

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>DATA DIMENSIONS LLC 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>03/10/1996</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>DATA DIMENSIONS LLC</u> <u>555 MAIN STREET, SUITE 300</u> <u>RACINE, WI 53403-4614</u>	2b	Employer Identification Number (EIN) <u>39-1415332</u>
		2c	Plan Sponsor's telephone number <u>262-619-2908</u>
		2d	Business code (see instructions) <u>518210</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/26/2017	JOSEPH RAGUSE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 914
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 805 6a(2) 681 6b 8 6c 172 6d 861 6e 1 6f 862 6g 739 6h 37
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 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 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan DATA DIMENSIONS LLC 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 DATA DIMENSIONS LLC	D Employer Identification Number (EIN) 39-1415332

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 JOHNSON BANK
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	39-1141446
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(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)

JOHNSON BANK

39-1141446

(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?
15 21 50 62 59 37 64 65	RECORDKEEPING	5506	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

(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 ☐

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)

(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 ☐

(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 ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan DATA DIMENSIONS LLC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 DATA DIMENSIONS LLC	D Employer Identification Number (EIN) 39-1415332	

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		
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)	203447	166096
(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)	59825	88579
(9) Value of interest in common/collective trusts	1c(9)		
(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)	7472419	8821868
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7735691	9076543

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	7735691	9076543
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	224332	
(B) Participants	2a(1)(B)	1066881	
(C) Others (including rollovers)	2a(1)(C)	595511	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1886724
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	533	
(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)	5202	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5735
(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)	145360	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		145360
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	924136	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	924131	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		5
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		550028
c Other income.....	2c		98
d Total income. Add all income amounts in column (b) and enter total.....	2d		2587950

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1241592	
(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)		1241592
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)	5506	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		5506
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1247098

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1340852
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BAKER TILLY VIRCHOW KRAUSE, LLP**

(2) EIN: **39-0859910**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>DATA DIMENSIONS LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DATA DIMENSIONS LLC</u>	D Employer Identification Number (EIN) <u>39-1415332</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>06-1271230</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

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

DATA DIMENSIONS LLC 401(K) PLAN

Janesville, Wisconsin

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

Including Independent Auditors' Report

As of December 31, 2016 and 2015 and
For the Year Ended December 31, 2016

DATA DIMENSIONS LLC 401(K) PLAN

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As of December 31, 2016 and 2015 and for the Year Ended December 31, 2016

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Note: Supplemental schedules required by the Employee Retirement Income Security Act of 1974 not included as part of these statements are not applicable to Data Dimensions LLC 401(k) Plan.

INDEPENDENT AUDITORS' REPORT

Participants and Plan Administrator
Data Dimensions LLC 401(k) Plan
Janesville, Wisconsin

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Data Dimensions LLC 401(k) Plan (the "plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 10, which was certified by Johnson Bank, the trustee of the plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee, as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter - Report on Supplemental Information

The supplemental schedule Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Baker Tilly Virchow Krause, LLP

Janesville, Wisconsin
September 25, 2017

DATA DIMENSIONS LLC 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
ASSETS		
Investments at fair value	\$ 8,987,964	\$ 7,675,865
Receivables		
Notes receivable from participants	<u>88,579</u>	<u>59,825</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 9,076,543</u>	<u>\$ 7,735,690</u>

See accompanying notes to financial statements.

DATA DIMENSIONS LLC 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Year Ended December 31, 2016

ADDITIONS

Additions to net assets attributed to	
Investment income	
Net appreciation in fair value of investments	\$ 550,034
Interest and dividends	<u>145,893</u>
	<u>695,927</u>
Interest on notes receivable from participants	<u>5,202</u>
Contributions	
Participants	1,066,881
Employer contributions	224,332
Rollovers	<u>595,511</u>
	<u>1,886,724</u>
Total Additions	<u>2,587,853</u>

DEDUCTIONS

Deductions from net assets attributed to	
Benefits paid to participants	1,241,544
Administrative expenses	<u>5,456</u>
Total Deductions	<u>1,247,000</u>
Net Increase	1,340,853
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year	<u>7,735,690</u>
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	<u>\$ 9,076,543</u>

See accompanying notes to financial statements.

DATA DIMENSIONS LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2016 and 2015 and for the Year Ended December 31, 2016

NOTE 1 - Description of the Plan

The following description of the Data Dimensions LLC 401(k) Plan (the "plan") provides only general information. Participants should refer to the plan document for a more complete description of the plan's provisions.

General

The plan is a defined contribution plan established by Data Dimensions LLC (the "company") and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). All employees who have completed at least 500 hours in a six month period with the company, as defined in the plan, and are age 21 or older are eligible to participate. Upon enrollment in the plan, a participant may direct employer and employee contributions to any combination of available investment options. The plan's administrators are responsible for the oversight of the plan. The Investment Committee determines the appropriateness of the plan's investment offerings and monitors investment performance.

Contributions

Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined in the plan document, up to the maximum limits of the Internal Revenue Code (IRC). Participants may also designate all or a portion of their deferral contributions as after-tax contributions into a Roth account. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). The plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the plan unless they affirmatively elect not to participate in the plan. Automatically enrolled participants have their deferral rate set at 3 percent of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. The company contributes 25 percent of the first 6 percent of base compensation that a participant contributes to the plan. Additional company contributions may be contributed at the discretion of the company's Board of Directors. No discretionary contributions were made for the year ended December 31, 2016. Participants direct the investment of all contributions into various investment options offered by the plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's salary reduction contributions, rollover contributions, and an allocation of the company's contributions and plan earnings (net of expenses). Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in all contributions plus actual earnings thereon.

DATA DIMENSIONS LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2016 and 2015 and for the Year Ended December 31, 2016

NOTE 1 - Description of the Plan (cont.)

Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. This maximum amount is reduced by the excess of the participant's highest outstanding balance of all loans on any day during the one (1) year period ending on the day before the loan is made, over the outstanding balance of loans from the plan on the date the participant's loan is made. The loans are secured by the balance in the participant's account and bear interest at rates that range from 5.25 percent to 5.75 percent at December 31, 2016, which are commensurate with local prevailing rates as determined monthly by the plan administrator. Principal and interest is paid ratably through bi-weekly payroll deductions. Terms range from one to five years or greater for the purchase of a primary residence.

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant may receive a lump-sum distribution equal to the value of the participant's vested interest in their account. The plan provides for normal retirement at age 65. The total vested portion of a participant's account balance is distributed in the form of a lump-sum payment, installments, or an annuity. Participants age 59-1/2 or older may elect to withdraw all or a portion of their account balance from any source, as defined in the plan document. In addition, the plan allows for hardship distributions if certain criteria are met.

Forfeited Accounts

As of December 31, 2016 and 2015, forfeited nonvested accounts totaled \$0. These accounts are used to reduce future company contributions. In 2016, company contributions were reduced by \$2,846 from forfeited nonvested accounts.

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The accompanying financial statements have been prepared on the accrual basis of accounting. The preparation of the financial statements in conformity with generally accepted accounting principles in the United States of America (U.S. GAAP) requires the plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from these estimates.

DATA DIMENSIONS LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2016 and 2015 and for the Year Ended December 31, 2016

NOTE 2 - Summary of Significant Accounting Policies (cont.)

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan's administrator determines the plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the gains and 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. Related fees are recorded as administrative expenses and are expensed when they are incurred. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2016 and 2015. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Expenses

Certain expenses of maintaining the plan are paid by the plan, unless otherwise paid by the company. Expenses that are paid by the company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The plan administrator has evaluated subsequent events occurring through September 25, 2017, the date that the financial statements were approved and available to be issued, for events requiring recording or disclosure in the plan's financial statements.

DATA DIMENSIONS LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2016 and 2015 and for the Year Ended December 31, 2016

NOTE 3 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

Money market fund: Valued at the quoted net asset value (NAV) of shares held by the plan at year end.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily quoted NAV and to transact at that price. The mutual funds held by the plan are deemed to be actively traded.

DATA DIMENSIONS LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2016 and 2015 and for the Year Ended December 31, 2016

NOTE 3 - Fair Value of Financial Instruments (cont.)

The plan sponsor is responsible for the determination of fair value. Accordingly, they perform periodic analysis on the prices received from the pricing services used to determine whether the prices are reasonable estimates of fair value. As a result of these reviews, the plan sponsor has not historically adjusted the prices obtained from the pricing services. 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 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, 2016 and 2015:

Assets at Fair Value as of December 31, 2016				
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 166,096	\$ -	\$ -	\$ 166,096
Mutual funds	<u>8,821,868</u>	<u>-</u>	<u>-</u>	<u>8,821,868</u>
Investments at fair value	<u>\$ 8,987,964</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 8,987,964</u>
Assets at Fair Value as of December 31, 2015				
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 203,447	\$ -	\$ -	\$ 203,447
Mutual funds	<u>7,472,418</u>	<u>-</u>	<u>-</u>	<u>7,472,418</u>
Investments at fair value	<u>\$ 7,675,865</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 7,675,865</u>

NOTE 4 - Administration of Plan Assets

The plan's assets are administered under a contract with Johnson Bank, the trustee of the plan. The trustee invests funds received from contributions, investment sales, interest and dividend income and makes distribution payments to participants.

DATA DIMENSIONS LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2016 and 2015 and for the Year Ended December 31, 2016

NOTE 5 - Amount Owed to Participants Withdrawing from the Plan

Amounts owed to participants who have withdrawn from the plan total \$0 as of December 31, 2016 and 2015.

NOTE 6 - Related Party and Party In Interest Transactions

Certain of the plan's investments are managed by Johnson Bank and therefore, these transactions qualify as party in interest transactions. Fees incurred by the plan for the investment management services are included in net depreciation in the fair value of the investment, as they are paid through revenue sharing, rather than direct payment. Additionally, the plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party in interest transactions.

Certain administrative functions of the plan are performed by officers or employees of the company. No such officer or employee receives compensation from the plan.

NOTE 7 - Plan Termination

Although it has not expressed any intent to do so, the company has the right to discontinue its contributions at any time and to terminate the plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their company contributions.

NOTE 8 - Tax Status

The IRS has determined and informed the company by a letter dated March 31, 2014, that the plan and related trust are designed in accordance with applicable sections of the IRC. Although the plan has been amended since receiving the determination 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.

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

NOTE 9 - Risks and Uncertainties

The plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

As of December 31, 2016 and 2015, the plan had investments of \$1,837,349 and \$1,683,571 concentrated in two funds, respectively.

DATA DIMENSIONS LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2016 and 2015 and for the Year Ended December 31, 2016

NOTE 10 - Information Certified by Trustee

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2016 and 2015. Accordingly, Johnson Bank, the trustee of the plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2016 and 2015 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2016, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2016.

SUPPLEMENTAL INFORMATION

DATA DIMENSIONS LLC 401(K) PLAN

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

Plan #001

EIN 39-1415332

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Market Value
	Money Market Fund:			
	SEI	SEI Daily Income Treasury II MM	**	\$ 166,096
	Mutual Funds:			
	Artisan	Artisan International Fund	**	420,283
	Columbia	Columbia Dividend Opportunity	**	608,545
	Dodge & Cox	Dodge & Cox International Stock Fund	**	235,116
	FMI Funds	FMI Large Cap Fund	**	367,353
	Goldman Sachs	Goldman Sachs Small Cap Value-Inst	**	33,664
	Invesco	Invesco Developing Markets	**	50,416
	Invesco	Invesco International Growth	**	24,860
	Loomis Sayles Funds	Loomis Sayles Small Cap Growth-Ins	**	34,705
	Metropolitan West Funds	Metropolitan West Total Return Bond	**	909,068
	Principal	Principal Midcap Blend Fd In	**	411,974
	RidgeWorth	RidgeWorth Mid Cap Value Equity	**	83,530
	RidgeWorth	RidgeWorth Small Cap Value Equity	**	928,281
	T Rowe Price	T Rowe Price Growth Stock Fund	**	742,921
	T Rowe Price	T Rowe Price Real Estate	**	30,054
	Franklin Templeton Investment Funds	Templeton Inst Foreign Sm Co	**	52,946
	Vanguard	Vanguard 500 Index Fund	**	549,602
	Vanguard	Vanguard LifeStrategy Growth Fund	**	50,138
	Vanguard	Vanguard LifeStrategy Cons Gr	**	40,873
	Vanguard	Vanguard LifeStrategy Income	**	42,486
	Vanguard	Vanguard LifeStrategy Mod Growth	**	278,914
	Vanguard	Vanguard Mid Cap Index-ADM	**	72,638
	Vanguard	Vanguard Short-term Bond Index	**	111,634
	Vanguard	Vanguard Target Retirement 2015	**	54,883
	Vanguard	Vanguard Target Retirement 2020	**	75,726
	Vanguard	Vanguard Target Retirement 2025	**	438,697
	Vanguard	Vanguard Target Retirement 2030	**	300,029

DATA DIMENSIONS LLC 401(K) PLAN

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

Plan #001

EIN 39-1415332

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Market Value
Mutual Funds (cont.):				
	Vanguard	Vanguard Target Retirement 2035	**	498,898
	Vanguard	Vanguard Target Retirement 2040	**	64,867
	Vanguard	Vanguard Target Retirement 2045	**	634,342
	Vanguard	Vanguard Target Retirement 2050	**	221,684
	Vanguard	Vanguard Target Retirement 2055	**	397,607
	Vanguard	Vanguard Target Retirement 2060	**	23,436
	Vanguard	Vanguard Target Retirement Income	**	31,698
*	Participant Loans	Maturities varying from 0 to 15 years and interest rates varying from 5.25% to 5.75%	\$0	<u>88,579</u>
				<u>\$ 9,076,543</u>

* Represents a party-in-interest

** Cost omitted for participant directed investments

This schedule has been prepared based on information certified as complete and accurate by Johnson Bank, the Trustee.



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ASSET STATEMENT
AS OF 12/31/16
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Schedule H, line 4i

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
MONEY MARKET FUNDS						
166,095.7300	SEI DAILY INCOME TREASURY II MM #37 CUSIP: 783965619	166,095.73	166,095.73	1.000	1.83	0.30
TOTAL MONEY MARKET FUNDS						
		166,095.73	166,095.73		1.83	0.30
EQUITY MUTUAL FUNDS						
16,410.9090	ARTISAN INTERNATIONAL FD-INV CUSIP: 04314H204	479,276.78	420,283.38	25.610	4.63	1.17
63,588.8510	COLUMBIA DIVIDEND OPPOR-R5 CUSIP: 19763P226	609,920.66	608,545.30	9.570	6.71	4.13
6,171.0110	DODGE & COX INTL STOCK FUND CUSIP: 256206103	218,126.92	235,115.52	38.100	2.59	2.23
18,628.4430	FMI LARGE CAP FUND CUSIP: 302933205	330,189.75	367,352.90	19.720	4.05	1.16
560.7900	GOLDMAN SACHS S/C VALUE-R6 CUSIP: 38147X424	31,725.59	33,664.22	60.030	0.37	0.73
1,739.0790	INVESCO DEVELOPING MKTS-R6 CUSIP: 00142R521	53,691.48	50,415.90	28.990	0.56	1.28
807.9180	INVESCO INTL GROWTH-R6 CUSIP: 00889A400	25,391.62	24,859.64	30.770	0.27	1.67
1,539.7190	LOOMIS SAYLES S/C GROWTH-INS CUSIP: 543487854	35,055.43	34,705.27	22.540	0.38	0.00
18,318.0760	PRINCIPAL MIDCAP FUND-INS CUSIP: 74253Q747	398,046.42	411,973.53	22.490	4.54	0.41
6,066.0830	RIDGEW CEREDX M/C VAL EQ-I CUSIP: 76628R615	75,044.16	83,529.96	13.770	0.92	1.26
72,408.8390	RIDGEWORTH S/C VAL EQTY-I CUSIP: 76628R474	929,616.37	928,281.32	12.820	10.23	1.03



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SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
13,943.7070 CUSIP: 741479406	T ROWE PR GROWTH STOCK-I	662,027.76	742,920.71	53.280	8.19	0.00
1,054.5340 CUSIP: 779919109	T ROWE PR REAL ESTATE	27,508.44	30,054.22	28.500	0.33	2.28
2,656.5840 CUSIP: 880210877	TEMPLETON INST FOREIGN SM CO	55,506.21	52,945.72	19.930	0.58	2.07
1,736.6830 CUSIP: 921909503	VANGUARD LIFE STRATEGY GROWTH	48,713.28	50,138.04	28.870	0.55	2.09
11,549.2410 CUSIP: 921909404	VANGUARD LIFEESTRAT MOD GROW	248,953.44	278,914.17	24.150	3.07	2.09
445.7930 CUSIP: 922908645	VANGUARD MID CAP INDEX-ADM	71,697.73	72,637.51	162.940	0.80	1.45
3,782.4100 CUSIP: 92202E300	VANGUARD TARGET RETIRE 2015	51,631.25	54,882.77	14.510	0.61	2.06
33,580.8220 CUSIP: 92202E607	VANGUARD TARGET RETIRE 2045	560,862.25	634,341.73	18.890	6.99	2.04
12,081.6500 CUSIP: 92202E847	VANGUARD TARGET RETIRE 2055	381,471.06	397,607.10	32.910	4.38	1.80
807.0370 CUSIP: 92202E839	VANGUARD TARGET RETIRE 2060	22,687.26	23,436.35	29.040	0.26	1.73
2,679.6220 CUSIP: 92202E805	VANGUARD TG RETIREMENT 2020	75,615.16	75,726.12	28.260	0.84	2.09
26,831.6360 CUSIP: 92202E409	VANGUARD TG RETIREMENT 2025	410,290.36	438,697.25	16.350	4.83	2.09
10,274.9740 CUSIP: 92202E888	VANGUARD TG RETIREMENT 2030	296,614.03	300,029.24	29.200	3.31	2.05
28,122.7940 CUSIP: 92202E508	VANGUARD TG RETIREMENT 2035	450,138.51	498,898.37	17.740	5.50	2.09
2,147.2040 CUSIP: 92202E870	VANGUARD TG RETIREMENT 2040	63,308.24	64,867.03	30.210	0.72	2.04



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SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
7,294.6310	VANGUARD TG RETIREMENT 2050 CUSIP: 92202E862	214,403.32	221,683.84	30.390	2.44	1.93
2,660.6100	VANGUARD 500 INDEX FUND-ADM CUSIP: 922908710	476,258.86	549,602.21	206.570	6.06	2.02
TOTAL EQUITY MUTUAL FUNDS		7,303,772.34	7,686,109.32		84.68	1.67
FIXED INCOME MUTUAL FUNDS						
86,331.2570	METROPOLITAN WEST T/R BOND-I CUSIP: 592905509	935,748.77	909,068.14	10.530	10.02	1.92
2,216.5510	VANGUARD LIFESTRATEGY CONS GR #724 CUSIP: 921909305	40,480.98	40,873.20	18.440	0.45	2.10
2,851.4010	VANGUARD LIFESTRATEGY INCOME CUSIP: 921909206	42,192.64	42,485.87	14.900	0.47	2.07
10,702.9830	VANGUARD S/T BOND INDEX-ADM CUSIP: 921937702	112,630.22	111,632.11	10.430	1.23	1.47
2,474.5750	VANGUARD TARGET RETIRE INC CUSIP: 92202E102	30,897.34	31,699.31	12.810	0.35	1.77
TOTAL FIXED INCOME MUTUAL FUNDS		1,161,949.95	1,135,758.63		12.51	1.88
MORTGAGES AND NOTES						
192.0600	BAKER H P/N CUSIP: 569888712	192.06	192.06	1.000	0.00	5.25
1,644.0200	BONK C P/N CUSIP: 243457969	1,644.02	1,644.02	1.000	0.02	5.50
1,259.6600	BRAY M P/N CUSIP: 243457936	1,259.66	1,259.66	1.000	0.01	5.50
1,427.6400	CARPENTER J P/N CUSIP: 243457732	1,427.64	1,427.64	1.000	0.02	5.50



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SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
463.0300 CARTER C P/N CUSIP: 243456833	5.250% 7/21/17	463.03	463.03	1.000	0.01	5.25
967.8700 CHILVERS G P/N CUSIP: 243457763	5.500% 6/05/20	967.87	967.87	1.000	0.01	5.50
1,621.1400 CHRISTIANSON L P/N CUSIP: 243457369	5.250% 7/05/19	1,621.14	1,621.14	1.000	0.02	5.25
1,431.4100 CLARK J P/N CUSIP: 243457997	5.500% 11/24/17	1,431.41	1,431.41	1.000	0.02	5.50
31,027.3900 DAVIS H P/N CUSIP: 243457705	5.500% 3/28/31	31,027.39	31,027.39	1.000	0.34	5.50
6,929.1100 DAY J P/N CUSIP: 243457869	5.500% 8/18/17	6,929.11	6,929.11	1.000	0.08	5.50
2,948.2500 FISCHER A P/N CUSIP: 243458182	5.750% 12/31/21	2,948.25	2,948.25	1.000	0.03	5.75
1,435.3100 GORMAN G P/N CUSIP: 243456825	5.250% 7/19/19	1,435.31	1,435.31	1.000	0.02	5.25
1,599.8600 GORMAN G P/N CUSIP: 243457018	5.250% 11/08/19	1,599.86	1,599.86	1.000	0.02	5.25
1,284.2400 GRAMS G P/N CUSIP: 243457953	5.500% 10/27/17	1,284.24	1,284.24	1.000	0.02	5.50
1,045.4300 HECK C P/N CUSIP: 243457860	5.500% 8/17/18	1,045.43	1,045.43	1.000	0.01	5.50
1,045.4700 HILL M P/N CUSIP: 243457934	5.500% 9/29/17	1,045.47	1,045.47	1.000	0.01	5.50
610.5500 HOOPS T P/N CUSIP: 243242310	5.250% 11/09/18	610.55	610.55	1.000	0.01	5.25
2,068.4400 JAMES N P/N CUSIP: 243457974	5.500% 11/09/18	2,068.44	2,068.44	1.000	0.02	5.50
8,296.3000 MAAG B P/N CUSIP: 243457431	5.250% 7/31/20	8,296.30	8,296.30	1.000	0.09	5.25



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SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
1,058.4100 CUSIP: 243457455	MLYNSKY J P/N	5.250% 9/13/19	1,058.41	1,058.41	1.000	0.01 5.25
361.3400 CUSIP: 570309419	NIXON M P/N	3.250% 9/01/17	361.34	361.34	1.000	0.00 3.25
1,724.1300 CUSIP: 243457084	NIXON M P/N	5.250% 12/06/19	1,724.13	1,724.13	1.000	0.02 5.25
899.2100 CUSIP: 243457380	OLMSTEAD N P/N	5.250% 7/03/20	899.21	899.21	1.000	0.01 5.25
162.1200 CUSIP: 243457612	PRITCHARD S P/N	5.500% 12/23/16	162.12	162.12	1.000	0.00 5.50
892.0800 CUSIP: 243457734	RAMAGE M P/N	5.500% 5/07/21	892.08	892.08	1.000	0.01 5.50
428.9100 CUSIP: 243457753	REMLINGTON P P/N	5.500% 5/26/17	428.91	428.91	1.000	0.01 5.50
795.5000 CUSIP: 243457757	RICKERTSEN K P/N	5.500% 5/25/18	795.50	795.50	1.000	0.01 5.50
456.6400 CUSIP: 243457653	SCHIPPER P P/N	5.500% 3/17/17	456.64	456.64	1.000	0.01 5.50
913.7000 CUSIP: 663655512	SCHYVINCK L P/N	5.250% 3/15/19	913.70	913.70	1.000	0.01 5.25
2,612.0000 CUSIP: 243457142	SHIELDS J P/N	5.250% 1/31/20	2,612.00	2,612.00	1.000	0.03 5.25
4,581.9100 CUSIP: 002636108	SHIELDS J P/N	5.250% 8/03/18	4,581.91	4,581.91	1.000	0.05 5.25
220.4500 CUSIP: 987412442	SMITH B P/N	5.250% 11/10/17	220.45	220.45	1.000	0.00 5.25
390.2700 CUSIP: 243457738	VANGALDER B P/N	5.500% 5/12/17	390.27	390.27	1.000	0.01 5.50
1,038.9800 CUSIP: 243457406	WATSON B P/N	5.250% 7/31/20	1,038.98	1,038.98	1.000	0.01 5.25



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SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
3,380.4700	WIEDRICH B P/N CUSIP: 243457975	3,380.47	3,380.47	1.000	0.04	5.50
476.0400	YANG M P/N CUSIP: 243457472	476.04	476.04	1.000	0.01	5.25
889.4600	YANG M P/N CUSIP: 243457723	889.46	889.46	1.000	0.01	5.50
TOTAL MORTGAGES AND NOTES		88,578.80	88,578.80		0.98	5.42
TOTAL ASSETS		8,720,396.82	9,076,542.48		100.00	1.71