

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</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) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

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.	10/14/2022	BRETT CABLE
	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 (2021)
v. 210624

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	2661
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)	2336
a(2) Total number of active participants at the end of the plan year		6a(2)	2864
b Retired or separated participants receiving benefits.....		6b	2
c Other retired or separated participants entitled to future benefits		6c	334
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3200
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	2
f Total. Add lines 6d and 6e		6f	3202
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1540
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	87
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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
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	222060	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?
17 26 27 49 51 99	NONE	33322	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 62	TRUSTEE	17037	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

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	15500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 37 49 50 99	SPONSOR	8038	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
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.	
AVANTIS INVESTORS 360 EAST 2ND STREET LOS ANGELES, CA 90012	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, #202 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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	BDO USA, LLP	b EIN:	13-5381590
c Position:	PLAN AUDITOR		
d Address:	ONE ERDMAN PLACE, SUITE 404 MADISON, WI 53717	e Telephone:	608-836-7500

Explanation: TERMINATED SERVICES DUE TO ENGAGEMENT WITH ANOTHER FIRM.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO STABLE VALUE FD CL C</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK NA</u>		
c EIN-PN <u>52-2250946-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2610180</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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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
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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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
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
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	67130	58338
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)	202627	149351
(9) Value of interest in common/collective trusts.....	1c(9)	2945130	2610180
(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)	59077450	76631636
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	62292337 79449505
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	62292337 79449505

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	3480950
	(B) Participants	2a(1)(B)	8573573
	(C) Others (including rollovers).....	2a(1)(C)	2424257
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	14478780
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)	8067
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	8067
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2891325
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	2891325
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		66869
(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)		7036063
c Other income.....	2c		10693
d Total income. Add all income amounts in column (b) and enter total.....	2d		24491797
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7172455	
(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)		7172455
f Corrective distributions (see instructions).....	2f		18550
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	15500	
(2) Contract administrator fees.....	2i(2)	247134	
(3) Investment advisory and management fees.....	2i(3)	33377	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		296011
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7487016
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		17004781
l Transfers of assets:			
(1) To this plan.....	2l(1)		456017
(2) From this plan.....	2l(2)		303630

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: FORVIS, LLP

(2) EIN: 44-0160260

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)
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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) 2021
v. 201209

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).....

14a

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).....

14b

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).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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

EIN 39-1817512 PN 001

Independent Auditor's Report and Financial Statements

December 31, 2021 and 2020

QTI Human Resources, Inc. 401(k) Plan
December 31, 2021 and 2020

Contents

Independent Auditor's Report	1
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Financial Statements

Statements of Net Assets Available for Benefits.....	5
Statements of Changes in Net Assets Available for Benefits.....	6
Notes to Financial Statements	7

Supplemental Schedule

Schedule H, Line 4i – Schedule of Assets (Held at End of Year).....	15
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Independent Auditor's Report

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of QTI Human Resources, Inc. 401(k) 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, 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 (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 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 Rules and Regulations for Reporting and Disclosure under ERISA. 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, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 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.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 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 2021 Financial Statements section of our report. We are required to be independent of QTI Human Resources, Inc. 401(k) 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 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, 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 QTI Human Resources, Inc. 401(k) Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 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 QTI Human Resources, Inc. 401(k) 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 QTI Human Resources, Inc. 401(k) 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 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 accounting principles generally accepted in the United States of America.

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

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 Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor'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 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 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the 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 Department of Labor'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, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

Predecessor auditors performed an audit of the 2020 financial statements of QTI Human Resources, Inc. 401(k) Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 11, 2021, indicated that (a) the amounts and disclosures in the 2020 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2020 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2020 supplemental schedule, other than the information in the 2020 supplemental schedule that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2020 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

FORVIS, LLP

Oakbrook Terrace, Illinois
October 12, 2022

Federal Employer Identification Number: 44-0160260

QTI Human Resources, Inc. 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

Assets

	<u>2021</u>	<u>2020</u>
Investments, at Fair Value		
Registered investment companies	\$ 76,631,636	\$ 59,077,450
Common or collective trust fund	<u>2,610,180</u>	<u>2,945,130</u>
Total investments, at fair value	<u>79,241,816</u>	<u>62,022,580</u>
Cash	<u>58,338</u>	<u>67,130</u>
Receivables		
Notes receivable from participants	149,351	202,627
Participant contributions	313,058	196,949
Employer contributions	<u>585,044</u>	<u>495,805</u>
Total receivables	<u>1,047,453</u>	<u>895,381</u>
Total assets	<u>80,347,607</u>	<u>62,985,091</u>

Liabilities

Accrued administrative expenses	-	53,031
Excess contributions payable	<u>74,738</u>	<u>7,365</u>
Total liabilities	<u>74,738</u>	<u>60,396</u>
Net Assets Available for Benefits	<u><u>\$ 80,272,869</u></u>	<u><u>\$ 62,924,695</u></u>

QTI Human Resources, Inc. 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 7,102,932	\$ 6,312,007
Interest and dividends	<u>2,891,325</u>	<u>1,949,492</u>
Total investment income	<u>9,994,257</u>	<u>8,261,499</u>
Interest income on notes receivable from participants	<u>8,067</u>	<u>10,875</u>
Contributions		
Employer	3,570,189	2,644,961
Participants	8,614,944	5,739,582
Rollovers	<u>2,424,257</u>	<u>1,231,928</u>
Total contributions	<u>14,609,390</u>	<u>9,616,471</u>
Total additions	<u>24,611,714</u>	<u>17,888,845</u>
Deductions		
Benefits paid to participants	7,183,640	3,899,424
Administrative expenses	<u>232,287</u>	<u>261,147</u>
Total deductions	<u>7,415,927</u>	<u>4,160,571</u>
Net Increase	17,195,787	13,728,274
Transfers In (Out), Net	152,387	(378,081)
Net Assets Available for Benefits, Beginning of Year	<u>62,924,695</u>	<u>49,574,502</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 80,272,869</u></u>	<u><u>\$ 62,924,695</u></u>

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note 1: Description of the Plan

The following description of QTI Human Resources, Inc. 401(k) Plan (Plan) provides only general information. The Plan is sponsored by QTI Human Resources, Inc. and is made available to adopting employers. Interested parties should refer to the plan document and Participating Employers' Adoption and Acceptance Agreement (PEAAA) for a more complete description of the Plan's provisions.

General

The Plan is a multiple-employer defined contribution profit sharing and 401(k) plan covering the employees of Participating Employers (Employer) who have attained the eligibility requirements as set forth by each Employer in their PEA. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA), as amended by subsequent legislation.

During 2021 and 2020, the Plan had net transfers in (out) of \$152,387 and \$(378,081), respectively, as a result of an Employer adopting or withdrawing from the Plan.

Contributions

The Plan is funded by voluntary pre-tax and post-tax contributions of participants and matching, discretionary matching and discretionary profit-sharing contributions of the Employers as set forth in the PEA.

Eligible employees can elect to contribute to the Plan pre-tax and/or Roth after-tax deferrals of their compensation, as defined by the Plan, through regular payroll deductions, subject to limitations imposed by the Internal Revenue Code. Participants who have attained age 50 before the plan year are eligible to make additional pre-tax contributions, also known as "catch-up" contributions. Participants may also roll over amounts representing distributions from other qualified employee benefit plans.

Investment Options

Participants direct their salary deferral contributions and the Employer's contributions into a variety of investment funds made available and determined by the plan administrator. Participants may change their investment options at any time.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Employers' matching, discretionary matching, an allocation of profit sharing contributions and an allocation of plan earnings and charged with an allocation of administrative expenses. Plan earnings are allocated to participant's accounts in direct proportion to their respective account balances, based on the performance of participant's investment selections. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Notes Receivable From Participants

Participants are permitted to take loans from the Plan at a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. The loans are collateralized by the borrowers' respective vested account balances and bear interest at the prime interest rate plus 1%. Principal and interest are paid through payroll deductions over a period not to exceed five years, unless for the purchase of a primary residence. Interest rates range from 4.25% to 6.25% at December 31, 2021.

In April 2020, the Employer adopted the *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act) provisions for loan relief to 1) delay certain required loan repayments for one year and 2) increase loan limits to the lesser of \$100,000 or 100% of the participant's vested balance for coronavirus-related loans. The CARES Act provided for the increased loan limit for coronavirus-related loans issued from March 27, 2020 through September 22, 2020. The one-year suspension of loan repayments applied to qualified participants' loan payments due between March 27, 2020 and December 31, 2020. Following the suspension period, these loans were re-amortized over the remaining period of the loans, plus the suspension period.

Vesting

Participants are immediately fully vested in participant and rollover contributions, plus actual earnings thereon. Vesting provisions for the employer contributions are set forth in the PEAAA.

Forfeited Accounts

Forfeitures of nonvested account balances are used to reduce Employer contributions. At December 31, 2021 and 2020, there were \$55,108 and \$59,021, respectively, of forfeitures available for future use. During 2021 and 2020, \$94,247 and \$55,501, respectively, of forfeitures were used to reduce Employer contributions.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant will receive a lump-sum payment equal to the value of his or her vested account balance.

In April 2020, the Employer implemented CARES Act provisions for coronavirus-related distributions (CRD). Through December 30, 2020, qualified participants were permitted to take a CRD of up to \$100,000 from the Plan. Participants who took a CRD had the option to have the distribution taxed over a three-year period, with the ability to recontribute up to the full amount of the distribution within three years and not be subject to federal income tax as a result. The Plan also waived minimum distribution requirements for any distribution required to be made in 2020.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Administrative Expenses

Administrative expenses incurred by the Plan for professional services are charged directly to participant accounts.

Revenue Sharing

The Plan recognizes the income from revenue-sharing agreements when received. During 2021 and 2020, the Plan received \$115,803 and \$9,855, respectively, of revenue sharing which was used to pay expenses for professional and investment management and advisory services and is presented net with administrative expenses on the statement of changes in net assets available for benefits. At December 31, 2021 and 2020, there were no remaining statements revenue sharing funds available to offset future plan expenses.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. The Plan's investments in shares of registered investment companies are valued at quoted market prices.

The common or collective trust fund is valued at net asset value (NAV) of units held. The NAV 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 liability. There are no participant redemption restrictions for these investments and participant redemptions are allowed daily. A redemption notice period is applicable only at the plan level. There are no unfunded commitments at December 31, 2021 and 2020.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation in fair

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

value of investments includes the Plan's gains or losses on investments bought and sold as well as held during the year.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received ratably through payroll deductions. Determination as to when participant loans are considered in default and reclassified as distributions is based on the terms of the plan document.

Benefit Payments

Benefit payments are recorded when paid.

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 contributions. The Plan distributed the 2020 excess contributions to the applicable participants before March 15, 2021.

Reclassifications

Certain reclassifications have been made to the 2020 financial statements to conform to the 2021 financial statement presentation. These reclassifications had no effect on changes in net assets available for benefits.

Note 3: Certification of Plan Trustee

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Charles Schwab Trust Bank, a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2021 and 2020
- Investment income components and interest income on notes receivable from participants as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

- Investment information and notes receivable from participants included in the accompanying supplemental schedule of assets (held at year end) as of December 31, 2021

The Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified information to the related information included in the financial statements and ERISA-required supplemental schedule.

Note 4: Risks and Uncertainties

The Plan invests in various investment options. These investment options are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment options and the level of uncertainty related to changes in the value of the investment options, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Note 5: Fair Value Measurements

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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

Level 3 Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

The asset'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. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Following is a description of the valuation methodologies used for assets measured at fair value.

Registered investment companies are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1).

The preceding 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

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

	Fair Value	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets for Identical Assets/Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2021				
Registered investment companies (included within fair value hierarchy)	\$ 76,631,636	\$ 76,631,636	\$ -	\$ -
Investments measured at net asset value (A)	2,610,180	-	-	-
Total	<u>\$ 79,241,816</u>	<u>\$ 76,631,636</u>	<u>\$ -</u>	<u>\$ -</u>
December 31, 2020				
Registered investment companies (included within fair value hierarchy)	\$ 59,077,450	\$ 59,077,450	\$ -	\$ -
Investments measured at net asset value (A)	2,945,130	-	-	-
Total	<u>\$ 62,022,580</u>	<u>\$ 59,077,450</u>	<u>\$ -</u>	<u>\$ -</u>

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

Note 6: Party-in-Interest Transactions

Fees incurred by the Plan for certain investment management services are included in the net appreciation in the fair value of the investments. During 2021 and 2020, the Plan also made direct payments for administrative expenses of \$348,090 and \$271,002, respectively, before the effect of revenue-sharing amounts of \$115,803 and \$9,855, respectively. The Employer provides certain administrative services at no cost to the Plan.

The terms of the Plan permit loans to participants under certain conditions. These loans, which are party-in-interest transactions, are permitted under ERISA.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

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.

Note 7: Income Tax Status

The Plan operates under a volume submitter plan sponsored by BlueStar Retirement Services Inc. The volume submitter plan has been filed with the appropriate agency and the sponsor has obtained an opinion letter dated March 31, 2014, from the IRS stating that the volume submitter plan constitutes a qualified plan under Section 401 of the Internal Revenue Code (IRC). 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 and, therefore, believes that the Plan is qualified and the related trust is tax exempt as of the financial statement date.

Note 8: Plan Termination

Although it has not expressed any intention to do so, the plan administrator has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of plan termination, participants become fully vested in their entire account balance.

Note 9: Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2021 and 2020, to Form 5500:

	2021	2020
Net assets available for benefits per the financial statements	\$ 80,272,869	\$ 62,924,695
Employer contributions receivable	(585,044)	(495,805)
Participant contributions receivable	(313,058)	(196,949)
Excess contributions payable	74,738	7,365
Accrued administrative expenses	-	53,031
Net assets available for benefits per the Form 5500	<u>\$ 79,449,505</u>	<u>\$ 62,292,337</u>

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

The following is a reconciliation of net increase per the financial statements to Form 5500 for the years ended December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Net increase per the financial statements	\$ 17,195,787	\$ 13,728,274
Change in employer contributions receivable	(89,239)	42,021
Change in participant contributions receivable	(116,109)	(87,292)
Change in excess contributions payable	67,373	1,393
Change in accrued administrative expenses	<u>(53,031)</u>	<u>9,438</u>
Net increase per the Form 5500	<u>\$ 17,004,781</u>	<u>\$ 13,693,834</u>

Note 10: Subsequent Events

Subsequent events have been evaluated through October 12, 2022, which is the date the financial statements were available to be issued.

Supplemental Schedule

QTI Human Resources, Inc. 401(k) Plan

EIN 39-1817512 PN 001

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

December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
		Registered investment companies		
	American Century	Government Bond Institutional Fund	**	\$ 422,862
	American Funds	Growth Fund of America	**	3,459,153
	Brown Capital Management	Small Company Institutional Fund	**	1,311,219
	Buffalo	Discovery Fund Institutional	**	1,065,572
	Columbia	Select Mid Cap Value Fund	**	1,191,967
	Dodge & Cox	Balanced Fund	**	2,247,993
	Dodge & Cox	Stock Fund	**	4,686,186
	Franklin	Small Cap Value Fund	**	1,148,326
	Harbor	Capital Appreciation Fund	**	1,506,638
	Invesco	Oppenheimer Developing Markets Fund	**	862,700
	Loomis Sayles	Bond Fund	**	711,281
	Metropolitan West	Total Return Bond Fund	**	1,369,765
	Nuveen	Real Estate Securities Fund	**	597,718
	Pear Tree	Polaris Foreign Value Small Cap	**	330,943
	PIMCO	Real Return Institutional Fund	**	454,887
	T.Rowe Price	Spectrum International Equity Fund	**	2,197,933
	Vanguard	FTSE Social Index Fund	**	464,041
	Vanguard	Institutional Index Fund	**	7,982,819
	Vanguard	Mid Cap Index Fund	**	2,596,586
	Vanguard	Short-Term Investment Grade Fund	**	380,990
	Vanguard	Small Cap Index Fund	**	2,538,882
	Vanguard	Institutional Target Retirement 2015 Fund	**	1,105,553
	Vanguard	Institutional Target Retirement 2020 Fund	**	2,067,713
	Vanguard	Institutional Target Retirement 2025 Fund	**	3,770,618
	Vanguard	Institutional Target Retirement 2030 Fund	**	5,697,808
	Vanguard	Institutional Target Retirement 2035 Fund	**	4,637,192
	Vanguard	Institutional Target Retirement 2040 Fund	**	5,697,570
	Vanguard	Institutional Target Retirement 2045 Fund	**	5,698,283
	Vanguard	Institutional Target Retirement 2050 Fund	**	3,380,139
	Vanguard	Institutional Target Retirement 2055 Fund	**	3,794,734
	Vanguard	Institutional Target Retirement 2060 Fund	**	1,681,866
	Vanguard	Institutional Target Retirement 2065 Fund	**	580,056
	Vanguard	Institutional Target Retirement Income Fund	**	26,025
	Vanguard	Total International Stock Index	**	965,618
				76,631,636
		Common or collective trust fund		
	Wells Fargo	Stable Return Fund	**	2,610,180
*	Participant loans	4.25% to 6.25%	-0-	149,351
				<u>\$ 79,391,167</u>

*Indicates a party-in-interest.

**Not required 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):	01/01/2021 - 12/31/2021

<i>(1) Name of participating employer</i>	<i>(2) EIN</i>	<i>(3) Percent of Total Contributions for Plan Year</i>	<i>(4) Aggregate Account Balances at End of Year Attributable to Participating Employer</i>
A & J Development Corp	39-1578374	0.43%	\$1,427,357.13
Access to Independence, Inc.	39-1240200	0.08%	\$28,097.27
AirDeck, Inc.	84-5042716	0.24%	\$73,159.17
American Lifeline, Inc	39-1700697	0.00%	\$122,158.34
Anderson & Shapiro Eye Surgeons, SC	39-1924563	0.84%	\$2,382,930.47
Antigo Community Church	39-1919450	0.00%	\$67,005.02
Arise Health Ventures	47-4925640	0.00%	\$228,510.91
Arts 4 All Wisconsin, Inc.	39-1526913	0.19%	\$94,288.69
Atterx Biotherapeutics, Inc.	39-2025703	0.00%	\$6,212.33
Augment LLC	47-4086057	0.00%	\$0.00
Badgerbots	45-3598842	0.01%	\$62.04
Bartelt Grob, S. C.	30-0591423	0.67%	\$949,402.94
Big Brothers Big Sisters of Dane County	39-1077783	0.28%	\$314,843.03
Biolonix	20-2792793	0.41%	\$388,733.01
Burlington Fatih Chapel, Inc.	23-7374809	0.01%	\$40,565.27
Burse Surveying and Engineering	39-1971723	0.67%	\$1,565,094.32
Center for Community Stewardship	68-0501459	0.00%	\$0.00
Christ Presbyterian	39-0806241	0.00%	\$72,759.72
Cirrus Partners, Inc.	20-2043382	0.27%	\$81,649.79
Citizens Utility Board of Wisconsin Inc.	39-1555109	0.25%	\$116,988.25
Clean Fresh Food, LLC	46-1298434	0.00%	\$0.01
Common Wealth Development, Inc	39-1323500	0.78%	\$728,682.09
Customer Analytics, LLC	90-0697828	1.54%	\$2,792,186.14
D. Webster-Scher Agency, Inc.	39-1911778	0.39%	\$1,409,231.49
Deerfield Community Center- DCC	39-1899306	0.04%	\$109,578.01
Downtown Madison, Inc.	39-1422114	0.18%	\$114,780.33
Employment Resources, Inc.	39-1681074	1.99%	\$1,282,682.36
Feeding Wisconsin, Inc.	47-4823466	0.10%	\$43,574.41
Fetch Rewards, Inc.	82-2979008	37.77%	\$8,397,210.19
Forest Products Society	39-0770034	0.00%	\$102,352.47
Forward BIOLABS, Inc.	83-3817912	0.41%	\$136,052.25
Foundation for Madison's Public Schools, Inc.	39-2043104	0.25%	\$253,243.82
Fox Cities Performing Arts Center	39-1977839	0.85%	\$774,719.15
Fox Valley Symphony Orchestra Association	39-1089489	0.05%	\$28,860.98
Freedom, Inc.	43-2023570	0.02%	\$0.00
Gempler's Inc.	61-1907552	1.76%	\$685,214.31
Gentueri, Inc.	83-1959202	0.07%	\$7,630.64
Gilda's Club Madison WI, Inc	06-1662883	0.48%	\$454,314.07
Girls on the Run of South Central WI, Inc.	11-3732108	0.16%	\$66,858.92
Greater Madison Chamber of Commerce, Inc.	39-0843590	0.54%	\$1,578,094.64
Habitat for Humanity of Wisconsin River Area, Inc.	39-2023346	0.10%	\$37,960.22
Healing Hearts Family Counseling Center, LLC	20-8798822	0.34%	\$94,968.19
Healthy Minds Innovations, Inc.	47-1196006	1.91%	\$1,965,735.00
Henry Vilas Park Zoological Society	39-6077008	0.00%	\$39,074.53
Highland Community Church	39-1530890	0.00%	\$307,461.16
Hovde Properties, LLC	47-5513624	2.57%	\$1,774,279.08
Hughes Equipment Company LLC	46-4770200	0.00%	\$281,769.32
ibidi USA Inc	47-3593886	1.17%	\$173,167.61
Ideas Unlimited Seminars, Inc.	20-8029382	0.00%	\$75,679.52
Image MoverMD Inc.	90-1500374	2.72%	\$857,708.43
iMETx, Inc	82-4877969	0.01%	\$15,273.24
Isthmus Partners, LLC	46-4915223	2.86%	\$3,802,777.71
Jeremy Haldeman	83-2374785	0.09%	\$161,320.61
Kegonsa Plumbing LLC	82-3976119	0.06%	\$3,102.08
Killarney Golf Media, Inc.	39-1616321	0.08%	\$111,802.44
LeMoine Agency	39-1745508	0.02%	\$48,586.67
Literacy Network, Inc	51-0180488	0.36%	\$89,781.73
Loomis Enzymes LLC	83-2374385	0.44%	\$754,774.88
Luke House, Inc.	39-1504050	0.00%	\$0.00
Madison Childrens Museum	39-1383497	0.41%	\$974,703.96
Madison Development Corporation	39-1277471	0.98%	\$1,070,285.28

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):	01/01/2021 - 12/31/2021

<i>(1) Name of participating employer</i>	<i>(2) EIN</i>	<i>(3) Percent of Total Contributions for Plan Year</i>	<i>(4) Aggregate Account Balances at End of Year Attributable to Participating Employer</i>
Madison Parks Foundation, Inc.	33-1047992	0.02%	\$6,069.54
Madison Wealth Partners, Inc.	84-5012397	0.56%	\$131,607.01
Madison-area Urban Ministry	23-7298482	0.05%	\$18,684.65
Marvel Medtech, LLC	20-4981815	0.00%	\$133,663.29
McGrath Property Group, LLC	46-1644628	0.53%	\$126,428.22
Merit CRO	81-1264583	2.01%	\$747,853.86
Mike Hyne Insurance Agency	45-5005092	0.03%	\$6,113.86
Mobile22 LLC	85-1910378	0.15%	\$42,562.69
Mobility Transformation, Inc.	83-4291760	0.01%	\$0.00
Mt. Horeb Baptist Church	39-1510599	0.00%	\$0.00
Municipal Electric Utilities of Wisconsin, Inc.	39-1433127	1.33%	\$1,259,572.85
Natural Resources Consulting	39-0948262	0.00%	\$652,623.90
Noble Applications	46-1048872	0.32%	\$302,207.65
One City Early Learning Centers	47-1490574	0.77%	\$225,584.82
OSOD LLC	27-1204022	0.41%	\$202,372.96
Outreach, Inc.	39-1336583	0.03%	\$604.34
Panatrack	39-1842256	1.53%	\$1,723,591.43
Patrick Huck Agency, LLC	46-2203481	0.00%	\$404.78
PegEx, Inc.	45-5500144	0.28%	\$962,408.95
Peterson Technology Group, LLC	56-2484614	0.03%	\$22,348.60
QTI Human Resources, Inc.	39-1817512	4.98%	\$14,392,620.99
Quad Capitol	13-3985248	0.00%	\$55,742.69
QualiTemps, Inc	39-1817512	0.07%	\$11,183.05
Rebuilding Together Fox Valley	39-2013200	0.11%	\$39,851.95
Resonant Capital Advisors, LLC	83-0908962	2.49%	\$983,908.54
Richard Haldeman Agency	39-6461211	0.00%	\$0.00
Sand County Foundation, Inc.	39-6089450	1.57%	\$2,781,878.82
Sankofa Behavioral & Community Health	80-0906744	0.00%	\$1,213.35
Scilog, Inc.	39-1694023	0.00%	\$24,204.66
Spiegelberg, Wirth & Purcell	39-1977726	0.16%	\$646,142.79
State of Wisconsin	39-6006423	0.00%	\$0.00
Stemina Biomarker Discovery, Inc.	20-8294201	0.39%	\$1,210,630.87
SunPeak, LLC	47-1928380	0.20%	\$147,093.29
Synergy Dance	45-5431854	0.02%	\$2,396.65
Tammy Baldwin	91-1962515	0.04%	\$24,386.27
Technology Service Professionals	39-1960090	0.00%	\$28,049.37
That's a Wrap, Inc	03-0577897	1.45%	\$380,982.86
The Gathering of Southeast WI, Inc.	39-1891030	0.13%	\$131,174.90
The Spaulding Group, LLC	27-3512664	0.01%	\$0.00
Triumph Wealth Management, LLC	20-8676935	0.29%	\$147,984.91
Urban Economic Development Association of WI UEDA	39-1893799	0.08%	\$187,238.47
Valicom	39-1743749	1.62%	\$1,436,745.49
Varigen Biosciences Corp	81-1961215	0.44%	\$66,727.87
Vascugen, Inc.	82-2058844	0.54%	\$115,951.03
Vital Voices for Mental Health	39-1933036	0.00%	\$0.00
WholeTrees, LLC	20-8661540	0.08%	\$11,142.17
Wingra Direct LLC	05-0619320	0.47%	\$69,280.49
WiscNet	39-1705442	2.15%	\$3,383,036.66
Wisconsin Association for Perinatal Care	39-1363820	0.16%	\$51,270.43
Wisconsin Center for Education Products & Services	27-3813061	0.59%	\$594,441.42
Wisconsin Coalition of Independent Living Centers (WCILC)	39-1850087	0.19%	\$10,764.38
Wisconsin eSchool Network Inc dba WEN Inc.	45-2685941	0.82%	\$709,802.95
Wisconsin Historical Foundation, Inc.	39-0921093	2.53%	\$1,981,151.14
Wisconsin Housing Preservation Corp.	30-0002040	3.88%	\$2,017,759.09
Wisconsin Institute for Healthy Aging	27-3001041	0.38%	\$323,373.54
Wisconsin Library Services	23-7222270	0.17%	\$46,724.90
Wisconsin Manufacturing Extension Partnership	39-1786653	0.00%	\$1,214,407.01
Wisconsin Quality Home Care	74-3421473	0.00%	\$1,010.61
Wisconsin Veterans Museum Foundation, Inc.	39-1737786	0.04%	\$55,106.11
Writing by Design LLC	20-5748233	0.06%	\$22,480.89

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2021 or fiscal plan year beginning		01/01/2021	and ending		12/31/2021
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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) _____		

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
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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> </table>	1b Three-digit plan number (PN) ▶	001						
1b Three-digit plan number (PN) ▶	001								
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>1c Effective date of plan</td> <td style="text-align: center;">03/01/1997</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">39-1817512</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;">608-258-5525</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">541214</td> </tr> </table>	1c Effective date of plan	03/01/1997	2b Employer Identification Number (EIN)	39-1817512	2c Plan Sponsor's telephone number	608-258-5525	2d Business code (see instructions)	541214
1c Effective date of plan	03/01/1997								
2b Employer Identification Number (EIN)	39-1817512								
2c Plan Sponsor's telephone number	608-258-5525								
2d Business code (see instructions)	541214								

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

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

SIGN HERE		10/14/2022	Brett Cable
	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

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	2, 661
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, 336
a(2) Total number of active participants at the end of the plan year		6a(2)	2, 864
b Retired or separated participants receiving benefits.....		6b	2
c Other retired or separated participants entitled to future benefits		6c	334
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3, 200
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	2
f Total. Add lines 6d and 6e		6f	3, 202
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1, 540
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	87
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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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

EIN 39-1817512 PN 001

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

December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
		Registered investment companies		
	American Century	Government Bond Institutional Fund	**	\$ 422,862
	American Funds	Growth Fund of America	**	3,459,153
	Brown Capital Management	Small Company Institutional Fund	**	1,311,219
	Buffalo	Discovery Fund Institutional	**	1,065,572
	Columbia	Select Mid Cap Value Fund	**	1,191,967
	Dodge & Cox	Balanced Fund	**	2,247,993
	Dodge & Cox	Stock Fund	**	4,686,186
	Franklin	Small Cap Value Fund	**	1,148,326
	Harbor	Capital Appreciation Fund	**	1,506,638
	Invesco	Oppenheimer Developing Markets Fund	**	862,700
	Loomis Sayles	Bond Fund	**	711,281
	Metropolitan West	Total Return Bond Fund	**	1,369,765
	Nuveen	Real Estate Securities Fund	**	597,718
	Pear Tree	Polaris Foreign Value Small Cap	**	330,943
	PIMCO	Real Return Institutional Fund	**	454,887
	T.Rowe Price	Spectrum International Equity Fund	**	2,197,933
	Vanguard	FTSE Social Index Fund	**	464,041
	Vanguard	Institutional Index Fund	**	7,982,819
	Vanguard	Mid Cap Index Fund	**	2,596,586
	Vanguard	Short-Term Investment Grade Fund	**	380,990
	Vanguard	Small Cap Index Fund	**	2,538,882
	Vanguard	Institutional Target Retirement 2015 Fund	**	1,105,553
	Vanguard	Institutional Target Retirement 2020 Fund	**	2,067,713
	Vanguard	Institutional Target Retirement 2025 Fund	**	3,770,618
	Vanguard	Institutional Target Retirement 2030 Fund	**	5,697,808
	Vanguard	Institutional Target Retirement 2035 Fund	**	4,637,192
	Vanguard	Institutional Target Retirement 2040 Fund	**	5,697,570
	Vanguard	Institutional Target Retirement 2045 Fund	**	5,698,283
	Vanguard	Institutional Target Retirement 2050 Fund	**	3,380,139
	Vanguard	Institutional Target Retirement 2055 Fund	**	3,794,734
	Vanguard	Institutional Target Retirement 2060 Fund	**	1,681,866
	Vanguard	Institutional Target Retirement 2065 Fund	**	580,056
	Vanguard	Institutional Target Retirement Income Fund	**	26,025
	Vanguard	Total International Stock Index	**	965,618
				76,631,636
		Common or collective trust fund		
	Wells Fargo	Stable Return Fund	**	2,610,180
*	Participant loans	4.25% to 6.25%	-0-	149,351
				<u>\$ 79,391,167</u>

*Indicates a party-in-interest.

**Not required for participant-directed investments.