

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), 6057(b), 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
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) ____ B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here. ☐ D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>QTI HUMAN RESOURCES, INC. 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>03/01/1997</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>QTI HUMAN RESOURCES, INC.</u> <u>4476 ROBERTSON RD</u> <u>MADISON, WI 53714</u>	2b Employer Identification Number (EIN) <u>39-1817512</u> 2c Plan Sponsor's telephone number <u>608-258-5525</u> 2d Business code (see instructions) <u>541214</u>

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/13/2016</u>	<u>MATT SHEFCHIK</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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 1118
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 875
a(2) Total number of active participants at the end of the plan year	6a(2) 863
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 201
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1064
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 1
f Total. Add lines 6d and 6e	6f 1065
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 681
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 3
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 Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
-----------------	---

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
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)

BLUESTAR RETIREMENT SERVICES

59-3092339

(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 15 37 38 50	NONE	109844	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SMITH & GESTELAND, LLP

39-0857178

(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 50	NONE	16000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY PARTNERS GROUP

59-3670142

(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?
16 50	NONE	15000	Yes ☐ No ☒	Yes ☐ No ☐		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)

FIDUCIARY PARTNERS INVESTMENT CONSU

26-1370206

(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?
26 27 50	NONE	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TD AMERITRADE TRUST COMPANY

20-0937408

(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 50	NONE	11852	Yes ☒ No ☐	Yes ☒ No ☐	0	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
TD AMERITRADE TRUST CO 20-0937408	19	0

(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.
TD BANK USA, N.A. 13-3732274	TDATC RECEIVES FEE FROM TD BNK. FORMULA: (PE - BF - SA - I) - RS = TDATC MRKTNG FEE (PE = PORTFOLIO EARNINGS, BF = TD BNK FEE, SA = PERIODIC SPECIAL ASSESSMNTS CHARGED BY FDIC, I = INT PD TO PLAN & RS = 35 BPS OF REV SHARING PD TO THE PLAN)

(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:

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

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 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
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		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	208720	38393
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	112569	389400
	(2) Participant contributions	1b(2)	30968	93155
	(3) Other.....	1b(3)		
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)	194513	114340
	(9) Value of interest in common/collective trusts.....	1c(9)	1411475	976111
	(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)	23056237	24221386
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(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	25014482	25832785

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	648	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	648	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	25013834	25832785
---	-----------	----------	----------

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)	1500341	
(B) Participants	2a(1)(B)	2658723	
(C) Others (including rollovers)	2a(1)(C)	226741	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4385805
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)	6419	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6419
(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)	1258999	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1258999
(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
(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

		(a) Amount	(b) Total
(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)		-1498374
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4152849

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2833983	
(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)		2833983
f Corrective distributions (see instructions)	2f		45827
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	31000	
(2) Contract administrator fees	2i(2)	121696	
(3) Investment advisory and management fees	2i(3)	15000	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		167696
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3047506

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1105343
l Transfers of assets:			
(1) To this plan	2l(1)		739270
(2) From this plan	2l(2)		1025662

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			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?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X			
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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)
THE EMPLOYER GROUP 401(K) PLAN	39-1825035	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
---	---	---

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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): 20-0937408		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (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

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

Schedule R (Form 5500) 2015
v. 150123

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
-----------------	---------------------------------

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

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

FINANCIAL STATEMENTS
and
INDEPENDENT AUDITOR'S REPORT

For the Years Ended December 31, 2015 and 2014

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

TABLE OF CONTENTS

	<u>Page</u>
INDEPENDENT AUDITOR’S REPORT	1 - 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 15
SUPPLEMENTAL INFORMATION	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	17

INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the QTI Human Resources, Inc. 401(k) Plan (the "plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 TD Ameritrade Trust Company, the trustee of the plan, except for comparing the information with the related information included in the financial statements. 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, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.



Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2015, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, 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.

Madison, Wisconsin
October 17, 2016

Smith & Gesteland, LLP
SMITH & GESTELAND, LLP

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31

	<u>2015</u>	<u>2014</u>
ASSETS		
Cash	<u>\$ 38,393</u>	<u>\$ 208,720</u>
Investments at fair value		
Interest in registered investment companies	24,221,386	23,056,237
Interest in common/collective trusts	<u>981,063</u>	<u>1,431,457</u>
Total investments	<u>25,202,449</u>	<u>24,487,694</u>
Receivables		
Employer contributions	389,400	112,569
Participant contributions	93,155	30,968
Notes receivable from participants	<u>114,340</u>	<u>194,513</u>
Total receivables	<u>596,895</u>	<u>338,050</u>
Total assets	<u>25,837,737</u>	<u>25,034,464</u>
LIABILITIES		
Excess contributions	15,452	41,996
Accrued administrative expenses	27,915	25,999
Other liabilities	<u>648</u>	<u>648</u>
Total liabilities	<u>43,367</u>	<u>68,643</u>
Net assets available for benefits at fair value	<u>25,794,370</u>	<u>24,965,821</u>
Adjustment from fair value to contract value for interest in common/collective trust relating to fully benefit- responsive investment contracts	<u>(4,952)</u>	<u>(19,982)</u>
Net assets available for benefits	<u><u>\$ 25,789,418</u></u>	<u><u>\$ 24,945,839</u></u>

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

	<u>2015</u>	<u>2014</u>
Additions to net assets attributed to:		
Investment income (loss)		
Interest and dividends	\$ 1,258,999	\$ 1,108,726
Net appreciation (depreciation) in fair value of investments	<u>(1,498,374)</u>	<u>476,294</u>
Total investment income (loss)	<u>(239,375)</u>	<u>1,585,020</u>
Interest income on notes receivable from participants	<u>6,419</u>	<u>7,817</u>
Contributions		
Employers	1,500,341	842,772
Participants	2,643,271	1,962,397
Rollovers	<u>226,741</u>	<u>604,312</u>
Total contributions	<u>4,370,353</u>	<u>3,409,481</u>
Total additions	<u>4,137,397</u>	<u>5,002,318</u>
Deductions from net assets attributed to:		
Benefits paid to participants	2,837,814	2,640,264
Administrative expenses	<u>169,612</u>	<u>173,971</u>
Total deductions	<u>3,007,426</u>	<u>2,814,235</u>
Net increase in net assets available for benefits before transfers	1,129,971	2,188,083
Transfers in from prior trustee	739,270	798,656
Transfers to successor trustee	(1,025,662)	(107,333)
Net assets available for benefits at beginning of year	<u>24,945,839</u>	<u>22,066,433</u>
Net assets available for benefits at end of year	<u>\$ 25,789,418</u>	<u>\$ 24,945,839</u>

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 (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 \$18,000 and \$17,500 for 2015 and 2014, respectively. In addition, participants age 50 or over can make catch-up contributions up to \$6,000 and \$5,500 in 2015 and 2014, respectively. Roth elective deferrals are permitted under the plan. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollovers).

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. Adopting employers may also make discretionary profit sharing contributions.

C. PARTICIPANT ACCOUNTS

Each participant’s account is credited with the participant’s salary reduction contributions, rollover contributions and an allocation of (a) the employers’ matching contribution, (b) the employer’s profit sharing contribution, and (c) plan investment income. Each participant’s account is charged with payments for benefits and an allocation of (a) administrative expenses and (b) plan investment losses. Allocations are based on the participant’s eligible compensation, account balances, or specific participant transactions, as defined in the plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

D. VESTING

Participants are immediately fully vested in their salary reduction contributions and rollover contributions, plus actual earnings thereon. Participants vest in their employers' matching and profit sharing contributions as defined in each employer's adoption agreement.

E. INVESTMENT OPTIONS

Participants are allowed to direct their account balance, their contributions, and the employers' matching and profit sharing 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 will receive an amount equal to the total vested portion of his or her account in the form of a lump sum payment.

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, 2015 and 2014, distributions of \$14,763 and \$103,770, respectively, 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 one loan 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, 2015, all loans had interest rates of 4.25% and were due on various dates ranging from March 2016 to January 2024.

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2015 and 2014. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan is reduced and a benefit payment is recorded. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred.

H. FORFEITURES

Forfeitures arise as a result of participants who separate from service with the employer before becoming 100% vested in the employer's matching or profit sharing contributions. Forfeitures of non-vested participant balances may be used to reduce future employer contributions. For the years ended December 31, 2015 and 2014, forfeitures totaled \$12,481 and \$9,734, respectively. As of December 31, 2015 and 2014, unallocated forfeited balances totaled \$23,542 and \$12,761, respectively.

I. ADMINISTRATIVE EXPENSES

Certain expenses of maintaining the plan are paid directly by the employers on behalf of the plan and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) in fair value of investments. The plan incurred administrative expenses of \$169,612 and \$173,971 in 2015 and 2014, respectively.

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.

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

NOTES TO FINANCIAL STATEMENTS

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

B. FULLY BENEFIT-RESPONSIVE INVESTMENTS

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 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 using the contract value basis for fully benefit-responsive investment contracts.

C. ESTIMATES

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan's management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

D. INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value. The plan administrator determines the plan's valuation policies utilizing information provided by the investment advisor and trustee. See Note 10 for further discussion of fair value measurements.

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 investment 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.

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

NOTES TO FINANCIAL STATEMENTS

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

E. EXCESS CONTRIBUTIONS PAYABLE

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to participant contributions. The plan distributed the 2015 and 2014 excess contributions to the applicable participants prior to March 15, 2016 and 2015, respectively.

F. PAYMENT OF BENEFITS

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

NOTE 3 - INVESTMENTS

Investments at fair value that represent 5% or more of the plan's net assets as of December 31, 2015 and 2014, are separately identified below:

	<u>2015</u>	<u>2014</u>
American Funds Growth Fund of America	\$ 2,161,344	\$ 1,980,697
Dodge & Cox International Stock Fund		1,322,094
Dodge & Cox Balanced Fund	1,440,387	1,556,673
Dodge & Cox Stock Fund	2,685,248	2,840,250
T. Rowe Price Retirement 2025 Fund	1,812,945	1,370,750
T. Rowe Price Retirement 2035 Fund	1,751,155	1,325,466
Vanguard Small Cap Index Admiral Fund	1,377,121	1,297,698
Wells Fargo Stable Return Fund		1,431,457

For the years ending December 31, 2015 and 2014, the plan's investments (including investments bought, sold, or held during the year) appreciated (depreciated) in value as follows:

	<u>2015</u>	<u>2014</u>
Registered investment companies	\$ (1,514,193)	\$ 459,281
Common/collective trusts	<u>15,819</u>	<u>17,013</u>
Net appreciation (depreciation) in fair value	<u>\$ (1,498,374)</u>	<u>\$ 476,294</u>

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

NOTES TO FINANCIAL STATEMENTS

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, TD Ameritrade 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 cash, as shown in the Statements of Net Assets Available for Benefits;
- Interest, dividends, and net appreciation (depreciation) in fair value of investments, as shown in the Statements of Changes in Net Assets Available for Benefits;
- The assets held as of December 31, 2015, as shown in the Schedule of Assets (Held at End of Year), except for notes receivable from participants.

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 supplemental 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. Upon permanent discontinuance of the plan, its participants' accounts shall become fully vested. 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 AND PARTY-IN-INTEREST 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.

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

NOTES TO FINANCIAL STATEMENTS

NOTE 7 - TAX STATUS

The plan has adopted a volume submitter plan of BlueStar Retirement Services Inc., which has obtained an opinion letter from the Internal Revenue Service dated March 31, 2014. 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 opinion 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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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, 2015 and 2014, to Form 5500:

	<u>2015</u>	<u>2014</u>
Net assets available for benefits per accompanying financial statements	\$ 25,789,418	\$ 24,945,839
Excess contributions	15,452	41,996
Accrued administrative expenses	<u>27,915</u>	<u>25,999</u>
Net assets available for benefits per Form 5500	<u>\$ 25,832,785</u>	<u>\$ 25,013,834</u>

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, 2015 and 2014, to Form 5500:

	<u>2015</u>	<u>2014</u>
Net increase in net assets available for benefits before transfers per accompanying financial statements	\$ 1,129,971	\$ 2,188,083
Change in excess contributions	(26,544)	(3,364)
Change in accrued administrative expenses	<u>1,916</u>	<u>2,559</u>
Net increase in net assets available for benefits per Form 5500	<u>\$ 1,105,343</u>	<u>\$ 2,187,278</u>

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

NOTES TO FINANCIAL STATEMENTS

NOTE 9 - RISKS AND UNCERTAINTIES

The plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such 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

U.S. GAAP provides the framework for measuring fair value. U.S. GAAP 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.

U.S. GAAP 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. U.S. GAAP 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.

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

NOTES TO FINANCIAL STATEMENTS**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, 2015 and 2014, (Level 1, 2, and 3 inputs are defined above):

2015	Fair Value Measurements Using Input Type			
	Level 1	Level 2	Level 3	Total
Registered investment companies				
Index funds	\$ 3,469,899	\$	\$	\$ 3,469,899
Balanced funds	9,090,518			9,090,518
Growth funds	8,766,979			8,766,979
Fixed income funds	1,518,310			1,518,310
Value funds	1,375,680			1,375,680
Total registered investment companies	24,221,386			24,221,386
Common/collective trusts				
Fixed income funds		981,063		981,063
Total investments measured at fair value	<u>\$ 24,221,386</u>	<u>\$ 981,063</u>	<u>\$</u>	<u>\$ 25,202,449</u>
2014	Fair Value Measurements Using Input Type			
	Level 1	Level 2	Level 3	Total
Registered investment companies				
Index funds	\$ 3,227,762	\$	\$	\$ 3,227,762
Balanced funds	8,028,772			8,028,772
Growth funds	8,855,001			8,855,001
Fixed income funds	1,527,991			1,527,991
Value funds	1,416,711			1,416,711
Total registered investment companies	23,056,237			23,056,237
Common/collective trusts				
Fixed income funds		1,431,457		1,431,457
Total investments measured at fair value	<u>\$ 23,056,237</u>	<u>\$ 1,431,457</u>	<u>\$</u>	<u>\$ 24,487,694</u>

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

NOTES TO FINANCIAL STATEMENTS

NOTE 10 - FAIR VALUE MEASUREMENTS (continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

- Registered investment companies: Shares of registered investment companies (RICs) are valued at the daily closing price as reported by the fund. RICs held by the plan are open-ended funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The RICs held by the plan are deemed to be actively traded.
- Common/collective trusts: The investments in common/collective trusts are valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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.

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2015 and 2014:

<u>December 31, 2015</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if Currently Eligible)</u>	<u>Redemption Notice Period</u>
Wells Fargo Stable Return Fund (1)	\$ 981,063	N/A	Daily	No restrictions
<u>December 31, 2014</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if Currently Eligible)</u>	<u>Redemption Notice Period</u>
Wells Fargo Stable Return Fund (1)	\$ 1,431,457	N/A	Daily	No restrictions

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

NOTES TO FINANCIAL STATEMENTS

NOTE 10 - FAIR VALUE MEASUREMENTS (continued)

- (1) The Wells Fargo Stable Return Fund seeks current income consistent with capital preservation. The fund invests principally in income-producing debt securities. It invests in a variety of debt securities, including corporate, mortgage and asset-backed securities, and U.S. Government obligations. The fund invests at least 80% of net assets in income-producing debt securities and up to 20% of assets in U.S. dollar-denominated debt securities of foreign issuers. It only purchases investment-grade securities, though it may continue to hold a security that falls below investment-grade. Normally the fund's dollar-weighted average effective duration is expected to be between 0.7 to 1.2 years.

NOTE 11 - SUBSEQUENT EVENTS

The plan was restated effective January 1, 2016. There were no substantial changes to the provisions of the plan upon restatement.

Management has evaluated subsequent events through October 17, 2016, the date which the financial statements were available for issue.

SUPPLEMENTAL INFORMATION

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

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

Employer ID #39-1817512, Plan #001

December 31, 2015

(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	**	\$ 499,060
	Nuveen	Mid-Cap Growth Opportunities Fund	**	940,908
	American Century	Government Bond Investment Fund	**	48,911
	American Funds	Growth Fund of America	**	2,161,344
	Brandes	International Small Cap Equity Fund	**	245,220
	Brown Capital	Small Company Institutional Fund	**	926,472
	Columbia	Mid-Cap Value Fund	**	620,025
	Dodge & Cox	Balanced Fund	**	1,440,387
	Dodge & Cox	International Stock Fund	**	1,116,293
	Dodge & Cox	Stock Fund	**	2,685,248
	Harbor	Capital Appreciation Institutional Fund	**	191,506
	JP Morgan	Small-Cap Value Fund	**	510,435
	Loomis Sayles	Bond Institutional Fund	**	163,760
	Metropolitan West	Total Return Bond Fund	**	935,751
	Oppenheimer	Developing Markets Fund	**	246,148
	PIMCO	Real Return Institutional Fund	**	307,995
	T. Rowe Price	Retirement 2005 Fund	**	1,122
	T. Rowe Price	Retirement 2010 Fund	**	11,038
	T. Rowe Price	Retirement 2015 Fund	**	316,209
	T. Rowe Price	Retirement 2020 Fund	**	479,513
	T. Rowe Price	Retirement 2025 Fund	**	1,812,945
	T. Rowe Price	Retirement 2030 Fund	**	522,778
	T. Rowe Price	Retirement 2035 Fund	**	1,751,155
	T. Rowe Price	Retirement 2040 Fund	**	1,195,784
	T. Rowe Price	Retirement 2045 Fund	**	799,674
	T. Rowe Price	Retirement 2050 Fund	**	418,467
	T. Rowe Price	Retirement 2055 Fund	**	305,800
	T. Rowe Price	Retirement Income Fund	**	35,646
	Vanguard	500 Index Admiral Fund	**	1,145,718
	Vanguard	Mid Cap Index Admiral Fund	**	947,060
	Vanguard	Small Cap Index Admiral Fund	**	1,377,121
	Vanguard	Short Term Investment Grade Fund	**	61,893
	Wells Fargo	Stable Return Fund	**	<u>976,111</u>
	Total investments			<u>25,197,497</u>
	* Notes receivable from participants	Interest rates of 4.25% and maturity dates ranging between March 2016 and January 2024	-0-	<u>114,340</u>
				<u>\$ 25,311,837</u>

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

** Cost omitted for participant directed investments

Multiple Employer Plan Participating Employer Information

QTI Human Resources, Inc. 401(k) Plan

Employer Identification Number: 39-1817512**Plan Number: 001****For plan year (beginning/ending:****01/01/2015 - 12/31/2015**

<i>(a) Name of participating employer</i>	<i>(b) EIN</i>	<i>(c) Percent of Total Contributions</i>
Growth Catalysts, Inc.	203516870	1.23%
Clean Lakes Alliance	273917243	1.06%
Hovde Realty, Inc.	391097440	4.50%
Christ Presbyterian	390806241	0.14%
Gilda's Club Madison WI, Inc	61662883	0.26%
Wisconsin RX	43775178	3.87%
Spiegelberg, Wirth & Purcell	391977726	0.47%
Killarney Golf Media, Inc.	391616321	0.22%
SOLOMO Technology, Inc.	452410126	1.55%
Tammy Baldwin	911962515	0.03%
LeMoine Agency	391745508	0.04%
Pegasus Sustainability Solutions, Inc	455500144	2.06%
Marvel Medtech, LLC	204981815	1.02%
Wangard Advisors, LLC.	204026536	0.71%
The Gathering of Southeast WI, Inc.	391891030	0.44%
Wisconsin Historical Foundation, Inc.	390921093	2.58%
BioIonix	202792793	1.05%
American Lifeline, Inc	391700697	0.21%
Valicom	391743749	2.73%
Health and Disability Advocates	364042562	1.62%
Wangard Partners, Inc.& Wangard Properties, LLC	391736628	4.11%
WiscNet	391705442	7.63%
AquaMost, Inc.	273629857	0.50%
Isthmus Partners, LLC	464915223	7.09%
Triumph Wealth Management, LLC	208676935	0.15%
Freedom, Inc.	432023570	0.05%
Noble Applications	461048872	0.04%
Employment Resources, Inc.	391681074	1.17%
Murfie, Inc.	454060227	0.02%
Bartelt Law Office, S.C.	300591423	0.77%
Wisconsin Manufactures Extension Partnership (WMEP)	391786653	3.88%
QTI Human Resources, Inc.	391817512	10.50%
Wisconsin Womens Health Foundation (WWHF)	391900678	1.22%
Whole Trees, LLC	208661540	0.01%
Habitat for Humanity of Wisconsin River Area, Inc.	392023346	0.67%
Municipal Electric Utilities of Wisconsin, Inc.	391433127	2.76%
Antigo Community Church	391919450	0.15%
Deerfield Community Center- DCC	391899306	0.10%
A & J Development Corp	391578374	0.79%
Highland Church	391530890	1.31%
Stemina Biomarker Discovery, Inc.	208294201	4.25%
Madison Childrens Museum	391383497	0.93%
Richard Haldeman Agency	396461211	0.22%
Xolve, Inc.	272153139	0.36%
Wisconsin Institute for Healthy Aging	273001041	0.71%
Education Analytics	461580391	7.27%
Mike Hyne Insurance Agency	205162950	0.01%

Wisconsin Veterans Museum Foundation, Inc.	391737786	0.17%
BrokerSavant, Inc.	453125642	0.73%
Customer Analytics, LLC	900697828	3.40%
Panatrack	391842256	2.00%
Wisconsin Coalition of Independent Living Centers (WCI	391850087	0.43%
Fox Cities Performing Arts Center	391977839	1.86%
Burlington Fatih Chapel, Inc.	237374809	0.03%
Wisconsin eSchool Network Inc dba WEN Inc.	452685941	1.12%
Henry Vilas Park Zoological Society	396077008	0.66%
Fox Valley Symphony Orchestra Association	201320132	0.09%
Big Brothers Big Sisters of Dane County	391077783	0.27%
Urban Economic Development Association of WI UEDA	391893799	0.42%
Luke House, Inc.	391504050	0.35%
Wisconsin Center for Education Products & Services	273813061	1.50%
Sand County Foundation, Inc.	396089450	1.56%
Girls on the Run of South Central WI, Inc.	113732108	0.42%
SCR Dairy	452721518	2.58%

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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), 6057(b), 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**2015****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

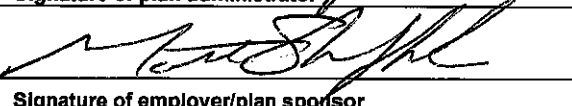
- A** This return/report is for: ☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a DFE (specify) _____
- B** This return/report is: ☐ a single-employer plan; ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here: ☐
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information

1a Name of plan 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 (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) QTI HUMAN RESOURCES, INC. 4476 Robertson Rd Madison WI 53714	2b Employer Identification Number (EIN) 39-1817512 2c Plan 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		10/13/16	Matt Shefchik
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/13/16	Matt Shefchik
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► QTI Human Resources, Inc. 401(k) Plan

Employer Identification Number: ► 39-1817512

For plan year (beginning/ending): ► 1/1/2015-12/31/15

Plan number: 001

(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
	TD Ameritrade Trust Company	American Century Government Bond Instl		48,911
	TD Ameritrade Trust Company	American Growth Fund Of America Class R-		2,161,344
	TD Ameritrade Trust Company	Brandes International Small Cap Equity C		245,220
	TD Ameritrade Trust Company	Brown Capital Mgmt Small Company Institu		926,472
	TD Ameritrade Trust Company	Columbia Mid Cap Value Fund R5		620,025
	TD Ameritrade Trust Company	Dodge & Cox Balanced Fd		1,440,387
	TD Ameritrade Trust Company	Dodge & Cox International Stock Fund Cla		1,116,293
	TD Ameritrade Trust Company	Dodge & Cox Stock Fd		2,685,248
	TD Ameritrade Trust Company	Galliard/Wells Fargo Stable Value Fund C		976,111
	TD Ameritrade Trust Company	Harbor Capital Appreciation Institutiona		191,506
	TD Ameritrade Trust Company	JP Morgan Small Cap Value Fund-R6		510,435
	TD Ameritrade Trust Company	Loomis Sayles Bond Fund Institutional Cl		163,760
	TD Ameritrade Trust Company	Metropolitan West Total Return Bond Fund		935,751
	TD Ameritrade Trust Company	Nuveen Mid Cap Growth Fund Class I		940,908
	TD Ameritrade Trust Company	Nuveen Real Estate Securities Fund Class R6		499,060
	TD Ameritrade Trust Company	Oppenheimer Developing Markets I		246,148
	TD Ameritrade Trust Company	Pimco Real Return Fund Institutional		307,994
	TD Ameritrade Trust Company	T Rowe Price Retirement 2005		1,122
	TD Ameritrade Trust Company	T Rowe Price Retirement 2010		11,038
	TD Ameritrade Trust Company	T Rowe Price Retirement 2015		316,209
	TD Ameritrade Trust Company	T Rowe Price Retirement 2020		479,513
	TD Ameritrade Trust Company	T Rowe Price Retirement 2025		1,812,945
	TD Ameritrade Trust Company	T Rowe Price Retirement 2030		522,778
	TD Ameritrade Trust Company	T Rowe Price Retirement 2035		1,751,155
	TD Ameritrade Trust Company	T Rowe Price Retirement 2040		1,195,784
	TD Ameritrade Trust Company	T Rowe Price Retirement 2045		799,674
	TD Ameritrade Trust Company	T Rowe Price Retirement Income		35,646
	TD Ameritrade Trust Company	T. Rowe Price Retirement 2050 Fund		418,467
	TD Ameritrade Trust Company	T. Rowe Price Retirement 2055 Fund		305,800
	TD Ameritrade Trust Company	Td Bank USA MMDA		38,393
	TD Ameritrade Trust Company	Vanguard 500 Index Fund- Admiral Shares		1,145,718
	TD Ameritrade Trust Company	Vanguard Mid Cap Index Admiral Shares		947,060
	TD Ameritrade Trust Company	Vanguard Short Term Investment Grade Fund		61,893
	TD Ameritrade Trust Company	Vanguard Small Cap Index- Admiral Shares		1,377,121
	Participant loans	Interest Rates 4.25%		114,340