Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2011** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [X] 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:
- [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
QTI HUMAN RESOURCES, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/1997

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

QTI HUMAN RESOURCES, INC.

4476 ROBERTSON RD
MADISON, WI 53714

2b Employer Identification Number (EIN) 39-1817512

2c Sponsor's telephone number 608-258-5525

2d Business code (see instructions) 541214

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.	09/26/2012	JANE CLARK
	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.

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") QTI HUMAN RESOURCES, INC. 4476 ROBERTSON RD MADISON, WI 53714	**3b** Administrator's EIN 39-1817512 **3c** Administrator's telephone number 608-258-5525

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:		**4b** EIN
a Sponsor's name		**4c** PN

5 Total number of participants at the beginning of the plan year	**5**	862
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**	807
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	187
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	995
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	995
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	554
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	37
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 3H

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☐ Insurance	**(1)**	☐ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	**(2)**	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	**(3)**	☒ Trust
(4)	☐ General assets of the sponsor	**(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)** ☒ **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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2011
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
QTI HUMAN RESOURCES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
39-1817512

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).. . . . . ☐ 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

(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

(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

(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

(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

(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

(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)

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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	INVESTMENT MGMT	3659	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEWITT ROSS & STEVENS S.C.

TWO E MIFFLIN ST STE 600
MADISON, WI 53703

(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	ATTORNEY	2856	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT-WEST LIFE & ANNUITY COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	55680	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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)

QTI HUMAN RESOURCES, INC.
4476 ROBERTSON ROAD
MADISON, WI 53714

(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	ATTORNEY	17350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SMITH & GESTELAND LLP
8383 GREENWAY BLVD
SUITE 500
MADISON, WI 53701

(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	6975	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 D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan QTI HUMAN RESOURCES, INC. 401(K) PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 QTI HUMAN RESOURCES, INC.	**D** Employer Identification Number (EIN) 39-1817512

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE C

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2250946-001	C	995453

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)	Financial 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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
QTI HUMAN RESOURCES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
39-1817512

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	143481	152611
(9) Value of interest in common/collective trusts	1c(9)	1069908	995453
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10204916	10318546
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	11418305	11466610
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	11418305	11466610

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)	607043	
(B) Participants	2a(1)(B)	1571306	
(C) Others (including rollovers)	2a(1)(C)	395034	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2573383
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	6412	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6412
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	253041	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		253041
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		21026
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-551473
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2302389

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1293265	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1293265
f Corrective distributions (see instructions)	2f		13979
g Certain deemed distributions of participant loans (see instructions)	2g		17117
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	86520	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		86520
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1410881

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		891508
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		843203

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: SMITH & GESTELAND, LLP. **(2)** EIN: 39-0857178

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		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?	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		X	

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)
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001

SCHEDULE R (Form 5500)	Retirement Plan 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 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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
QTI HUMAN RESOURCES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
39-1817512

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): 84-1455663 _____

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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. 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): _____

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):

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

FINANCIAL STATEMENTS
and
REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

For the Years Ended December 31, 2011 and 2010

QTI HUMAN RESOURCES, INC. 401(k) PLAN
Madison, Wisconsin

TABLE OF CONTENTS

	Page
REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4 - 13
SUPPLEMENTAL INFORMATION	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	15

Smith Gesteland
Certified Public Accountants and Business Consultants
Not The Same Old Bottom Line

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator
QTI Human Resources, Inc. 401(k) Plan
Madison, Wisconsin

We were engaged to audit the financial statements of the QTI Human Resources, Inc. 401(k) Plan as of December 31, 2011 and 2010, and for the years then ended and the supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. These financial statements and supplemental schedule 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 4, which was certified by Orchard Trust Company, the trustee of the plan, except for comparing the information with the related information included in the financial statements and supplemental Schedule of Assets (Held at End of Year). We have been informed by the plan administrator that the trustee holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee 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 schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by Orchard Trust Company, 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.

Smith & Gesteland, LLP

Madison, Wisconsin
August 22, 2012

SMITH & GESTELAND, LLP

MADISON
8383 Greenway Boulevard Suite 400
P.O. Box 1764
Madison, Wisconsin 53701-1764
p 608.836.7500 f 608.836.7505
www.sgcpa.com

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31

	2011	2010
ASSETS		
Receivables		
Employer contributions	$	$ 38,043
Notes receivable from participants	152,611	143,481
Total receivables	152,611	181,524
Investments at fair value		
Interest in registered investment companies	10,318,546	10,204,916
Interest in common/collective trusts	1,004,011	1,093,462
Total investments	11,322,557	11,298,378
Total assets	11,475,168	11,479,902
LIABILITIES		
Excess contributions	10,888	
Accrued administrative expenses	8,866	22,304
Total liabilities	19,754	22,304
Net assets available for benefits at fair value	11,455,414	11,457,598
Adjustment from fair value to contract value for interest in common/collective trust relating to fully benefit-responsive investment contracts	(8,558)	(23,554)
Net assets available for benefits	$ 11,446,856	$ 11,434,044

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

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31

	2011	2010
Additions to net assets attributed to:		
Investment income		
Interest and dividends	$ 253,041	$ 180,579
Net appreciation in fair value of investments		1,261,362
Total investment income	253,041	1,441,941
Interest income on notes receivable from participants	6,853	4,820
Contributions		
Employers	569,000	563,031
Participants salary reduction	1,560,418	1,720,436
Rollovers	395,034	261,430
Total contributions	2,524,452	2,544,897
Total additions	2,784,346	3,991,658
Deductions from net assets attributed to:		
Net depreciation in fair value of investments	530,447	
Benefits paid to participants	1,307,244	1,211,090
Transfer to successor trustee	843,203	337,059
Deemed distributions - participant loans	17,558	6,016
Administrative expenses	73,082	67,530
Total deductions	2,771,534	1,621,695
Net increase in net assets available for benefits	12,812	2,369,963
Net assets available for benefits at beginning of year	11,434,044	9,064,081
Net assets available for benefits at end of year	$ 11,446,856	$ 11,434,044

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

QTI HUMAN RESOURCES, INC. 401(k) PLAN
Madison, Wisconsin

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the QTI Human Resources, Inc. 401(k) Plan (the plan) provides only general information. Participants should refer to the plan document for a more complete description of the plan's provisions.

A. GENERAL

The plan is a defined contribution 401(k) savings and profit sharing plan established to provide retirement benefits to eligible employees of the adopting employers. The assets of the plan are held for the exclusive benefit of the participating employees. Participants of the plan include employees of the adopting employers who are at least 18 years of age. The service requirement for eligibility varies among the adopting employers. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

B. CONTRIBUTIONS

Employees are permitted to make elective deferral contributions pursuant to a salary reduction agreement that authorizes the employers to defer wages through this plan. An employee's contribution may not exceed $16,500 for 2011 and 2010. In addition, participants age 50 or over can make catch-up contributions up to $5,500 in 2011 and 2010. Roth elective deferrals are permitted under the plan as of January 1, 2011.

Certain of the adopting employers make discretionary matching contributions, while others make matching contributions at a stated rate as defined in each employer's adoption agreement.

C. PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's salary reduction contributions and the employers' matching contribution based on participant compensation along with any rollover contributions and an allocation of plan net investment income. Each participant's account is charged with any distributions and an allocation of plan net investment loss and administrative expenses. Participants share pro rata in any net investment income or loss of the funds based upon individual participant account balances in the respective funds. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

D. VESTING

Participants are immediately fully vested in their salary reduction contributions, rollover contributions, and employers' matching contributions plus actual earnings thereon.

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

E. INVESTMENT OPTIONS

Participants are allowed to direct their account balance, their contributions, and the employers' matching contributions into any of the investment funds listed in the supplemental Schedule of Assets (Held at End of Year). Participants may change their investment options daily.

F. PAYMENT OF BENEFITS

Upon termination of service due to retirement, death, disability or termination of employment, a participant may elect to receive the value of their account balance in the form of a qualified joint and survivor annuity, a lump sum distribution, periodic installments over a stated period or a combination of a lump sum and periodic installments.

In-service distributions are available from any vested type of contribution to participants attaining age 59.5 who continue to work for the employer. In-service distributions are also available to participants electing a hardship distribution as allowed by each employer's adoption agreement. As of December 31, 2011 and 2010, no distributions had been requested by participants but not yet distributed.

G. NOTES RECEIVABLE FROM PARTICIPANTS

The plan allows participants to borrow from their accounts a minimum of $1,000 up to a maximum of the lesser of $50,000 or 50% of their vested account balance. Each participant may only have two loans outstanding from the plan at any time. Loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. Loan terms can range from one year to five years, unless such loan is used for the purchase of a primary residence in which case such period shall not exceed 15 years. Principal and interest is paid ratably through payroll deductions. At December 31, 2011, loans had interest rates ranging from 4.25% to 8.25% and were due on various dates through March 2021.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest, net of any allowance for uncollectible amounts. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

The allowance for doubtful accounts is maintained at a level that is the plan's best estimate of probable uncollectible amounts incurred as of year end. The plan's determination of the adequacy of the allowance is based on an evaluation of the receivables, past collection experience, current economic conditions, volume, growth and composition of the receivables, and other relevant factors. No allowance was deemed necessary as of December 31, 2011 and 2010.

H. EXPENSES

The employers may pay plan expenses except for certain ordinary and customary fees that offset the fund earnings.

NOTE 2 - INFORMATION ABOUT THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. BASIS OF ACCOUNTING

The accompanying financial statements of the plan have been prepared on the accrual basis of accounting. Accordingly, participant and employer contributions are recorded when due from participants and the adopting employers, as identified in the plan documents.

As described in Accounting Standards Codification (ASC) 962, *Plan Accounting - Defined Contribution Pension Plans*, 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. As required by ASC 962, the statements 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 statements of changes in net assets available for benefits are prepared on a contract value basis.

B. ESTIMATES

In preparing financial statements in conformity with accounting principles generally accepted in the United States of America, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NOTE 2 - INFORMATION ABOUT THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

C. INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are stated at fair value. Shares of registered investment companies are reported at fair value based on the quoted market price of the fund, which represents the net asset value of the shares held by the plan at year end. The investments in common/ collective trusts, except the Wells Fargo Stable Return Fund, are reported at fair value based on the closing price of the underlying investments held by the fund on the active market on which these investments are traded. Investments in the Wells Fargo Stable Return Fund are valued based on information reported by the investment advisor using the audited financial statements of the common/collective trust at year end.

Net appreciation (depreciation) in fair value of investments included in the accompanying statements of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in the fair value of investments. Net unrealized appreciation or depreciation in the fair value of the investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represent the difference between the sales proceeds and the fair value of the investments as of the beginning of the period or the cost of the investment if purchased during the year.

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.

D. PAYMENT OF BENEFITS

Benefits paid to participants are recorded when the funds are disbursed.

E. RECLASSIFICATIONS

Certain amounts in the 2010 financial statements have been reclassified for comparative purposes to conform to the presentation in the 2011 financial statements.

NOTE 3 - INVESTMENTS

Investments at fair value that represent 5% or more of the plan's net assets as of December 31, 2011 and 2010, are separately identified below.

	2011	2010
American EuroPacific Growth Fund	$ 1,027,275	$ 1,167,366
American Growth Fund of America	955,440	1,087,211
Columbia Small-Cap Index Fund	715,820	664,238
Dodge & Cox Balanced Fund	885,800	924,059
Dodge & Cox Stock Fund	885,082	1,016,903
PIMCO Total Return Institutional Fund	668,406	618,971
Wells Fargo Stable Return Fund	1,004,011	1,093,462

For the years ending December 31, 2011 and 2010, the plan's investments (including investments bought, sold, or held during the year) appreciated (depreciated) in value as follows:

	2011	2010
Registered investment companies	$ (551,473)	$ 1,236,020
Common/collective trusts	21,026	25,342
Net appreciation (depreciation) in fair value	$ (530,447)	$ 1,261,362

NOTE 4 - INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the plan's trustee, Orchard Trust Company, has certified that the following data included in the accompanying financial statements and supplemental Schedule of Assets (Held at End of Year) is complete and accurate:

- Investments and notes receivable from participants, as shown in the Statements of Net Assets Available for Benefits;
- Interest and dividends, net appreciation (depreciation) in fair value of investments, and interest income on notes receivable from participants, as shown in the Statements of Changes in Net Assets Available for Benefits;
- The assets held as of December 31, 2011, as shown in the Schedule of Assets (Held at End of Year).

The plan's independent accountants did not perform any generally accepted auditing procedures with respect to the above information, except for comparing such information as certified by the trustee to the related amounts included in the accompanying financial statements and Schedule of Assets (Held at End of Year).

NOTE 5 - PLAN TERMINATION

Although they have not expressed any intent to do so, the employers have the right under the plan to discontinue their contributions at any time and to terminate the plan subject to the provisions of ERISA. In the event of plan termination, distributions to participants will be made in accordance with the provisions of the plan. The trust will continue until all funds have been disbursed.

NOTE 6 - RELATED PARTY TRANSACTIONS

Certain plan administrative expenses are paid by the employers.

The plan allows plan participants to take out loans, which are considered exempt party-in-interest transactions.

NOTE 7 - TAX STATUS

The plan has received a favorable determination letter from the Internal Revenue Service dated July 22, 2009. The letter states that the plan is qualified under Section 401(a) of the Internal Revenue Code and is, therefore, not subject to tax under present income tax laws. 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 Internal Revenue Code. Therefore, the plan administrator believes that the plan is qualified and the related trust is tax-exempt as of the financial statement date.

The plan has not recognized any interest or penalties in its financial statements for the years ended December 31, 2011 and 2010. The plan's open federal tax return years that are still subject to examination include the years ended December 31, 2010, 2009, and 2008. The plan is not currently under examination by any taxing authorities.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2011 and 2010, to Form 5500:

	2011	2010
Net assets available for benefits per accompanying financial statements	$ 11,446,856	$ 11,434,044
Excess contributions	10,888	
Accrued administrative expenses	8,866	22,304
Contributions accrued on financial statements not reported on Form 5500		(38,043)
Net assets available for benefits per Form 5500	$ 11,466,610	$ 11,418,305

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the years ended December 31, 2011 and 2010, to Form 5500:

	2011	2010
Net increase in net assets available for benefits per accompanying financial statements	$ 12,812	$ 2,369,963
Change in excess contributions	10,888	
Change in accrued administrative expenses	(13,438)	(11,447)
Change in contributions accrued on financial statements not reported on Form 5500	38,043	(1,482)
Net increase in net assets available for benefits per Form 5500	$ 48,305	$ 2,357,034

NOTE 9 - RISKS AND UNCERTAINTIES

The plan invests in various investment securities. Investment securities are exposed to various risks including, but not limited to, 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 changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 10 - FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, defines fair value as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When determining fair value measurements for assets and liabilities required to be recorded at fair value, the plan considers the principal or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing an asset or liability, such as inherent risk, transfer restrictions, and risk of nonperformance.

ASC 820 also establishes a fair value hierarchy that requires the plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the fair value measurement. ASC 820 establishes three levels of inputs that may be used to measure fair value:

- Level 1: Quoted prices in active markets for identical assets or liabilities;
- Level 2: Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or
- Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

NOTE 10 - FAIR VALUE MEASUREMENTS (continued)

Investments measured at fair value on a recurring basis consisted of the following types of instruments as of December 31, 2011 and 2010, (Level 1, 2, and 3 inputs are defined above):

2011	Fair Value Measurements Using Input Type			
	Level 1	Level 2	Level 3	Total
Registered investment companies				
Index funds	$ 1,645,790	$	$	$ 1,645,790
Balanced funds	3,010,152			3,010,152
Growth funds	3,854,147			3,854,147
Fixed income funds	1,045,935			1,045,935
Value funds	762,522			762,522
Total registered investment companies	10,318,546			10,318,546
Common/collective trusts				
Fixed income funds		1,004,011		1,004,011
Total investments measured at fair value	$ 10,318,546	$ 1,004,011	$	$ 11,322,557

2010	Fair Value Measurements Using Input Type			
	Level 1	Level 2	Level 3	Total
Registered investment companies				
Index funds	$ 1,654,710	$	$	$ 1,654,710
Balanced funds	2,649,431			2,649,431
Growth funds	4,191,143			4,191,143
Fixed income funds	825,631			825,631
Value funds	884,001			884,001
Total registered investment companies	10,204,916			10,204,916
Common/collective trusts				
Fixed income funds		1,093,462		1,093,462
Total investments measured at fair value	$ 10,204,916	$ 1,093,462	$	$ 11,298,378

NOTE 10 - FAIR VALUE MEASUREMENTS (continued)

The plan's valuation methodologies used to measure the fair values of its investments are described in Note 2C. There have been no changes in the methodologies used at December 31, 2011 and 2010. The methods described may produce a fair value calculation that may not be indicative of net realizable value or be 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.

NOTE 11 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through August 22, 2012, the date which the financial statements were available for issue. No events have occurred that would influence the reader's opinion of the financial statements for the year ended December 31, 2011.

SUPPLEMENTAL INFORMATION

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

SCHEDULE H, LINE 4i, - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2011

Employer ID #39-1817512, Plan #001

(a) Party-in-Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Nuveen	Real Estate Securities Fund	**	$ 161,252
	Nuveen	Mid-Cap Growth Opportunities Fund	**	431,293
	Nuveen	Small-Cap Select Fund	**	242,737
	American	EuroPacific Growth Fund	**	1,027,275
	American	Growth Fund of America	**	955,440
	Blackrock	Small-Cap Growth Equity Institutional Fund	**	103,563
	Columbia	Small-Cap Value II Fund	**	447,855
	Columbia	Mid-Cap Value Fund	**	300,170
	Columbia	Large-Cap Index Fund	**	483,082
	Columbia	Mid-Cap Index Fund	**	446,888
	Columbia	Small-Cap Index Fund	**	715,820
	Columbia	Diversified Equity Income Fund	**	14,497
	Credit Suisse	Commodity Return Strategy Institutional Fund	**	66,690
	Dodge & Cox	Balanced Fund	**	885,800
	Dodge & Cox	Stock Fund	**	885,082
	Dreyfus	US Treasury Intermediate Term Fund	**	48,635
	Loomis Sayles	Bond Institutional Fund	**	128,136
	Oppenheimer	Developing Markets Fund	**	47,505
	PIMCO	Total Return Institutional Fund	**	668,406
	PIMCO	Real Return Institutional Fund	**	200,758
	Putnam	International Capital Opportunities Fund	**	109,449
	T. Rowe Price	Retirement 2005 Fund	**	119,541
	T. Rowe Price	Retirement 2010 Fund	**	89,254
	T. Rowe Price	Retirement 2015 Fund	**	104,052
	T. Rowe Price	Retirement 2020 Fund	**	75,271
	T. Rowe Price	Retirement 2025 Fund	**	395,477
	T. Rowe Price	Retirement 2030 Fund	**	170,072
	T. Rowe Price	Retirement 2035 Fund	**	458,897
	T. Rowe Price	Retirement 2040 Fund	**	210,453
	T. Rowe Price	Retirement 2045 Fund	**	135,473
	T. Rowe Price	Retirement 2050 Fund	**	80,050
	T. Rowe Price	Retirement 2055 Fund	**	70,031
	T. Rowe Price	Retirement Income Fund	**	39,642
	Wells Fargo	Stable Return Fund	**	995,453
	Total investments			11,313,999
*	Notes receivable from participants	Interest rates range between 4.25% and 8.25%	-0-	152,611
				$ 11,466,610

* Indicates a known party-in-interest to the plan

** Cost omitted for participant directed investments

ASSETS HELD FOR INVESTMENT PURPOSES

QTI HUMAN RESOURCES, INC. 401(K) PLAN
01-JAN-11 to 31-DEC-11

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1TRRAX			84,862.60	89,253.72
1TRRGX			102,884.62	104,051.54
1TRRBX			68,640.74	75,271.29
1TRRHX			373,117.43	395,476.69
1TRRCX			165,560.42	170,071.85
1TRRJX			468,801.65	458,897.13
1TRRDX			203,454.33	210,453.22
1TRRKX			133,195.06	135,472.87
1TRRMX			79,068.02	80,050.39
1TRRNX			69,765.33	70,030.94
1TRRIX			38,641.84	39,642.29
1TRRFX			118,430.26	119,502.72
1CRSOX			75,270.79	66,689.61
1FARCX			142,112.54	161,251.55
1RERGX			1,126,991.37	1,027,275.65
1ODVYX			55,405.86	47,504.66
1PIVYX			120,566.58	109,448.75
1PSGIX			91,041.39	103,563.12
1NSVAX			379,527.50	447,855.08
1NMSCX			615,266.42	715,820.25
1ARSTX			211,898.66	242,736.53
1NMPAX			404,721.39	446,888.02
1NAMAX			274,972.33	300,169.53
1FISGX			390,833.77	431,293.39
1RGAGX			920,979.56	955,440.59
1RSEDX			14,867.29	14,497.29
1NINDX			419,539.29	483,082.00
1DODGX			936,602.53	885,082.74
1DODBX			892,112.08	885,799.68
1DRGIX			48,295.89	48,635.19
1LSBDX			125,967.16	128,135.57
1PRRIX			201,948.80	200,757.86
1PTTRX			670,738.98	668,405.68
1WFSVFC			954,581.04	995,063.40
			10,980,663.52	**11,313,570.79**
PARTICIPANT LOANS	VARIOUS	4.250-8.250	152,544.57	152,610.91
FORFEITURES			418.51	428.36

ASSETS HELD FOR INVESTMENT PURPOSES

QTI HUMAN RESOURCES, INC. 401(K) PLAN
01-JAN-11 to 31-DEC-11

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1TRRAX	T. Rowe Price Retirement 2010 Fund	1TRRGX	T. Rowe Price Retirement 2015 Fund
1TRRBX	T. Rowe Price Retirement 2020 Fund	1TRRHX	T. Rowe Price Retirement 2025 Fund
1TRRCX	T. Rowe Price Retirement 2030 Fund	1TRRJX	T. Rowe Price Retirement 2035 Fund
1TRRDX	T. Rowe Price Retirement 2040 Fund	1TRRKX	T. Rowe Price Retirement 2045 Fund
1TRRMX	T. Rowe Price Retirement 2050 Fund	1TRRNX	T. Rowe Price Retirement 2055 Fund
1TRRIX	T. Rowe Price Retirement Income Fund	1TRRFX	T. Rowe Price Retirement 2005 Fund
1CRSOX	Credit Suisse Commodity Ret Strat Instl	1FARCX	Nuveen Real Estate Securities I
1RERGX	American Funds EuroPacific Growth R6	1ODVYX	Oppenheimer Developing Markets Y
1PIVYX	Putnam International Capital Opp Y	1PSGIX	BlackRock Small Cap Grth Equity Instl
1NSVAX	Columbia Small Cap Value II Fund - Z	1NMSCX	Columbia Small Cap Index Fund Z
1ARSTX	Nuveen Small Cap Select Fund I	1NMPAX	Columbia Mid Cap Index Fund Z
1NAMAX	Columbia Mid Cap Value Z	1FISGX	Nuveen Mid Cap Growth Opp I
1RGAGX	American Funds Growth Fund of Amer R6	1RSEDX	Columbia Diversified Equity Income R5
1NINDX	Columbia Large Cap Index Z	1DODGX	Dodge & Cox Stock
1DODBX	Dodge & Cox Balanced	1DRGIX	Dreyfus US Treasury Intermediate-Term
1LSBDX	Loomis Sayles Bond Fund Inst'l	1PRRIX	PIMCO Real Return Instl
1PTTRX	PIMCO Total Return Instl	1WFSVFC	Wells Fargo Stable Return Fund C

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year