beneficiary

Withholding Taxes. The Plan is required to withhold 20% of distributions not directly transferred to another qualified plan or IRA account. These funds are then remitted to the Internal Revenue Service.

Forfeitures. Forfeitures of non-vested employer matching contributions are applied in the next plan year, as follows:

1. Reduce plan expenses
2. Reduce matching contributions
3. Reduce non-elective contributions

The Plan had $16,129 and $11,424 of forfeitures for the years ended December 31, 2010 and 2009, respectively. Forfeitures for the year ended December 31, 2009 were used to reduce plan expenses for the year ended December 31, 2010.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review

Subsequent events were evaluated through August 5, 2011, which is the date the financial statements were available to be issued.

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from

fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

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.

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balance plus any accrued but unpaid interest.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, except for participant loans. 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. See Note 3 for discussion of fair value measurements.

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. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

Expenses of maintaining the Plan may be paid using forfeitures of non-vested employer matching contributions. Any excess of expenses over available funds from forfeitures are paid by the Companies.

Reclassifications

Certain amounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements.

3. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2010			
Mutual Funds	$ 3,535,788	$ 3,535,788	$ -
Guaranteed Investment Contract Short Term Index Fixed	19,723	-	19,723
Guaranteed Investment Contract Fixed	29,581	-	29,581
Total	$ 3,585,092	$ 3,535,788	$ 49,304
December 31, 2009			
Mutual Funds	$ 3,015,012	$ 3,015,012	$ -
Guaranteed Investment Contract Short Term Index Fixed	24,770	-	24,770
Guaranteed Investment Contract Fixed	32,955	-	32,955
Total	$ 3,072,737	$ 3,015,012	$ 57,725

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

Level 3 Fair Value Measurements

The guaranteed investment contracts with an insurance company and participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contracts is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Investment Contracts		
	Short Term Index Fixed	Fixed	Total
December 31, 2010			
Beginning balance	$ 24,770	$ 32,955	$ 57,725
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	(197)	920	723
Purchases, sales, issuances, and settlements (net)	(4,850)	(4,294)	(9,144)
Ending balance	$19,723	$ 29,581	$ 49,304
December 31, 2009			
Beginning balance	$ 19,691	$ 67,061	$ 86,752
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	(108)	1,275	1,167
Purchases, sales, issuances, and settlements (net)	5,187	(35,381)	(30,194)
Ending balance	$ 24,770	$ 32,955	$ 57,725

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2010 are reported in net appreciation in fair value of investments.

4. INVESTMENTS

The following investments represent 5% or more of the Plan's net assets available for benefits held at December 31, 2010 and 2009. They are summarized as follows:

	2010	2009
Investments at Fair Value as Determined By Quoted Market Price		
Mutual Funds:		
Advisor One Amerigo Fund	$ 494,428	$ 433,123
Nationwide Money Market Fund (Formerly Gartmore Money Market Fund IC)	458,946	364,031
PIMCO Total Return Fund	372,023	313,742
Other	2,210,391	1,904,116
	3,535,788	3,015,012
Investments at Guaranteed Contract Value		
Nationwide Insurance fixed funds	49,304	58,300
	$ 3,585,092	$ 3,073,312

During the years ended December 31, 2010 and 2009, the Plan's investments (including investments bought, sold and held during the year) appreciated (declined) in value as follows:

	Net Change in Net Value	
	2010	2009
Investments at fair value as determined by quoted market price Mutual Funds	$ 357,076	$ 595,882

5. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The plan has a benefit responsive guaranteed investment contract with Nationwide Insurance Company (Nationwide). Nationwide maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Nationwide. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the Short Term Index Fixed Fund guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment

contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by Nationwide, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contracts at December 31, 2010 and 2009 was $49,304 and $57,725, respectively.

Certain events limit the Plan's ability to transact at contract value with Nationwide. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

	2010	2009
Average yields:		
Based on actual earnings	0.0%	0.0%
Based on interest rate credited to participants	0.0%	0.0%

6. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedules were obtained from data that had been prepared and certified to be complete and accurate by Nationwide Life Insurance Company (Custodian).

Information included in the statement of net assets available for benefits:
Investment values

Information included in the statement of changes in net assets available for benefits:
Net appreciation in fair value of investments
Interest

7. RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Nationwide Life Insurance Company. Nationwide is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services and custodial fees amounted to $23,255 for the year ended December 31, 2010.

Retirement Planning Services, Inc. provides contract administration services to the plan, therefore, transactions qualify as party-in-interest. Fees paid by the plan for the contract administration fees amounted to $15,522 for the year ended December 31, 2010. .

8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

9. TAX STATUS

The Company entered into an adoption agreement which allows them to become a participating Employer in a Defined Contribution Master Plan. Under this agreement, the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently 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.

10. RISKS AND UNCERTANTIES

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 investments securities, it is at least reasonably possible that changes in the values of investments securities will occur in the near term and such changes could materially affect participants' accounts balances and the amounts reported in the statement of net assets available for benefits.

SUPPLEMENTAL INFORMATION

QED, INC. 401(K) PLAN
EIN #20-2053336
Plan Number: 001
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
Plan Year Ending December 31, 2010

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Amer Century Value Fund	Mutual Fund	**	3,289
Aberdeen Emerging Markets Fund	Mutual Fund	**	176
Amer Funds EuroPacific Growth Fund	Mutual Fund	**	1,413
Alger MidCap Growth Fund	Mutual Fund	**	10,997
Alger Capital Appreciation Fund	Mutual Fund	**	17,876
Alliance Berstein High Income Fund	Mutual Fund	**	7,564
Invesco MidCap Core Equity Fund	Mutual Fund	**	4,077
Invesco SmallCap Growth Fund	Mutual Fund	**	1,473
Amer Funds New World Fund	Mutual Fund	**	22,420
Amer Funds AmCap Fund	Mutual Fund	**	4,650
Amer Funds Income Fund of America	Mutual Fund	**	65,364
Invesco Real Estate Fund A	Mutual Fund	**	80
Amer Funds Growth Fund of America	Mutual Fund	**	100,244
Amer Funds AM High Income Trust	Mutual Fund	**	14,790
Amer Funds Capital World Growth & Income	Mutual Fund	**	9,025
Baron Asset Fund	Mutual Fund	**	3,130
BlackRock Energy Resources Fund	Mutual Fund	**	3,222
BlackRock Bond Portfolio	Mutual Fund	**	71
BlackRock Capital Appreciation Fund	Mutual Fund	**	313
BlackRock Int'l Opportunity Portfolio	Mutual Fund	**	40,721
BlackRock US Opportunity Fund	Mutual Fund	**	31,611
BlackRock Health Science Opportunity Fund	Mutual Fund	**	1,840
BlackRock Small Cap Growth Equity	Mutual Fund	**	34,475
Columbia Equity Value Fund	Mutual Fund	**	6,157
Columbia MidCap Value Opportunity Fund	Mutual Fund	**	28,895
Cambiar Int'l Equity Fund	Mutual Fund	**	16,840
Advisor One Amerigo Fund	Mutual Fund	**	494,428
Advisor One Descartes Fund	Mutual Fund	**	139,754
Advisor One Select Allocation Fund	Mutual Fund	**	121,498
Advisor One Liahona Fund	Mutual Fund	**	68,883
Advisor One Clermont Fund	Mutual Fund	**	94,037
Advisor One Enhanced Income Fund	Mutual Fund	**	547
Advisor One Flexible Income Fund	Mutual Fund	**	1,320
Dreyfus Prem Strategy Value Fund	Mutual Fund	**	2,965
Dreyfus Prem Greater China Fund	Mutual Fund	**	4,271
Dodge & Cox Int'l Stock Fund	Mutual Fund	**	40,925
Dreyfus MidCap Value Fund	Mutual Fund	**	3,624
Dreyfus Prem Worldwide Growth Fund	Mutual Fund	**	7,837
Eaton Vance Large Cap Value Fund	Mutual Fund	**	285
Eaton Vance Small Cap Growth Fund	Mutual Fund	**	5,659
Eaton Vance Multi cap Growth Fund	Mutual Fund	**	10,597
Fidelity Adv Global Cap Appreciation Fund	Mutual Fund	**	18,450
Fidelity Adv Inflation Protected Bond Fund	Mutual Fund	**	2,997
Fidelity Adv Large Cap Fund	Mutual Fund	**	3,595
Fidelity Leveraged Company Stock Fund	Mutual Fund	**	54,245

QED, INC. 401(K) PLAN
EIN #20-2053336
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Plan Year Ending December 31, 2010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Continued			
	Fidelity Adv Midcap Stock Fund	Mutual Fund	**	65,843
	Fidelity Adv Short Fixed Income Fund	Mutual Fund	**	152
	Goldman Sachs Ultra Shrt Dur Gov't Fund	Mutual Fund	**	25,343
	Goldman Sachs Gov't Income Fund	Mutual Fund	**	43,339
	Goldman Sachs MidCap Value Fund	Mutual Fund	**	964
*	Nationwide Money Market Fund	Mutual Fund	**	458,946
	Harbor Int'l Fund	Mutual Fund	**	52,469
	Heartland Value Fund	Mutual Fund	**	113,621
	Janus Adv Forty Fund	Mutual Fund	**	12,861
	JPM Limited Duration Bond Fund	Mutual Fund	**	702
	Putnam Int'l Equity Fund	Mutual Fund	**	70,437
	Victory Small Company Opportunity Fund	Mutual Fund	**	34
	Victory Portfolio Diversified Stock	Mutual Fund	**	40,634
	Lazard Emerging Markets Portfolio	Mutual Fund	**	452
	Lord Abbett High Yield Fund	Mutual Fund	**	3,380
	Loomis Sayles Bond Fund	Mutual Fund	**	100,091
*	Nationwide Bond Index Fund	Mutual Fund	**	5,140
	PIMCO Allianz SmlCap Value	Mutual Fund	**	19,873
	PIMCO Total Return Fund	Mutual Fund	**	372,023
	Oppenheimer Value Fund	Mutual Fund	**	83,914
	Oppenheimer Comodity Strategic Ttl Rtrn Fund	Mutual Fund	**	338
	Oppenheimer Gold & Minerals Fund	Mutual Fund	**	20,106
	Oppenheimer Global Fund	Mutual Fund	**	46,390
	Oppenheimer Int'l Bond Fund	Mutual Fund	**	9,144
	Oppenheimer Int'l Small Company Fund	Mutual Fund	**	1,672
	Oppenheimer Corp Bond Fund	Mutual Fund	**	1,360
	DWS Large Cap Value Fund	Mutual Fund	**	4,923
	DWS Strategic Value	Mutual Fund	**	36,081
	DWS High Income Fund	Mutual Fund	**	14,571
	PIMCO Low Duration Fund	Mutual Fund	**	7,368
	PIMCO Developing Local Mrkt Fund	Mutual Fund	**	3,030
	Oppenheimer Limited Term Gov't Fund	Mutual Fund	**	6,603
	Prudential Jennison Natural Resources Fund	Mutual Fund	**	29,157
	Prudential ST Corp Bond Fund	Mutual Fund	**	21,438
	Pioneer Strategic Income Fund	Mutual Fund	**	43,876
	PIMCO Real Return Fund	Mutual Fund	**	168
	Principal Equity Income Fund	Mutual Fund	**	27,087
	Oppenheimer Main Street SmallMid Cap Fund	Mutual Fund	**	836
	Rydex Biotech Fund	Mutual Fund	**	543
	Rydex Internet Fund	Mutual Fund	**	21,730
	Rydex Nova Fund	Mutual Fund	**	13,413
	Rydex MidCap 400 Pure Growth Fund	Mutual Fund	**	16,140
	Rydex MidCap 400 Pure Value Fund	Mutual Fund	**	5,230

QED, INC. 401(K) PLAN
EIN #20-2053336
Plan Number: 001
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
Plan Year Ending December 31, 2010

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Continued			
Rydex Russell 2000 1.5x Fund	Mutual Fund	**	2,132
RS Partners Fund	Mutual Fund	**	27,597
Rydex Nasdaq 100 Fund	Mutual Fund	**	3,445
Sentinel Growth Leaders	Mutual Fund	**	15,834
Self-directed Brokerage Accounts Stocks	Stocks	**	155
Sentinel Gov't Securities	Mutual Fund	**	27,024
Wells Fargo Adv SmallCap Value Fund	Mutual Fund	**	3,742
Wells Fargo Adv High Income Fund	Mutual Fund	**	10,923
Thornburg Int'l Value Fund	Mutual Fund	**	4,585
Invesco Gold & Precious Metals Fund	Mutual Fund	**	6,326
Invesco VK MidCap Growth Fund	Mutual Fund	**	1,564
Fixed Income Fund	Guaranteed	**	29,581
Short-term Indexed Fixed Fund	Guaranteed	**	19,723
VanEck Int'l Gold Fund	Mutual Fund	**	5,889
Invesco VK Equity Income Fund	Mutual Fund	**	7,710
Ivy High Income Fund	Mutual Fund	**	4,863
Ivy Pacific Opportunities Fund	Mutual Fund	**	1,664
Ivy Asset Strategy Fund	Mutual Fund	**	16,746
Ivy Science & Technology Fund	Mutual Fund	**	3,026
Yocktman Focused Fund	Mutual Fund	**	15,968
Janus Balanced Fund	Mutual Fund	**	40,063
Janus Enterprise Fund	Mutual Fund	**	52
Janus Intech Risk Managed Core Fund	Mutual Fund	**	4,442
JPM Intrepid European Fund	Mutual Fund	**	8,927
Virtus Real Estate Securities Fund	Mutual Fund	**	15,059
Participant Loans	4.25% - 9.25%	-0-	152,863
			3,737,955

* Party-in-interest
** Cost omitted for participant directed investments

QED, INC. 401(K) PLAN
EIN #20-2053336
Plan Number: 001
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
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Amer Funds EuroPacific Growth Fund	Mutual Fund	**	1,413
Alger MidCap Growth Fund	Mutual Fund	**	10,997
Alger Capital Appreciation Fund	Mutual Fund	**	17,876
Alliance Berstein High Income Fund	Mutual Fund	**	7,564
Invesco MidCap Core Equity Fund	Mutual Fund	**	4,077
Invesco SmallCap Growth Fund	Mutual Fund	**	1,473
Amer Funds New World Fund	Mutual Fund	**	22,420
Amer Funds AmCap Fund	Mutual Fund	**	4,650
Amer Funds Income Fund of America	Mutual Fund	**	65,364
Invesco Real Estate Fund A	Mutual Fund	**	80
Amer Funds Growth Fund of America	Mutual Fund	**	100,244
Amer Funds AM High Income Trust	Mutual Fund	**	14,790
Amer Funds Capital World Growth & Income	Mutual Fund	**	9,025
Baron Asset Fund	Mutual Fund	**	3,130
BlackRock Energy Resources Fund	Mutual Fund	**	3,222
BlackRock Bond Portfolio	Mutual Fund	**	71
BlackRock Capital Appreciation Fund	Mutual Fund	**	313
BlackRock Int'l Opportunity Portfolio	Mutual Fund	**	40,721
BlackRock US Opportunity Fund	Mutual Fund	**	31,611
BlackRock Health Science Opportunity Fund	Mutual Fund	**	1,840
BlackRock Small Cap Growth Equity	Mutual Fund	**	34,475
Columbia Equity Value Fund	Mutual Fund	**	6,157
Columbia MidCap Value Opportunity Fund	Mutual Fund	**	28,895
Cambiar Int'l Equity Fund	Mutual Fund	**	16,840
Advisor One Amerigo Fund	Mutual Fund	**	494,428
Advisor One Descartes Fund	Mutual Fund	**	139,754
Advisor One Select Allocation Fund	Mutual Fund	**	121,498
Advisor One Liahona Fund	Mutual Fund	**	68,883
Advisor One Clermont Fund	Mutual Fund	**	94,037
Advisor One Enhanced Income Fund	Mutual Fund	**	547
Advisor One Flexible Income Fund	Mutual Fund	**	1,320
Dreyfus Prem Strategy Value Fund	Mutual Fund	**	2,965
Dreyfus Prem Greater China Fund	Mutual Fund	**	4,271
Dodge & Cox Int'l Stock Fund	Mutual Fund	**	40,925
Dreyfus MidCap Value Fund	Mutual Fund	**	3,624
Dreyfus Prem Worldwide Growth Fund	Mutual Fund	**	7,837
Eaton Vance Large Cap Value Fund	Mutual Fund	**	285
Eaton Vance Small Cap Growth Fund	Mutual Fund	**	5,659
Eaton Vance Multi cap Growth Fund	Mutual Fund	**	10,597
Fidelity Adv Global Cap Appreciation Fund	Mutual Fund	**	18,450
Fidelity Adv Inflation Protected Bond Fund	Mutual Fund	**	2,997
Fidelity Adv Large Cap Fund	Mutual Fund	**	3,595
Fidelity Leveraged Company Stock Fund	Mutual Fund	**	54,245

QED, INC. 401(K) PLAN
EIN #20-2053336
Plan Number: 001
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
Plan Year Ending December 31, 2010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Continued			
	Fidelity Adv Midcap Stock Fund	Mutual Fund	**	65,843
	Fidelity Adv Short Fixed Income Fund	Mutual Fund	**	152
	Goldman Sachs Ultra Shrt Dur Gov't Fund	Mutual Fund	**	25,343
	Goldman Sachs Gov't Income Fund	Mutual Fund	**	43,339
	Goldman Sachs MidCap Value Fund	Mutual Fund	**	964
*	Nationwide Money Market Fund	Mutual Fund	**	458,946
	Harbor Int'l Fund	Mutual Fund	**	52,469
	Heartland Value Fund	Mutual Fund	**	113,621
	Janus Adv Forty Fund	Mutual Fund	**	12,861
	JPM Limited Duration Bond Fund	Mutual Fund	**	702
	Putnam Int'l Equity Fund	Mutual Fund	**	70,437
	Victory Small Company Opportunity Fund	Mutual Fund	**	34
	Victory Portfolio Diversified Stock	Mutual Fund	**	40,634
	Lazard Emerging Markets Portfolio	Mutual Fund	**	452
	Lord Abbett High Yield Fund	Mutual Fund	**	3,380
	Loomis Sayles Bond Fund	Mutual Fund	**	100,091
*	Nationwide Bond Index Fund	Mutual Fund	**	5,140
	PIMCO Allianz SmlCap Value	Mutual Fund	**	19,873
	PIMCO Total Return Fund	Mutual Fund	**	372,023
	Oppenheimer Value Fund	Mutual Fund	**	83,914
	Oppenheimer Comodity Strategic Ttl Rtrn Fund	Mutual Fund	**	338
	Oppenheimer Gold & Minerals Fund	Mutual Fund	**	20,106
	Oppenheimer Global Fund	Mutual Fund	**	46,390
	Oppenheimer Int'l Bond Fund	Mutual Fund	**	9,144
	Oppenheimer Int'l Small Company Fund	Mutual Fund	**	1,672
	Oppenheimer Corp Bond Fund	Mutual Fund	**	1,360
	DWS Large Cap Value Fund	Mutual Fund	**	4,923
	DWS Strategic Value	Mutual Fund	**	36,081
	DWS High Income Fund	Mutual Fund	**	14,571
	PIMCO Low Duration Fund	Mutual Fund	**	7,368
	PIMCO Developing Local Mrkt Fund	Mutual Fund	**	3,030
	Oppenheimer Limited Term Gov't Fund	Mutual Fund	**	6,603
	Prudential Jennison Natural Resources Fund	Mutual Fund	**	29,157
	Prudential ST Corp Bond Fund	Mutual Fund	**	21,438
	Pioneer Strategic Income Fund	Mutual Fund	**	43,876
	PIMCO Real Return Fund	Mutual Fund	**	168
	Principal Equity Income Fund	Mutual Fund	**	27,087
	Oppenheimer Main Street SmallMid Cap Fund	Mutual Fund	**	836
	Rydex Biotech Fund	Mutual Fund	**	543
	Rydex Internet Fund	Mutual Fund	**	21,730
	Rydex Nova Fund	Mutual Fund	**	13,413
	Rydex MidCap 400 Pure Growth Fund	Mutual Fund	**	16,140
	Rydex MidCap 400 Pure Value Fund	Mutual Fund	**	5,230

QED, INC. 401(K) PLAN
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Continued			
Rydex Russell 2000 1.5x Fund	Mutual Fund	**	2,132
RS Partners Fund	Mutual Fund	**	27,597
Rydex Nasdaq 100 Fund	Mutual Fund	**	3,445
Sentinel Growth Leaders	Mutual Fund	**	15,834
Self-directed Brokerage Accounts Stocks	Stocks	**	155
Sentinel Gov't Securities	Mutual Fund	**	27,024
Wells Fargo Adv SmallCap Value Fund	Mutual Fund	**	3,742
Wells Fargo Adv High Income Fund	Mutual Fund	**	10,923
Thornburg Int'l Value Fund	Mutual Fund	**	4,585
Invesco Gold & Precious Metals Fund	Mutual Fund	**	6,326
Invesco VK MidCap Growth Fund	Mutual Fund	**	1,564
Fixed Income Fund	Guaranteed	**	29,581
Short-term Indexed Fixed Fund	Guaranteed	**	19,723
VanEck Int'l Gold Fund	Mutual Fund	**	5,889
Invesco VK Equity Income Fund	Mutual Fund	**	7,710
Ivy High Income Fund	Mutual Fund	**	4,863
Ivy Pacific Opportunities Fund	Mutual Fund	**	1,664
Ivy Asset Strategy Fund	Mutual Fund	**	16,746
Ivy Science & Technology Fund	Mutual Fund	**	3,026
Yocktman Focused Fund	Mutual Fund	**	15,968
Janus Balanced Fund	Mutual Fund	**	40,063
Janus Enterprise Fund	Mutual Fund	**	52
Janus Intech Risk Managed Core Fund	Mutual Fund	**	4,442
JPM Intrepid European Fund	Mutual Fund	**	8,927
Virtus Real Estate Securities Fund	Mutual Fund	**	15,059
Participant Loans	4.25% - 9.25%	-0-	152,863
			3,737,955

* Party-in-interest
** Cost omitted for participant directed investments