

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 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>03/01/1997</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>03/01/1997</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</u> <u>SUITE 314</u> <u>MADISON, WI 53703</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>39-1817512</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>608-258-5525</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541214</u></td> </tr> </table>	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>	
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.	10/15/2021	JASON R. WILLBORN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

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	3168
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	2881
a(2) Total number of active participants at the end of the plan year		6a(2)	2778
b Retired or separated participants receiving benefits.....		6b	5
c Other retired or separated participants entitled to future benefits		6c	293
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3076
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	2
f Total. Add lines 6d and 6e		6f	3078
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1141
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	46
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: 2A 2E 2F 2G 2J 2K 2S 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
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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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, INC.

822 A1A N. SUITE 211
PONTE VEDRA BEACH, FL 32082

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?
12 13 15 17 37 38 49 50 64 65 99	TPA/RECORDKEEPER	189914	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BKS FINANCIAL INVESTMENTS, LLC

84-1921272

(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	NONE	32509	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	16241	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)

QTI HUMAN RESOURCES, INC.

39-1817512

(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?
12 15 31 37 50	SPONSOR	8934	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB TRUST BANK

82-3967259

(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 25 37 50 59 62	TRUSTEE	869	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	59	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.	
AMERICAN CENTURY INVESTMENTS 43-0821857	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	59	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.	
BROWN CAPITAL MANAGEMENT, LLC PO BOX 1466 DENVER, CO 80201	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	59	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.	
BUFFALO 615 E. MICHIGAN ST. MILWAUKEE, WI 53202	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	

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
CHARLES SCHWAB TRUST BANK	59	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.	
DODGE & COX 430 W. 7TH ST. SUITE 219502 KANSAS CITY, MO 64105	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	59	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.	
PEAR TREE FUNDS 55 OLD BEDFORD RD. LINCOLN, MA 01773	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	59	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.	
T. ROWE PRICE 52-2264646	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	

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
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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
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	231059	67130
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)	246455	202627
(9) Value of interest in common/collective trusts	1c(9)	1402832	2945130
(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)	47096238	59077450
(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	48976584	62292337

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	48976584	62292337
--	-----------	----------	----------

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)	2686983	
(B) Participants	2a(1)(B)	5659655	
(C) Others (including rollovers).....	2a(1)(C)	1231928	
(2) Noncash contributions	2a(2)		9578566
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
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)	10875	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10875
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		1949492
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1949492	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1949492
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		0
(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)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		0
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		50045
(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)		6252107
c Other income	2c		9855
d Total income. Add all income amounts in column (b) and enter total.....	2d		17850940

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3894491	
(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)		3894491
f Corrective distributions (see instructions)	2f		10905
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	17110	
(2) Contract administrator fees	2i(2)	189914	
(3) Investment advisory and management fees	2i(3)	35752	
(4) Other.....	2i(4)	8934	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		251710
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4157106

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13693834
l Transfers of assets:			
(1) To this plan.....	2l(1)		1187178
(2) From this plan	2l(2)		1565259

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) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	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?		X	
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.)	X		
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)
TEN FORWARD CONSULTING 401(K) PLAN	46-0538550	003
EPAC 401(K) PLAN	82-1266270	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 82-3967259		
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
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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) 2020
v. 200204

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____

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

**Financial Statements and
Supplemental Schedule
Years Ended December 31, 2020 and 2019**

QTI Human Resources, Inc.
401(k) Plan

Financial Statements and Supplemental Schedule
Years Ended December 31, 2020 and 2019

QTI Human Resources, Inc. 401(k) Plan

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

One Erdman Place, Suite 404
Madison, WI 53717

Independent Auditor's Report

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2020 Financial Statements

We have performed an audit of the financial statements of the QTI Human Resources Inc. 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C), which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2020 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2020 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2020, and for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2020 Financial Statements

In our opinion, based on our audit and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2020 Financial Statements* section of our report

- the amounts and disclosures in the accompanying 2020 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- the certified investment information in the accompanying 2020 financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion on the 2020 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 2020 Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2020 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2020 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the 2020 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.



- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2020 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2020 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - 2020 Supplemental Schedule Required by ERISA

The 2020 supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the 2020 financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2020 financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2020 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2020 financial statements or to the 2020 financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedule agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter - Report on the 2019 Financial Statements

We were engaged to audit the statement of net assets available for benefits of the Plan as of December 31, 2019. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by the qualified institution. Our audit report, dated September 22, 2020, indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an opinion and accordingly, we did not express an opinion on the 2019 financial statements, and (b) the form and content of the information included in the 2019 financial statements other than that derived from the information certified by the qualified institution were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

BDO USA, LLP

BDO USA, LLP

October 11, 2021

Financial Statements

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

<i>December 31,</i>	2020	2019
Assets		
Cash	\$ 67,130	\$ 231,059
Investments, at fair value		
Registered investment companies	59,077,450	47,096,238
Common/collective trust	2,945,130	1,402,832
Total Investments, at fair value	62,022,580	48,499,070
Receivables		
Employer contributions	495,805	537,826
Participant contributions	196,949	109,657
Notes receivable from participants	202,627	246,455
Total Receivables	895,381	893,938
Total Assets	62,985,091	49,624,067
Liabilities		
Excess contributions payable	7,365	5,972
Accrued administrative expenses	53,031	43,593
Total Liabilities	60,396	49,565
Net Assets Available for Benefits	\$ 62,924,695	\$ 49,574,502

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>	2020
Additions to Net Assets Attributed to	
Investment Income	
Interest and dividends	\$ 1,949,492
Net appreciation in fair value of investments	6,312,007
Total Investment Income	8,261,499
Interest Income on Notes Receivable from Participants	10,875
Contributions	
Employers	2,644,961
Participants	5,739,582
Rollovers	1,231,928
Total Contributions	9,616,471
Total Additions	17,888,845
Deductions from Net Assets Attributed to	
Benefits paid to participants	3,899,424
Administrative expenses	261,147
Total Deductions	4,160,571
Net Increase Before Transfers	13,728,274
Plan transfers out	(1,565,259)
Plan transfers in	1,187,178
Net Assets Available for Benefits, beginning of year	49,574,502
Net Assets Available for Benefits, end of year	\$ 62,924,695

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 \$19,500 for 2020. In addition, participants age 50 or over can make catch-up contributions up to \$6,500 for 2020. Roth elective deferrals are permitted under the Plan. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollovers).

Adopting employers may 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.

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.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

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, 2020 and 2019.

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, 2020, all loans had interest rates ranging from 4.25% to 6.25% and were due on various dates ranging from December 2021 to November 2029.

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 year ended December 31, 2020, forfeitures of \$55,501 were used to reduce employer contributions. As of December 31, 2020 and 2019, unallocated forfeited balances totaled \$59,021 and \$21,081, respectively.

Plan Transfers

As a result of changes in participating employers during 2020, assets of \$1,187,178 were transferred into the Plan and assets of \$1,565,259 were transferred out of the Plan.

2. Summary of 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.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

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 trustees. See Note 9 for further discussion of fair value measurements.

Net appreciation in fair value of investments, included in the accompanying Statement 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, 2020 and 2019. If a participant ceases to make loan repayments or experiences a distributable event (Death or Termination) and the Plan Administrator deems the participant loan to be in default, the participant loan is reduced, and a deemed distribution is recorded. During 2020, \$11,031 was recorded as a deemed distribution and is reported as benefits paid to participants on the accompanying statement of changes in net assets available for benefits. 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 2020 and 2019 excess contributions to the applicable participants prior to March 15, 2021 and 2020, respectively.

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.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

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 in fair value of investments. The Plan incurred administrative expenses of \$261,146 in 2020.

Subsequent Events

Management has evaluated subsequent events through October 11, 2021, the date which the financial statements were available for issue.

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, Charles Schwab Bank, 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 in fair value of investments, as shown in the Statement of Changes in Net Assets Available for Benefits; and
- The assets held as of December 31, 2020, 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 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.

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.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

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

BlueStar Retirement Services Inc. 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 BlueStar Retirement Services Inc. for its administrative services to the Plan. When the revenue received by BlueStar Retirement Services exceeds the amount owed by the Plan, BlueStar Retirement Services Inc. 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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>	2020	2019
Net Assets Available for Benefits per the		
Financial Statements	\$ 62,924,695	\$ 49,574,502
Employer contributions receivable	(495,805)	(537,826)
Employee contributions receivable	(196,949)	(109,657)
Excess contributions payable	7,365	5,972
Accrued administrative expenses	53,031	43,593
Net Assets Available for Benefits per Form 5500	\$ 62,292,337	\$ 48,976,584

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

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>	2020
Increase in Net Assets Available for Benefits per the Financial Statements	\$ 13,728,274
Change in employer contributions receivable	42,021
Change in employee contributions receivable	(87,292)
Change in excess contributions payable	1,393
Change in accrued administrative expenses	9,438
Increase in Net Assets Available for Benefits per Form 5500	\$ 13,693,834

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.

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the "COVID-19 outbreak") and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve. This pandemic has adversely affected global economic activity and contributed to volatility in financial markets. Since the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

There are no investments that represent 10% or more of total investments at December 31, 2020 and 2019.

9. Fair Value Measurements

The framework for measuring fair value provides for 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).

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standard Codification 820, *Fair Value Measurements*, 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, 2020 and 2019.

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 trustees, 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.

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. There were no transfers in or out of Level 3 investments during 2020 or 2019.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

Investments measured at fair value on a recurring basis consisted of the following types of instruments at December 31, 2020 and 2019:

<i>December 31, 2020</i>	Fair Value Measurements			Total
	Level 1	Level 2	Level 3	
Registered investment companies	\$ 59,077,450	\$ -	\$ -	\$ 59,077,450
Investments measured at NAV*				2,945,130
Total Investments at Fair Value	\$ 59,077,450	\$ -	\$ -	\$ 62,022,580

<i>December 31, 2019</i>	Fair Value Measurements			Total
	Level 1	Level 2	Level 3	
Registered investment companies	\$ 47,096,238	\$ -	\$ -	\$ 47,096,238
Investments measured at NAV*				1,402,832
Total Investments at Fair Value	\$ 47,096,238	\$ -	\$ -	\$ 48,499,070

* 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, 2020 and 2019:

<i>December 31, 2020</i>	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Wells Fargo Stable Return Fund	\$2,945,130	N/A	Daily	No restrictions

<i>December 31, 2019</i>	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Wells Fargo Stable Return Fund	\$ 1,402,832	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, 2020		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	** \$	536,321
	American Funds	Growth Fund of America	**	2,975,757
	Brown Capital Management	Small Company Institutional Fund	**	1,420,381
	Buffalo	Discovery Fund Institutional	**	864,819
	Columbia	Mid-Cap Value Fund	**	878,833
	Dodge & Cox	Balanced Fund	**	1,756,337
	Dodge & Cox	Stock Fund	**	3,435,887
	Franklin	Small-Cap Value Fund	**	879,727
	Harbor	Capital Appreciation Retirement Fund	**	1,116,222
	Invesco	Oppenheimer Devopment Markets	**	659,200
	Loomis Sayles	Bond Fund	**	531,219
	Metropolitan West	Total Return Bond Fund	**	1,546,438
	Nuveen	Real Estate Securities Fund	**	492,847
	PEAR TREE	POLARIS FOREIGN Value Small Cap	**	210,350
	PIMCO	Real Return Institutional Fund	**	263,970
	T Rowe Price	Spectrum Internation Fund	**	1,843,322
	VANGUARD	FTSE SOCIAL INDEX ADM	**	34,604
	Vanguard	500 Index Admiral Fund	**	5,162,604
	Vanguard	Mid Cap Index Admiral Fund	**	1,937,267
	Vanguard	Small Cap Index Admiral Fund	**	2,186,385
	Vanguard	Short Term Investment Grade Fund	**	610,038
	Vanguard	Target Retirement 2015 Fund	**	1,132,920
	Vanguard	Target Retirement 2020 Fund	**	2,258,779
	Vanguard	Target Retirement 2025 Fund	**	3,503,672
	Vanguard	Target Retirement 2030 Fund	**	4,544,423
	Vanguard	Target Retirement 2035 Fund	**	4,100,065
	Vanguard	Target Retirement 2040 Fund	**	3,972,670
	Vanguard	Target Retirement 2045 Fund	**	4,121,534
	Vanguard	Target Retirement 2050 Fund	**	2,220,164
	Vanguard	Target Retirement 2055 Fund	**	2,482,990
	Vanguard	Target Retirement 2060 Fund	**	716,726
	Vanguard	Target Retirement 2065 Fund	**	244,565
	Vanguard	Target Retirement Income Fund	**	15,776
	Vanguard	Total International Stock Index	**	420,638
	Wells Fargo	Stable Return Fund	**	2,945,130
Total Investments per Financial Statements				62,022,580
*	Participant loans	Interest rates ranging from 4.25% to 6.25%, and maturity dates range from December 2021 to November 2029	-0-	202,627
Total Investments per Form 5500				\$ 62,225,207

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

** 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:

01/01/2020 - 12/31/2020

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
A & J Development Corp	39-1578374	1.90%
Access to Independence, Inc.	39-1240200	0.02%
American Lifeline, Inc	39-1700697	0.17%
Anderson & Shapiro Eye Surgeons, SC	39-1924563	3.21%
Antigo Community Church	39-1919450	0.09%
Arise Health Ventures	47-4925640	0.32%
Arts 4 All Wisconsin, Inc.	39-1526913	0.59%
Atterx Biotherapeutics, Inc.	39-2025703	0.38%
Badgerbots	45-3598842	0.00%
Bartelt Grob, S. C.	30-0591423	1.22%
Big Brothers Big Sisters of Dane County	39-1077783	0.37%
Biolonix	20-2792793	0.58%
Burlington Faith Chapel, Inc.	23-7374809	0.05%
Burse Surveying and Engineering, Inc.	39-1971723	2.08%
Center for Community Stewardship, Inc.	68-0501459	0.00%
Christ Presbyterian	39-0806241	0.10%
Cirrus Partners, Inc.	20-2043382	0.06%
Citizens Utility Board of Wisconsin Inc.	39-1555109	0.11%
Clean Fresh Food, LLC	46-1298434	0.00%
Common Wealth Development, Inc.	39-1323500	0.85%
Customer Analytics, LLC	90-0697828	4.13%
D. Webster-Scher Agency, Inc.	39-1911778	1.83%
Deerfield Community Center, Inc.	39-1899306	0.14%
Downtown Madison, Inc.	39-1422114	0.12%
Employment Resources, Inc.	39-1681074	1.41%
EyeKor, Inc.	81-1264583	0.70%
Feeding Wisconsin, Inc.	47-4823466	0.06%
Fetch Rewards, Inc.	82-2979008	4.54%
Forest Products Society	39-0770034	0.15%
Forward BIOLABS, Inc.	83-3817912	0.10%
Foundation for Madison's Public Schools, Inc.	39-2043104	0.31%
Fox Cities Performing Arts Center	39-1977839	1.12%
Fox Valley Symphony Orchestra Association	20-1320132	0.03%
Freedom, Inc.	43-2023570	0.45%
Gentueri, Inc.	83-1959202	0.00%
Gilda's Club Madison WI, Inc	06-1662883	0.54%
Girls on the Run of South Central WI, Inc.	11-3732108	0.28%
Greater Madison Chamber of Commerce, Inc.	39-0843590	2.26%
Habitat for Humanity of Wisconsin River Area, Inc.	39-2023346	0.03%
Healing Hearts Family Counseling Center, LLC	20-8798822	0.07%
Healthy Minds Innovations, Inc.	47-1196006	2.46%
Henry Vilas Park Zoological Society	39-6077008	0.06%
Highland Community Church	39-1530890	0.47%
Hovde Properties, LLC	47-5513624	2.56%
Hughes Equipment Company LLC	46-4770200	0.40%
Ideas Unlimited Seminars, Inc.	20-8029382	0.10%
Image MoverMD Inc.	46-2346800	0.68%
iMETx, Inc.	82-4877969	0.02%

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:

01/01/2020 - 12/31/2020

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Isthmus Partners, LLC	46-4915223	4.61%
Jeremy Haldeman	83-2374785	0.20%
Killarney Golf Media, Inc.	39-1616321	0.15%
LeMoine Agency	39-1745508	0.06%
Literacy Network, Inc	51-0180488	0.05%
Loomis Enzymes LLC	83-2374385	1.02%
Madison Childrens Museum	39-1383497	1.34%
Madison Development Corporation	39-1277471	1.42%
Madison Parks Foundation, Inc.	33-1047992	0.01%
Madison Wealth Parnters, Inc.	84-5012397	0.06%
Madison-area Urban Ministry	23-7298482	0.02%
Marvel Medtech, LLC	20-4981815	0.20%
McGrath Property Group, LLC	46-1644628	0.06%
Mike Hyne Insurance Agency	45-5005092	0.00%
Mobile22 LLC	85-1479101	0.09%
Mobility Transformation, Inc.	83-4291760	0.04%
Mt. Horeb Missionary Baptist Church, Inc.	39-1510599	0.00%
Municipal Electric Utilities of Wisconsin, Inc.	39-1433127	1.68%
Natural Resources Consulting	39-0948262	1.33%
Noble Applications, LLC	46-1048872	0.44%
One City Early Learning Centers, Inc.	47-1490574	0.17%
OSOD LLC	27-1204022	0.20%
Outreach, Inc.	39-1336583	0.01%
Panatrack, Inc.	39-1842256	2.15%
Patrick Huck Agency, LLC	46-2203481	0.00%
PegEx, Inc.	45-5500144	1.71%
Peterson Technology Group, LLC	56-2484614	0.02%
QTI Human Resources, Inc.	39-1817512	20.42%
QualiTemps. Inc	39-1817512	0.00%
Quad Capitol	13-3985248	0.28%
Rebuilding Together Fox Valley, Inc.	39-2013200	0.03%
Resonant Capital Advisors, LLC	83-0908962	0.94%
Richard Haldeman Agency	39-6461211	0.03%
Sand County Foundation, Inc.	39-6089450	3.80%
Sankofa Behavioral & Community Health	80-0906744	0.01%
Scilog, Inc.	39-1694023	0.04%
Spiegelberg,Wirth & Purcell	39-1977726	0.83%
State of Wisconsin	39-6006423	0.02%
Stemina Biomarker Discovery, Inc.	20-8294201	1.65%
SunPeak, LLC	47-1928380	0.17%
Synergy Dance Academy	45-5431854	0.00%
Tammy Baldwin	91-1962515	0.02%
Technology Service Professionals	39-1960090	0.08%
That's A Wrap, Inc. (TAW GEAR)	03-0577897	0.20%
The Gathering of Southeast WI, Inc.	39-1891030	0.50%
Triumph Wealth Management, LLC	20-8676935	0.14%
Urban Economic Development Association of WI UEDA	39-1893799	0.25%
Valicom	39-1743749	2.75%

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:

01/01/2020 - 12/31/2020

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Vital Voices for Mental Health	39-1933036	0.00%
WholeTrees, LLC	20-8661540	0.08%
WiscNet	39-1705442	4.46%
Wisconsin Association for Perinatal Care (WAPC)	39-1363820	0.04%
Wisconsin Center for Education Products & Services	27-3813061	0.72%
Wisconsin Coalition of Independent Living Centers Inc.	39-1850087	0.77%
Wisconsin eSchool Network Inc. dba WEN Inc.	45-2685941	0.79%
Wisconsin Historical Foundation, Inc.	39-0921093	2.44%
Wisconsin Housing Preservation Corp.	30-0002040	2.04%
Wisconsin Institute for Healthy Aging	27-3001041	0.51%
Wisconsin Library Services (WiLS)	23-7222270	0.03%
Wisconsin Manufacturing Extension Partnership	39-1786653	1.71%
Wisconsin Quality Home Care	74-3421473	0.00%
Wisconsin Veterans Museum Foundation, Inc.	39-1737786	0.07%
Writing by Design LLC	20-5748233	0.02%

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 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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 QTI HUMAN RESOURCES, INC. 401(K) PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 03/01/1997</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 03/01/1997	
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 39-1817512</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 608-258-5525</td> </tr> <tr> <td>2d Business code (see instructions) 541214</td> </tr> </table>	2b Employer Identification Number (EIN) 39-1817512	2c Plan Sponsor's telephone number 608-258-5525	2d Business code (see instructions) 541214	
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>10/15/2021</u> Date	Jason R. Willborn Enter name of individual signing as plan administrator
SIGN HERE		<u>10/15/2021</u> Date	Jason R. Willborn 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 (2020)
v. 200204

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	3,168
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	2,881
a(2) Total number of active participants at the end of the plan year		6a(2)	2,778
b Retired or separated participants receiving benefits		6b	5
c Other retired or separated participants entitled to future benefits		6c	293
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3,076
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	2
f Total. Add lines 6d and 6e		6f	3,078
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1,141
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	46
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: 2A 2E 2F 2G 2J 2K 2S 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) ☐ 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

QTI Human Resources, Inc. 401(k) Plan

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

December 31, 2020		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	** \$	536,321
	American Funds	Growth Fund of America	**	2,975,757
	Brown Capital Management	Small Company Institutional Fund	**	1,420,381
	Buffalo	Discovery Fund Institutional	**	864,819
	Columbia	Mid-Cap Value Fund	**	878,833
	Dodge & Cox	Balanced Fund	**	1,756,337
	Dodge & Cox	Stock Fund	**	3,435,887
	Franklin	Small-Cap Value Fund	**	879,727
	Harbor	Capital Appreciation Retirement Fund	**	1,116,222
	Invesco	Oppenheimer Devopment Markets	**	659,200
	Loomis Sayles	Bond Fund	**	531,219
	Metropolitan West	Total Return Bond Fund	**	1,546,438
	Nuveen	Real Estate Securities Fund	**	492,847
	PEAR TREE	POLARIS FOREIGN Value Small Cap	**	210,350
	PIMCO	Real Return Institutional Fund	**	263,970
	T Rowe Price	Spectrum Internation Fund	**	1,843,322
	VANGUARD	FTSE SOCIAL INDEX ADM	**	34,604
	Vanguard	500 Index Admiral Fund	**	5,162,604
	Vanguard	Mid Cap Index Admiral Fund	**	1,937,267
	Vanguard	Small Cap Index Admiral Fund	**	2,186,385
	Vanguard	Short Term Investment Grade Fund	**	610,038
	Vanguard	Target Retirement 2015 Fund	**	1,132,920
	Vanguard	Target Retirement 2020 Fund	**	2,258,779
	Vanguard	Target Retirement 2025 Fund	**	3,503,672
	Vanguard	Target Retirement 2030 Fund	**	4,544,423
	Vanguard	Target Retirement 2035 Fund	**	4,100,065
	Vanguard	Target Retirement 2040 Fund	**	3,972,670
	Vanguard	Target Retirement 2045 Fund	**	4,121,534
	Vanguard	Target Retirement 2050 Fund	**	2,220,164
	Vanguard	Target Retirement 2055 Fund	**	2,482,990
	Vanguard	Target Retirement 2060 Fund	**	716,726
	Vanguard	Target Retirement 2065 Fund	**	244,565
	Vanguard	Target Retirement Income Fund	**	15,776
	Vanguard	Total International Stock Index	**	420,638
	Wells Fargo	Stable Return Fund	**	2,945,130
Total Investments per Financial Statements				62,022,580
*	Participant loans	Interest rates ranging from 4.25% to 6.25%, and maturity dates range from December 2021 to November 2029	-0-	202,627
Total Investments per Form 5500				\$ 62,225,207

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

** Cost omitted for participant directed investments.