

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 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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</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.)	
	☐ 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)	2b Employer Identification Number (EIN)		
Mailing address (include room, apt., suite no. and street, or P.O. Box)	<u>39-1817512</u>		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2c Plan Sponsor's telephone number		
<u>QTI HUMAN RESOURCES, INC.</u>	<u>608-258-5525</u>		
<u>4476 ROBERTSON RD</u>	2d Business code (see instructions)		
<u>MADISON, WI 53714</u>	<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	Filed with authorized/valid electronic signature.	09/21/2017	MATT SHEFCHIK
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2016)
v. 160205

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 1105
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 886 6a(2) 882 6b 7 6c 197 6d 1086 6e 1 6f 1087 6g 719 6h 5
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) ☐ 0 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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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
		2016
		This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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(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	118499	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY PARTNERS RETIREMENT GROU

51-0595589

(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 ☐

(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 ☐

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)

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	12641	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	12000	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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)
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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 NA

c EIN-PN <u>52-2250946-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1000048</u>
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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)
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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)
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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)
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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)
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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)
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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)
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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
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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
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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
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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
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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) 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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>QTI HUMAN RESOURCES, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>QTI HUMAN RESOURCES, INC.</u>	D Employer Identification Number (EIN) <u>39-1817512</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	38393	37985
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	389400	331652
(2) Participant contributions	1b(2)	93155	70078
(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)	114340	85146
(9) Value of interest in common/collective trusts	1c(9)	976111	1000048
(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)	24221386	27688175
(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	25832785	29213084

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	182
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	182

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	25832785	29212902
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1724240	
(B) Participants	2a(1)(B)	2729495	
(C) Others (including rollovers)	2a(1)(C)	204855	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4658590
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)	3964	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3964
(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)	922785	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		922785
(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)		1812843
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7398182

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3717013	
(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)		3717013
f Corrective distributions (see instructions)	2f		15452
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	27000	
(2) Contract administrator fees.....	2i(2)	131140	
(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)		173140
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3905605

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3492577
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		112460

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:

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.).....

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.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	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.)	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	
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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)
LASTING SKIN SOLUTIONS, LLC 401(K) PLAN	39-2021150	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

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 sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-0937408</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (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
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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
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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, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

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
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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
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

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

FINANCIAL STATEMENTS
and
INDEPENDENT AUDITORS' REPORT

For the Years Ended December 31, 2016 and 2015

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

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INDEPENDENT AUDITORS' 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, 2016 and 2015, 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 3, 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, 2016 and 2015, 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.

Emphasis of Matter

As discussed in Note 2F to the financial statements, the plan adopted new accounting guidance related to presentation of fair value of certain investments and disclosures for investments. Prior year disclosures have been revised to reflect the retrospective application of adopting these changes in accounting. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2016, 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
September 6, 2017

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>2016</u>	<u>2015</u>
ASSETS		
Cash	<u>\$ 37,985</u>	<u>\$ 38,393</u>
Investments at fair value		
Interest in registered investment companies	27,688,175	24,221,386
Interest in common/collective trusts	<u>1,000,048</u>	<u>976,111</u>
Total investments at fair value	<u>28,688,223</u>	<u>25,197,497</u>
Receivables		
Employer contributions	331,652	389,400
Participant contributions	70,078	93,155
Notes receivable from participants	<u>85,146</u>	<u>114,340</u>
Total receivables	<u>486,876</u>	<u>596,895</u>
Total assets	<u>29,213,084</u>	<u>25,832,785</u>
LIABILITIES		
Excess contributions payable	3,586	15,452
Accrued administrative expenses	32,612	27,915
Other liabilities	<u>182</u>	<u></u>
Total liabilities	<u>36,380</u>	<u>43,367</u>
Net assets available for benefits	<u><u>\$ 29,176,704</u></u>	<u><u>\$ 25,789,418</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>2016</u>	<u>2015</u>
ADDITIONS TO NET ASSETS:		
Investment income (loss)		
Interest and dividends	\$ 922,785	\$ 1,258,999
Net appreciation (depreciation) in fair value of investments	<u>1,812,843</u>	<u>(1,498,374)</u>
Total investment income (loss)	<u>2,735,628</u>	<u>(239,375)</u>
Interest income on notes receivable from participants	<u>3,964</u>	<u>6,419</u>
Contributions		
Employers	1,724,240	1,500,341
Participants	2,725,909	2,643,271
Rollovers	<u>204,855</u>	<u>226,741</u>
Total contributions	<u>4,655,004</u>	<u>4,370,353</u>
Total additions to net assets	<u>7,394,596</u>	<u>4,137,397</u>
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	3,717,013	2,837,814
Administrative expenses	<u>177,837</u>	<u>169,612</u>
Total deductions from net assets	<u>3,894,850</u>	<u>3,007,426</u>
Net increase in net assets available for benefits before transfers	3,499,746	1,129,971
Transfers in from prior trustee		739,270
Transfers to successor trustee	(112,460)	(1,025,662)
Net assets available for benefits at beginning of year	<u>25,789,418</u>	<u>24,945,839</u>
Net assets available for benefits at end of year	<u>\$ 29,176,704</u>	<u>\$ 25,789,418</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 for both 2016 and 2015. In addition, participants age 50 or over can make catch-up contributions up to \$6,000 for both 2016 and 2015. 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 document. 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, 2016 and 2015, distributions of \$0- and \$14,763, 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, 2016, all loans had interest rates ranging from 4.25% to 4.50% and were due on various dates ranging from March 2017 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, 2016 and 2015. 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, 2016 and 2015, forfeitures totaled \$12,560 and \$12,481, respectively. As of December 31, 2016 and 2015, unallocated forfeited balances totaled \$26,742 and \$23,542, 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 \$177,837 and \$169,612 in 2016 and 2015, respectively.

J. PLAN RESTATEMENT

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

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. 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.

C. 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 9 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.

D. 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 2016 and 2015 excess contributions to the applicable participants prior to March 15, 2017 and 2016, respectively.

E. PAYMENT OF BENEFITS

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

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)

F. RECENT ACCOUNTING PRONOUNCEMENTS

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. The amendments in this ASU remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. However, sufficient information must be provided to permit reconciliation of the fair value of assets categorized within the fair value hierarchy to the amounts presented in the statement of financial position. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. The amendments in this ASU are effective for the plan for fiscal years beginning after December 15, 2016. Early adoption is permitted. Upon adoption, the amendments shall be applied retrospectively to all periods presented. The plan adopted this ASU for the 2016 plan year, and it was retrospectively applied to December 31, 2015. Prior year disclosures have been revised to reflect the retrospective application of this ASU. The impact of adopting this ASU is reflected in Note 9.

In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) - (I) Fully Benefit-Responsive Investment Contracts, (II) Plan Investment Disclosures, and (III) Measurement Date Practical Expedient (a Consensus of the FASB Emerging Issues Task Force)*. The purpose of this ASU is to simplify plan accounting.

- The amendments in Part I of this ASU designate contract value as the only required measure for direct investments in fully benefit-responsive investment contracts. Fully benefit-responsive investment contracts will be presented at contract value; accordingly, there will no longer be an adjustment from fair value to contract value on the face of the financial statements.
- The amendments in Part II of this ASU will eliminate the requirements for plans to disclose (1) individual investments that represent 5% or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments for the period will still be required to be presented in the aggregate. In addition, if an investment is measured using the net asset value per share (or its equivalent) practical expedient in Topic 820 and that investment is in a fund that files a U.S. Department of Labor Form 5500, Annual Return/Report of Employee Benefit Plan, as a direct filing entity, disclosure of that investment's strategy will no longer be required.

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)

- The amendments in Part III of this ASU reduce complexity in employee benefit plan accounting by providing a practical expedient that permits plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end.

The amendments in this ASU are effective for fiscal years beginning after December 15, 2015. Upon adoption, the amendments in Parts I and II shall be applied retrospectively to all periods presented; the amendments in Part III shall be applied prospectively. The plan adopted this ASU for the 2016 plan year, and the amendments in Part I and Part II were retrospectively applied to December 31, 2015. Prior year disclosures have been revised to reflect the retrospective application of this ASU. The impact of adopting this ASU is reflected in Note 9.

NOTE 3 - 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, 2016, 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 4 - 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.

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

NOTES TO FINANCIAL STATEMENTS

NOTE 5 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan administrative expenses are paid by the employers.

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

NOTE 6 - 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 7 - 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, 2016 and 2015, to Form 5500:

	<u>2016</u>	<u>2015</u>
Net assets available for benefits per accompanying financial statements	\$ 29,176,704	\$ 25,789,418
Excess contributions	3,586	15,452
Accrued administrative expenses	<u>32,612</u>	<u>27,915</u>
Net assets available for benefits per Form 5500	<u>\$ 29,212,902</u>	<u>\$ 25,832,785</u>

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

NOTES TO FINANCIAL STATEMENTS

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (continued)

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, 2016 and 2015, to Form 5500:

	<u>2016</u>	<u>2015</u>
Net increase in net assets available for benefits before transfers per accompanying financial statements	\$ 3,499,746	\$ 1,129,971
Change in excess contributions	(11,866)	(26,544)
Change in accrued administrative expenses	<u>4,697</u>	<u>1,916</u>
 Net increase in net assets available for benefits per Form 5500	 <u>\$ 3,492,577</u>	 <u>\$ 1,105,343</u>

NOTE 8 - 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.

Included in investments at December 31, 2015, are investments in the Dodge & Cox Stock Fund, which represent 10% or more of total investments at December 31, 2015. There are no investments that represent 10% or more of total investments at December 31, 2016.

NOTE 9 - FAIR VALUE MEASUREMENTS

Accounting standards define 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.

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

NOTES TO FINANCIAL STATEMENTS

NOTE 9 - FAIR VALUE MEASUREMENTS (continued)

Accounting standards also establish 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. The standards establish 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.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

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, 2016 and 2015.

- Registered investment companies: Shares of registered investment companies (RICs) are valued at the daily closing price as reported by the fund. Shares of 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. Shares of RICs held by the plan are deemed to be actively traded.
- Common/collective trusts: Investments in common/collective trusts are reported 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.

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

NOTES TO FINANCIAL STATEMENTS**NOTE 9 - FAIR VALUE MEASUREMENTS (continued)**

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

Investments measured at fair value on a recurring basis consisted of the following types of instruments as of December 31, 2016 and 2015, (Level 1, 2, and 3 inputs are defined above):

	2016			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$27,688,175	\$	\$	\$27,688,175
Investments measured at net asset value (1)				1,000,048
Total investments measured at fair value	<u>\$27,688,175</u>	<u>\$</u>	<u>\$</u>	<u>\$28,688,223</u>
	2015			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$24,221,386	\$	\$	\$24,221,386
Investments measured at net asset value (1)				976,111
Total investments measured at fair value	<u>\$24,221,386</u>	<u>\$</u>	<u>\$</u>	<u>\$25,197,497</u>

- (1) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Madison, Wisconsin

NOTES TO FINANCIAL STATEMENTS**NOTE 9 - FAIR VALUE MEASUREMENTS (continued)**

The following tables summarize investments for which fair value is measured using NAV per share practical expedient as of December 31, 2016 and 2015:

<u>December 31, 2016</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if Currently Eligible)</u>	<u>Redemption Notice Period</u>
Common/Collective Trust: Wells Fargo Stable Return Fund	\$ 1,000,048	N/A	Daily	No restrictions

<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>
Common/Collective Trust: Wells Fargo Stable Return Fund	\$ 976,111	N/A	Daily	No restrictions

NOTE 10 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 6, 2017, 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, 2016.

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, 2016

(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	American Century	Government Bond Institutional Fund	**	\$ 279,378
	American Funds	Growth Fund of America	**	2,278,264
	Brandes	International Small Cap Equity Fund	**	220,148
	Brown Capital Management	Small Company Institutional Fund	**	889,614
	Columbia	Mid-Cap Value Fund	**	717,096
	Dodge & Cox	Balanced Fund	**	1,477,612
	Dodge & Cox	International Stock Fund	**	1,148,059
	Dodge & Cox	Stock Fund	**	2,717,485
	Harbor	Capital Appreciation Institutional Fund	**	190,152
	JP Morgan	Small-Cap Value Fund	**	645,836
	Loomis Sayles	Bond Fund	**	81,121
	Metropolitan West	Total Return Bond Fund	**	712,323
	Nuveen	Mid-Cap Growth Fund	**	819,957
	Nuveen	Real Estate Securities Fund	**	407,371
	Oppenheimer	Developing Markets Fund	**	241,612
	PIMCO	Real Return Institutional Fund	**	338,565
	T. Rowe Price	Retirement 2005 Fund	**	1,267
	T. Rowe Price	Retirement 2010 Fund	**	686
	T. Rowe Price	Retirement 2015 Fund	**	590,874
	T. Rowe Price	Retirement 2020 Fund	**	455,974
	T. Rowe Price	Retirement 2025 Fund	**	2,374,124
	T. Rowe Price	Retirement 2030 Fund	**	694,249
	T. Rowe Price	Retirement 2035 Fund	**	1,612,974
	T. Rowe Price	Retirement 2040 Fund	**	1,614,631
	T. Rowe Price	Retirement 2045 Fund	**	1,244,444
	T. Rowe Price	Retirement 2050 Fund	**	705,337
	T. Rowe Price	Retirement 2055 Fund	**	538,484
	T. Rowe Price	Retirement 2060 Fund	**	21,633
	T. Rowe Price	Retirement Balanced Fund	**	44,685
	Vanguard	500 Index Admiral Fund	**	1,670,576
	Vanguard	Mid Cap Index Admiral Fund	**	1,233,057
	Vanguard	Small Cap Index Admiral Fund	**	1,706,935
	Vanguard	Short Term Investment Grade Fund	**	13,652
	Wells Fargo	Stable Return Fund	**	<u>1,000,048</u>
	Total investments			<u>28,688,223</u>
*	Notes receivable from participants	Interest rates ranging from 4.25% to 4.50%, and maturity dates range from March 2017 to January 2024	-0-	<u>85,146</u>
				<u>\$ 28,773,369</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:****01/01/2016 - 12/31/2016**

<i>(a) Name of participating employer</i>	<i>(b) EIN</i>	<i>(c) Percent of Total Contributions</i>
A & J Development Corp	391578374	0.78%
American Lifeline, Inc	391700697	0.39%
Antigo Community Church	391919450	0.41%
Arise Health Ventures	474925640	1.22%
Bartelt Grob, S. C.	300591423	0.77%
Big Brothers Big Sisters of Dane County	391077783	0.38%
BioIonix	202792793	1.27%
BrokerSavant, Inc.	453125642	0.03%
Burlington Fatih Chapel, Inc.	237374809	0.03%
Clean Fresh Food, LLC	461298434	0.03%
Clean Lakes Alliance	273917243	1.31%
Customer Analytics, LLC	900697828	3.15%
Deerfield Community Center- DCC	391899306	0.17%
Education Analytics	461580391	9.85%
Employment Resources, Inc.	391681074	1.64%
ePac, LLC	475530953	0.27%
Feeding Wisconsin, Inc.	474823466	0.33%
Fox Cities Performing Arts Center	391977839	1.59%
Fox Valley Symphony Orchestra Association	201320132	0.28%
Freedom, Inc.	432023570	0.06%
Gilda's Club Madison WI, Inc	61662883	0.35%
Girls on the Run of South Central WI, Inc.	113732108	0.48%
Growth Catalysts, Inc.	203516870	0.58%
Habitat for Humanity of Wisconsin River Area, Inc.	392023346	0.64%
Health and Disability Advocates	364042562	0.67%
Healthy Minds Innovations, Inc.	471196006	0.67%
Henry Vilas Park Zoological Society	396077008	0.71%
Highland Church	391530890	0.65%
Hovde Realty, Inc.	391097440	4.23%
Isthmus Partners, LLC	464915223	7.18%
Killarney Golf Media, Inc.	391616321	0.21%
LeMoine Agency	391745508	0.05%
Luke House, Inc.	391504050	0.32%
Madison Childrens Museum	391383497	0.77%
Marvel Medtech, LLC	204981815	1.40%
Mike Hyne Insurance Agency	205162950	0.00%
Municipal Electric Utilities of Wisconsin, Inc.	391433127	2.06%
Murfie, Inc.	454060227	0.11%
Noble Applications	461048872	0.27%
Panatrack	391842256	3.96%
Pegasus Sustainability Solutions, Inc	455500144	1.89%
QTI Human Resources, Inc.	391817512	9.86%
Rebuilding Together Fox Valley	392013200	0.10%
Richard Haldeman Agency	396461211	0.29%
Sand County Foundation, Inc.	396089450	1.92%
SCR Dairy	452721518	2.67%
SOLOMO Technology, Inc.	452410126	1.53%

Spiegelberg, Wirth & Purcell	391977726	0.42%
Stemina Biomarker Discovery, Inc.	208294201	3.53%
Tammy Baldwin	911962515	0.23%
The Gathering of Southeast WI, Inc.	391891030	0.45%
Triumph Wealth Management, LLC	208676935	0.09%
Urban Economic Development Association of WI UEDA	391893799	0.11%
Valicom	391743749	2.64%
Wangard Advisors, LLC.	204026536	0.46%
Wangard Partners, Inc.& Wangard Properties, LLC	391736628	5.13%
WiscNet	391705442	7.26%
Wisconsin Center for Education Products & Services	273813061	1.33%
Wisconsin Coalition of Independent Living Centers (WCI)	391850087	0.39%
Wisconsin eSchool Network Inc dba WEN Inc.	452685941	1.09%
Wisconsin Historical Foundation, Inc.	390921093	2.76%
Wisconsin Housing Preservation Corp.	300002040	0.42%
Wisconsin Institute for Healthy Aging	273001041	0.84%
Wisconsin RX	43775178	3.91%
Wisconsin Veterans Museum Foundation, Inc.	391737786	0.15%
Wisconsin Womens Health Foundation (WWHF)	391900678	1.25%

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 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**2016****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

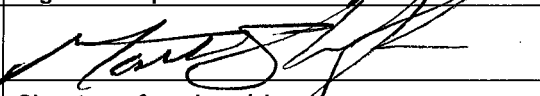
- A** This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first 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 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		<u>9/21/17</u>	Matt Shefchik
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>9/21/17</u>	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

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): ► 1/1/2016-12/31/16

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		279,377
	TD Ameritrade Trust Company	American Growth Fund Of America Class R-		2,278,264
	TD Ameritrade Trust Company	Brandes International Small Cap Equity C		220,148
	TD Ameritrade Trust Company	Brown Capital Mgmt Small Co Institu		889,614
	TD Ameritrade Trust Company	Columbia Mid Cap Value Fund Y		717,096
	TD Ameritrade Trust Company	Dodge & Cox Balanced Fd		1,477,612
	TD Ameritrade Trust Company	Dodge & Cox International Stock Fund Cla		1,148,059
	TD Ameritrade Trust Company	Dodge & Cox Stock Fd		2,717,485
	TD Ameritrade Trust Company	Galliard/Wells Fargo Stable Value Fund C		1,000,048
	TD Ameritrade Trust Company	Harbor Capital Appreciation Institutiona		190,152
	TD Ameritrade Trust Company	JP Morgan Small Cap Value Fund-R6		645,836
	TD Ameritrade Trust Company	Loomis Sayles Bond Fund Class N		81,121
	TD Ameritrade Trust Company	Metropolitan West Total Return Bond Plan		712,323
	TD Ameritrade Trust Company	Nuveen Mid Cap Growth Opps R6		819,957
	TD Ameritrade Trust Company	Nuveen Real Estate Securities R6		407,371
	TD Ameritrade Trust Company	Oppenheimer Developing Markets I		241,612
	TD Ameritrade Trust Company	Pimco Real Return Fund Institutional		338,565
	TD Ameritrade Trust Company	T. Rowe Price Retirement Balanced I		44,685
	TD Ameritrade Trust Company	T. Rowe Price Retirement I 2005 I		1,267
	TD Ameritrade Trust Company	T. Rowe Price Retirement I 2010 I		686
	TD Ameritrade Trust Company	T. Rowe Price Retirement I 2015 I		590,874
	TD Ameritrade Trust Company	T. Rowe Price Retirement I 2020 I		455,974
	TD Ameritrade Trust Company	T. Rowe Price Retirement I 2025 I		2,374,124
	TD Ameritrade Trust Company	T. Rowe Price Retirement I 2030 I		694,249
	TD Ameritrade Trust Company	T. Rowe Price Retirement I 2035 I		1,612,974
	TD Ameritrade Trust Company	T. Rowe Price Retirement I 2040 I		1,614,631
	TD Ameritrade Trust Company	T. Rowe Price Retirement I 2045 I		1,244,444
	TD Ameritrade Trust Company	T. Rowe Price Retirement I 2050 I		705,337
	TD Ameritrade Trust Company	T. Rowe Price Retirement I 2055 I		538,484
	TD Ameritrade Trust Company	T. Rowe Price Retirement I 2060 I		21,633
	TD Ameritrade Trust Company	Td Bank USA MMDA		37,985
	TD Ameritrade Trust Company	Vanguard 500 Index Fund- Admiral Shares		1,670,576
	TD Ameritrade Trust Company	Vanguard Mid Cap Index Admiral Shares		1,233,057
	TD Ameritrade Trust Company	Vanguard Short-Term Inv Grade Adm		13,652
	TD Ameritrade Trust Company	Vanguard Small Cap Index- Admiral Shares		1,706,935
	Participant loans	Interest Rates 4.25%		85,146