

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 2018 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</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 ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
B	This return/report is:		
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>1010 EAST WASHINGTON AVE, SUITE 314</u> <u>MADISON, WI 53703</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	Filed with authorized/valid electronic signature.	10/14/2019	TARA CONGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2019	TARA CONGER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1278
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1021 6a(2) 1203 6b 5 6c 191 6d 1399 6e 1 6f 1400 6g 866 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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
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 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

(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	159220	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY PARTNERS INVESTMENT CONS

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	38630	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BDO, USA LLP

13-5381590

(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 ☐

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	10755	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

SMITH & GESTLAND 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	500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORNINGSTAR ASSOCIATES, LLC

36-4317381

(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 50	NONE	24	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 COMPANY	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 SHARINGPD 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:

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 2018 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and ending 12/31/2018
--	---

A Name of plan QTI HUMAN RESOURCES, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	001
--	---	---------------------------------------

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 QTI HUMAN RESOURCES, INC.	D Employer Identification Number (EIN) 39-1817512
---	---

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	--

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

b Name of sponsor of entity listed in (a): WELLS FARGO BANK NA

c EIN-PN 52-2250946-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 944549
--	--	--

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:
--

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 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan QTI HUMAN RESOURCES, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 QTI HUMAN RESOURCES, INC.	D Employer Identification Number (EIN) 39-1817512	

Part I	Asset and Liability Statement				
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.					
	Assets		(a) Beginning of Year		(b) End of Year
a Total noninterest-bearing cash	1a		19778		635171
b Receivables (less allowance for doubtful accounts):					
(1) Employer contributions.....	1b(1)				
(2) Participant contributions	1b(2)				
(3) Other.....	1b(3)				
c General investments:					
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)				
(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)		152649		229214
(9) Value of interest in common/collective trusts	1c(9)		1008550		944549
(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)		34931841		33582426
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)				
(15) Other	1c(15)				

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	36112818 35391360
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	36112818 35391360

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1898285
	(B) Participants	2a(1)(B)	3389217
	(C) Others (including rollovers)	2a(1)(C)	693356
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	5980858
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)	8844
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	8844
(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)	1718710
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1718710
(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)		18266
(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)		-4038770
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3687908

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2862000	
(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)		2862000
f Corrective distributions (see instructions)	2f		21184
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	159240	
(2) Contract administrator fees.....	2i(2)	10759	
(3) Investment advisory and management fees.....	2i(3)	38630	
(4) Other	2i(4)	12500	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		221129
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3104313

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		583595
l Transfers of assets:			
(1) To this plan.....	2l(1)		812185
(2) From this plan.....	2l(2)		2117238

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: BDO USA, LLP

(2) EIN: 13-5381590

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	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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)
SCR DAIRY	75-2600508	001
WANGARD ADVISORS, LLC	76-0178498	001
WANGARD PARTNERS	76-0178498	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.)

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 2018 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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
-----------------	-------------------

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, see the Instructions for Form 5500.

Schedule R (Form 5500) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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):

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

**Financial Statements and
Supplemental Schedule
Years Ended December 31, 2018 and 2017**

QTI Human Resources, Inc.
401(k) Plan

Financial Statements and Supplemental Schedule
Years Ended December 31, 2018 and 2017

QTI Human Resources, Inc. 401(k) Plan

Contents

Independent Auditor's Report	3-4
Financial Statements	
Statements of Net Assets Available for Benefits as of December 31, 2018 and 2017	6
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2018 and 2017	7
Notes to Financial Statements	8-15
Supplemental Schedule	
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)	17



Tel: 608-836-7500
Fax: 608-836-7505
www.bdo.com

One Erdman Place, Suite 404
Madison, WI 53717

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, 2018 and 2017, 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

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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), 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, 2018 and 2017, 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 - Supplemental Schedule

The supplemental schedule, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2018, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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.

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 DOL's Rules and Regulations for Reporting and Disclosure under the ERISA.

BDO USA, LLP

October 8, 2019

Financial Statements

QTI Human Resources, Inc. 401(k) Plan
Statements of Net Assets Available for Benefits

<i>December 31,</i>	2018	2017
Assets		
Cash	\$ 635,171	\$ 19,778
Investments, at fair value		
Registered investment companies	33,583,806	34,931,841
Common/collective trust	944,549	1,008,550
Total Investments, at fair value	34,528,355	35,940,391
Receivables		
Employer contributions	424,957	386,511
Participant contributions	53,808	101,343
Notes receivable from participants	229,214	152,649
Total Receivables	707,979	640,503
Total Assets	35,871,505	36,600,672
Liabilities		
Excess contributions payable	20,213	21,184
Accrued administrative expenses	38,271	39,103
Other liabilities	1,380	-
Total Liabilities	59,864	60,287
Net Assets Available for Benefits	\$ 35,811,641	\$ 36,540,385

See accompanying notes to financial statements.

QTI Human Resources, Inc. 401(k) Plan
Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2018	2017
Additions to Net Assets Attributed to		
Investment (Loss) Income		
Interest and dividends	\$ 1,718,710	\$ 1,477,208
Net (depreciation) appreciation in fair value of investments	(4,020,548)	4,173,209
Total Investment (Loss) Income	(2,301,838)	5,650,417
Interest Income on Notes Receivable from Participants	8,844	3,415
Contributions		
Employers	1,936,769	1,808,459
Participants	3,321,475	3,083,284
Rollovers	693,356	1,218,904
Total Contributions	5,951,600	6,110,647
Total Additions	3,658,606	11,764,479
Deductions from Net Assets Attributed to		
Benefits paid to participants	2,862,000	4,412,159
Administrative expenses	220,297	213,367
Total Deductions	3,082,297	4,625,526
Net Increase Before Transfers	576,309	7,138,953
Transfers in from prior trustee	812,185	4,341,241
Transfers to successor trustee	(2,117,238)	(4,116,513)
Net Assets Available for Benefits, beginning of year	36,540,385	29,176,704
Net Assets Available for Benefits, end of year	\$ 35,811,641	\$ 36,540,385

See accompanying notes to financial statements.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

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.

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).

Contributions

Employees are permitted to make elective deferral contributions pursuant to a salary reduction agreement that authorizes the employers to defer wages through the Plan. An employee's contribution may not exceed \$18,500 and \$18,000 for 2018 and 2017, respectively. In addition, participants age 50 or over can make catch-up contributions up to \$6,000 for both 2018 and 2017. 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.

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 employers' 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.

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.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

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.

Payment of Benefits

Upon termination of service, death, disability, or attaining normal retirement age (65), 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 59½ 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. There were no benefits requested but not paid at December 31, 2018 and 2017.

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, 2018, all loans had interest rates ranging from 4.25% to 6.25% and were due on various dates ranging from April 2019 to January 2024.

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, 2018 and 2017, forfeitures totaled \$14,437 and \$14,865, respectively. As of December 31, 2018 and 2017, unallocated forfeited balances totaled \$11,922 and \$19,778, respectively.

Plan Transfers

As a result of changes in participating employers during 2018 and 2017, Plan assets of approximately \$812,000 and \$4,340,000 were transferred into the Plan and \$2,117,000 and \$4,417,000 were transferred out of the Plan, respectively.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) 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.

Investments Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. 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 (depreciation) appreciation 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 differences between the sales proceeds and the fair value of the investments as of the beginning of the period or the cost of the investments 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.

Notes Receivable from Participants

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, 2018 and 2017. 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.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to participant contributions. The Plan distributed the 2018 and 2017 excess contributions to the applicable participants prior to March 15, 2019 and 2018, respectively.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

Payment of Benefits

Benefits paid to participants are recorded when the funds are disbursed, with the exception of refunds for excess contributions which are recorded as a liability and reduction of participant contributions in the year incurred.

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 (depreciation) appreciation in fair value of investments. The Plan incurred administrative expenses of \$220,297 and \$213,367 in 2018 and 2017, respectively.

Subsequent Events

Management has evaluated subsequent events through October 8, 2019, the date which the financial statements were available for issue. No events have occurred that would influence the reader's opinion or require recognition in the financial statements for the year ended December 31, 2018.

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 (depreciation) appreciation 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, 2018, 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 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).

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

Notes to Financial Statements

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.

Fees incurred by the Plan for the investment management services are included in net (depreciation) appreciation in fair value of the investments, as they are paid through revenue sharing rather than a direct payment.

TD Ameritrade Trust Company receives compensation on a monthly basis from certain investments to offset the costs of providing recordkeeping and administrative services on behalf of the investments. This compensation is used to offset certain fees owed to TD Ameritrade Trust Company for its administrative services to the Plan. When the revenue received by TD Ameritrade Trust Company exceeds the amount owed by the Plan, TD Ameritrade Trust Company credits the Plan's account.

Certain employees of the employers provide administrative services to the Plan. These employees are not paid by the Plan for their services.

6. Tax Status

The Plan has adopted a volume submitter plan of BlueStar Retirement Services Inc., which has obtained an opinion letter from the IRS dated March 31, 2014. The letter states that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) 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 IRC. Therefore, the Plan Administrator believes that the Plan is qualified, and the related trust is tax-exempt as of the financial statement date.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there currently are no audits for any tax periods in progress.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

7. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

<i>December 31,</i>	2018	2017
Net Assets Available for Benefits per the Financial Statements	\$ 35,811,641	\$ 36,540,385
Employer contributions receivable	(424,957)	(386,511)
Employee contributions receivable	(53,808)	(101,343)
Excess contributions	20,213	21,184
Accrued administrative expenses	38,271	39,103
Net Assets Available for Benefits per Form 5500	\$ 35,391,360	\$ 36,112,818

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to Form 5500:

<i>Year ended December 31,</i>	2018	2017
Increase in Net Assets Available for Benefits per the Financial Statements	\$ 576,309	\$ 7,138,953
Change in employer contributions receivable	(38,446)	(386,511)
Change in employee contributions receivable	47,535	(101,343)
Change in excess contributions	(971)	17,598
Change in accrued administrative expenses	(832)	6,491
Increase in Net Assets Available for Benefits per Form 5500	\$ 583,595	\$ 6,675,188

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.

There are no investments that represent 10% or more of total investments at December 31, 2018 and 2017.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

9. Fair Value Measurements

Accounting Standards Codification (“ASC”) Topic 820, “*Fair Value Measurements and Disclosures*,” establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

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: The investment 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

Notes to Financial Statements

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 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 at December 31, 2018 and 2017, (Level 1, 2, and 3 inputs are defined above):

<i>December 31, 2018</i>	Fair Value Measurements			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 33,583,806	\$ -	\$ -	\$ 33,583,806
Investments measured at NAV*	-	-	-	944,549
Total Investments at Fair Value	\$ 33,583,806	\$ -	\$ -	\$ 34,528,355

<i>December 31, 2017</i>	Fair Value Measurements			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 34,931,841	\$ -	\$ -	\$ 34,931,841
Investments measured at NAV*	-	-	-	1,008,550
Total Investments at Fair Value	\$ 34,931,841	\$ -	\$ -	\$ 35,940,391

* In accordance with Subtopic 820-10, the common/collective trust which is measured at NAV per share (or its equivalent) practical expedient, has 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.

The following tables summarize investments for which fair value is measured using NAV per share as a practical expedient as of December 31, 2018 and 2017:

<i>December 31, 2018</i>	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Wells Fargo Stable Return Fund	\$ 944,549	N/A	Daily	No restrictions

<i>December 31, 2017</i>	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Wells Fargo Stable Return Fund	\$ 1,008,550	N/A	Daily	No restrictions

Supplemental Schedule

QTI Human Resources, Inc. 401(k) Plan

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

December 31, 2018		EIN: 39-1817512 Plan Number: 001		
(a) Party-in-Interest	(b) Identity of Issuer, 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
	American Century	Government Bond Institutional Fund	**	\$ 294,037
	American Funds	Growth Fund of America	**	2,157,125
	Brandes	International Small Cap Equity Fund	**	203,705
	Brown Capital Management	Small Company Institutional Fund	**	1,219,255
	Buffalo	Discovery Fund	**	921,014
	Columbia	Mid-Cap Value Fund	**	655,757
	Dodge & Cox	Balanced Fund	**	1,346,614
	Dodge & Cox	International Stock Fund	**	1,206,286
	Dodge & Cox	Stock Fund	**	2,662,743
	Harbor	Capital Appreciation Retirement Fund	**	417,277
	JP Morgan	Small-Cap Value Fund	**	545,786
	Loomis Sayles	Bond Fund	**	234,070
	Metropolitan West	Total Return Bond Fund	**	601,545
	Nuveen	Real Estate Securities Fund	**	319,521
	Oppenheimer	Developing Markets Fund	**	294,161
	PIMCO	Real Return Institutional Fund	**	108,912
	Vanguard	500 Index Admiral Fund	**	2,890,394
	Vanguard	Mid Cap Index Admiral Fund	**	1,161,623
	Vanguard	Small Cap Index Admiral Fund	**	1,424,866
	Vanguard	Short Term Investment Grade Fund	**	31,211
	Vanguard	Target Retirement 2015 Fund	**	716,798
	Vanguard	Target Retirement 2020 Fund	**	1,511,612
	Vanguard	Target Retirement 2025 Fund	**	2,541,327
	Vanguard	Target Retirement 2030 Fund	**	2,371,736
	Vanguard	Target Retirement 2035 Fund	**	1,464,872
	Vanguard	Target Retirement 2040 Fund	**	2,324,983
	Vanguard	Target Retirement 2045 Fund	**	1,973,358
	Vanguard	Target Retirement 2050 Fund	**	1,045,395
	Vanguard	Target Retirement 2055 Fund	**	724,899
	Vanguard	Target Retirement 2060 Fund	**	165,867
	Vanguard	Target Retirement 2065 Fund	**	7,425
	Vanguard	Target Retirement Income Fund	**	39,632
	Wells Fargo	Stable Return Fund	**	944,549
Total Investments				34,528,355
*	Notes receivable from participants	Interest rates ranging from 4.25% to 6.25%, and maturity dates range from April 2019 to January 2024	-0-	229,214
Total Investments and Notes Receivable from Participants				\$ 34,757,569

* Indicates a known party-in-interest to the plan as defined by ERISA.

** Cost omitted for participant directed investments.

MEPSponsorPlanIdRelius	(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
QTIHRQTI	A & J Development Corp	391578374	1.23%
QTIHRQTI	American Family Insurance	832374785	0.02%
QTIHRQTI	American Lifeline, Inc	391700697	0.00%
QTIHRQTI	Anderson & Shapiro Eye Care	391924563	2.98%
QTIHRQTI	Antigo Community Church	391919450	0.00%
QTIHRQTI	AquaMost, Inc.	273629857	0.00%
QTIHRQTI	Arise Health Ventures	474925640	2.53%
QTIHRQTI	Augment LLC	474086057	0.01%
QTIHRQTI	Badgers United	831752750	0.03%
QTIHRQTI	Bartelt Grob, S. C.	300591423	1.97%
QTIHRQTI	Big Brothers Big Sisters of Dane County	391077783	0.49%
QTIHRQTI	Biolonix	202792793	0.98%
QTIHRQTI	Burlington Faith Chapel, Inc.	237374809	0.02%
QTIHRQTI	Burse Surveying and Engineering	391971723	0.62%
QTIHRQTI	Christ Presbyterian	390806241	0.00%
QTIHRQTI	Clean Fresh Food, LLC	461298434	0.07%
QTIHRQTI	Customer Analytics, LLC	900697828	3.50%
QTIHRQTI	D. Webster-Scher Agency, Inc.	391911778	0.03%
QTIHRQTI	Deerfield Community Center	391899306	0.21%
QTIHRQTI	Downtown Madison, Inc.	391422114	0.24%
QTIHRQTI	Employment Resources, Inc.	391681074	2.91%
QTIHRQTI	ePac, LLC	475530953	4.20%
QTIHRQTI	EyeKor, Inc.	811264583	2.22%
QTIHRQTI	Feeding Wisconsin, Inc.	474823466	0.35%
QTIHRQTI	FMPS, Inc.	392043104	0.55%
QTIHRQTI	Forest Products Society	390770034	0.00%
QTIHRQTI	Fox Cities Performing Arts Center	391977839	2.02%
QTIHRQTI	Fox Valley Symphony Orchestra Association	39-108948	0.26%
QTIHRQTI	Freedom, Inc.	432023570	0.94%
QTIHRQTI	Gilda's Club Madison WI, Inc	61662883	0.90%
QTIHRQTI	Girls on the Run of South Central WI, Inc.	113732108	0.47%
QTIHRQTI	Greater Madison Chamber of Commerce	390843590	0.80%
QTIHRQTI	Growth Catalysts, Inc.	203516870	0.00%
QTIHRQTI	Habitat for Humanity of Wisconsin River Area, Inc.	392023346	0.55%
QTIHRQTI	Healthy Minds Innovations, Inc.	471196006	4.83%
QTIHRQTI	Henry Vilas Park Zoological Society	396077008	0.40%
QTIHRQTI	Highland Community Church	391530890	0.00%
QTIHRQTI	Hovde Properties, LLC	475513624	6.22%
QTIHRQTI	Ideas Unlimited Seminars, Inc.	208029382	0.00%
QTIHRQTI	iMETx	824877969	0.08%
QTIHRQTI	Institute for Global Ethics	223061144	0.38%
QTIHRQTI	Isthmus Partners, LLC	46-491522	7.36%
QTIHRQTI	Kidney Institute of North Dakota	XX0004279	0.00%
QTIHRQTI	Killarney Golf Media, Inc.	391616321	0.25%
QTIHRQTI	LeMoine Agency	391745508	0.02%
QTIHRQTI	Luke House, Inc.	391504050	0.14%
QTIHRQTI	Madison Childrens Museum	391383497	1.13%
QTIHRQTI	Madison Development Corporation	391277471	1.86%
QTIHRQTI	Madison-area Urban Ministry	237298482	0.04%
QTIHRQTI	Madisons Distribution Corporation	XX0003192	0.00%
QTIHRQTI	Marvel Medtech, LLC	204981815	0.00%
QTIHRQTI	Mike Hyne Insurance Agency	455005092	0.01%
QTIHRQTI	Municipal Electric Utilities of Wisconsin, Inc. dba MEUW	391433127	2.56%
QTIHRQTI	Natural Resources Consulting	XX0003191	0.00%
QTIHRQTI	Noble Applications	461048872	0.78%
QTIHRQTI	One City Early Learning Centers, Inc.	471490574	0.29%

QTIHRQTI	OSOD LLC	271204022	0.31%
QTIHRQTI	Outreach, Inc.	391336583	0.01%
QTIHRQTI	Panatrack	391842256	3.76%
QTIHRQTI	PegEx, Inc.	455500144	4.30%
QTIHRQTI	Peterson Technology Group	562484614	0.37%
QTIHRQTI	QTI Human Resources, Inc.	391817512	8.72%
QTIHRQTI	Quad Capitol	XX0003190	0.00%
QTIHRQTI	Rebuilding Together Fox Valley	392013200	0.09%
QTIHRQTI	Resonant Capital Advisors	830908962	0.08%
QTIHRQTI	Richard Haldeman Agency	396461211	0.03%
QTIHRQTI	Sand County Foundation, Inc.	396089450	2.23%
QTIHRQTI	Sankofa Behavioral & Community Health	800906744	0.08%
QTIHRQTI	Scilog, Inc.	XX0004280	0.00%
QTIHRQTI	SCR Dairy	452721518	0.89%
QTIHRQTI	SOLOMO Technology, Inc.	461555290	0.00%
QTIHRQTI	Spiegelberg, Wirth & Purcell	391977726	0.45%
QTIHRQTI	State of Wisconsin	XX0004282	0.00%
QTIHRQTI	Stemina Biomarker Discovery, Inc.	208294201	2.01%
QTIHRQTI	Stephanie Wendrick Agency, LLC	394046894	0.00%
QTIHRQTI	Tammy Baldwin	911962515	0.56%
QTIHRQTI	Technology Service Professionals	XX0004281	0.00%
QTIHRQTI	The Gathering of Southeast WI, Inc.	391891030	0.64%
QTIHRQTI	Triumph Wealth Management, LLC	208676935	0.24%
QTIHRQTI	UEDA	391893799	0.18%
QTIHRQTI	Unknown QTI HR	XX0003174	0.00%
QTIHRQTI	Valicom	391743749	2.55%
QTIHRQTI	Wangard Advisors, LLC.	204026536	0.00%
QTIHRQTI	Wangard Partners, Inc. & Wangard Properties, LLC.	391736628	0.16%
QTIHRQTI	WiscNet	391705442	6.50%
QTIHRQTI	Wisconsin Center for Education Products & Services	273813061	1.27%
QTIHRQTI	Wisconsin Coalition of Independent Living Centers WCILC	391850087	0.42%
QTIHRQTI	Wisconsin eSchool Network Inc. dba WEN Inc.	452685941	1.00%
QTIHRQTI	Wisconsin Historical Foundation, Inc.	390921093	3.81%
QTIHRQTI	Wisconsin Housing Preservation Corp.	300002040	0.71%
QTIHRQTI	Wisconsin Institute for Healthy Aging dba WIHA	273001041	1.04%
QTIHRQTI	Wisconsin Manufacturing Extension Partnership	391786653	0.00%
QTIHRQTI	Wisconsin Quality Home Care	XX0004286	0.00%
QTIHRQTI	Wisconsin Veterans Museum Foundation, Inc.	391737786	0.10%
QTIHRQTI Total			#N/A

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 4085 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**2018****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

- 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. 1010 East Washington Ave, Suite 314 Madison WI 53703	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>10/14/19</u>	Tara Conger
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/14/19</u>	Tara Conger
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

QTI Human Resources, Inc. 401(k) Plan

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

December 31, 2018		EIN: 39-1817512 Plan Number: 001		
(a)	(b)	(c)	(d)	(e)
Party-in-Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment: Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	American Century	Government Bond Institutional Fund	** \$	294,037
	American Funds	Growth Fund of America	**	2,157,125
	Brandes	International Small Cap Equity Fund	**	203,705
	Brown Capital Management	Small Company Institutional Fund	**	1,219,255
	Buffalo	Discovery Fund	**	921,014
	Columbia	Mid-Cap Value Fund	**	655,757
	Dodge & Cox	Balanced Fund	**	1,346,614
	Dodge & Cox	International Stock Fund	**	1,206,286
	Dodge & Cox	Stock Fund	**	2,662,743
	Harbor	Capital Appreciation Retirement Fund	**	417,277
	JP Morgan	Small-Cap Value Fund	**	545,786
	Loomis Sayles	Bond Fund	**	234,070
	Metropolitan West	Total Return Bond Fund	**	601,545
	Nuveen	Real Estate Securities Fund	**	319,521
	Oppenheimer	Developing Markets Fund	**	294,161
	PIMCO	Real Return Institutional Fund	**	108,912
	Vanguard	500 Index Admiral Fund	**	2,890,394
	Vanguard	Mid Cap Index Admiral Fund	**	1,161,623
	Vanguard	Small Cap Index Admiral Fund	**	1,424,866
	Vanguard	Short Term Investment Grade Fund	**	31,211
	Vanguard	Target Retirement 2015 Fund	**	716,798
	Vanguard	Target Retirement 2020 Fund	**	1,511,612
	Vanguard	Target Retirement 2025 Fund	**	2,541,327
	Vanguard	Target Retirement 2030 Fund	**	2,371,736
	Vanguard	Target Retirement 2035 Fund	**	1,464,872
	Vanguard	Target Retirement 2040 Fund	**	2,324,983
	Vanguard	Target Retirement 2045 Fund	**	1,973,358
	Vanguard	Target Retirement 2050 Fund	**	1,045,395
	Vanguard	Target Retirement 2055 Fund	**	724,899
	Vanguard	Target Retirement 2060 Fund	**	165,867
	Vanguard	Target Retirement 2065 Fund	**	7,425
	Vanguard	Target Retirement Income Fund	**	39,632
	Wells Fargo	Stable Return Fund	**	944,549
Total Investments				34,528,355
*	Notes receivable from participants	Interest rates ranging from 4.25% to 6.25%, and maturity dates range from April 2019 to January 2024	-0-	229,214
Total Investments and Notes Receivable from Participants				\$ 34,757,569

* Indicates a known party-in-interest to the plan as defined by ERISA.

** Cost omitted for participant directed investments.