

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 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="display: flex; justify-content: space-between;"> <div> ☒ a single-employer plan </div> <div> ☐ a DFE (specify) ____ </div> </div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

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>262-619-2926</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.	09/20/2019	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

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 1028
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 900 6a(2) 710 6b 6 6c 177 6d 893 6e 0 6f 893 6g 782 6h 11
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 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan 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
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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	11487	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan 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			
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	50943	664
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)	143646	142189
(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)	171675	266424
(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)	10230409	10058119
(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	10596673 10467396
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	10596673 10467396

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	249370
	(B) Participants	2a(1)(B)	1213656
	(C) Others (including rollovers)	2a(1)(C)	164966
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1627992
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2242
	(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)	12318
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	14560
(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)	199024
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	199024
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-864928
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		976648

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1094438	
(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)		1094438
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)	11487	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		11487
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1105925

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-129277
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?	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?		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			

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)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

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

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

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

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

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

DATA DIMENSIONS LLC 401(K) PLAN

Janesville, Wisconsin

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

Including Independent Auditors' Report

As of December 31, 2018 and 2017 and
For the Year Ended December 31, 2018

DATA DIMENSIONS LLC 401(K) PLAN

TABLE OF CONTENTS

Independent Auditors' Report	1 - 2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 11
Supplemental Information	
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)	12 - 13

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

To the Participants and Plan Administrator of
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, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, 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, 2018 and 2017, and for the year ended December 31, 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2018 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on 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 11, 2019

DATA DIMENSIONS LLC 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of December 31, 2018 and 2017

	ASSETS	
	<u>2018</u>	<u>2017</u>
Investments at fair value	\$ 10,200,308	\$ 10,374,055
Receivables		
Notes receivable from participants	266,424	171,675
Cash and cash equivalents	<u>664</u>	<u>50,943</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 10,467,396</u>	<u>\$ 10,596,673</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, 2018

ADDITIONS

Additions to net assets attributed to

Investment income

Interest and dividends

\$ 201,266

Interest on notes receivable from participants

12,318

Contributions

Participants

1,213,656

Employer

249,370

Rollovers

164,966

1,627,992

Total Additions

1,841,576

DEDUCTIONS

Deductions from net assets attributed to

Net depreciation in fair value of investments

864,928

Benefits paid to participants

1,094,451

Administrative expenses

11,474

Total Deductions

1,970,853

Net Decrease

(129,277)

NET ASSETS AVAILABLE FOR BENEFITS, Beginning of Year

10,596,673

NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR

\$ 10,467,396

DATA DIMENSIONS LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

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 90 days of service, as defined in the Plan, and are age 21 or older are eligible to participate. Prior to January 1, 2017, the service component required employees to complete at least 500 hours in a six month period with the Company to be 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. At the discretion of the Company, the Company contributes 25 percent of the first 6 percent of base compensation that a participant contributes to 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.

DATA DIMENSIONS LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

NOTE 1 - Description of the Plan (cont.)

Vesting

Participants are immediately vested in their salary reduction and rollover contributions plus earnings thereon. Participants who leave the Plan because of death, early or normal retirement, or disability retirement, as defined in the plan document, are considered 100 percent vested. Effective for company contributions received after August 17, 2014, participants are immediately vested in company contributions and earnings thereon. Prior to August 17, 2014, company contributions received and earnings thereon vested in accordance with provisions of the Plan as follows:

<u>Vesting Years of Service</u>	<u>Percentage Vested</u>
1	10%
2	20%
3	40%
4	60%
5	80%
6	100%

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 7.25 percent at December 31, 2018, 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 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, 2018 and 2017, forfeited nonvested accounts totaled \$10 and \$7,084, respectively. These accounts are used to reduce future company contributions. During 2018, \$7,524 of forfeitures were used to reduce company contributions.

DATA DIMENSIONS LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan'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, 2018 and 2017. 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 depreciation of fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

DATA DIMENSIONS LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

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

Recent Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2018-13, Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement. ASU No. 2018-13 modifies the disclosure requirements for fair value measurements in Topic 820, Fair Value Measurement. The amendments are based on the concepts in the FASB Concepts Statement, Conceptual Framework for Financial Reporting—Chapter 8: Notes to Financial Statements, which the FASB finalized on August 28, 2018. ASU No. 2018-13 is effective for fiscal years beginning after December 15, 2019. Early adoption is permitted. Management is currently assessing the impact that ASU No. 2018-13 will have on the Plan's financial statements.

Subsequent Events

The Plan administrator has evaluated subsequent events occurring through September 11, 2019, the date that the financial statements were approved and available to be issued. Except as below, there were no subsequent events required to be recorded or disclosed in the Plan's financial statements.

The Plan was amended effective January 1, 2019. Among other provisions that were amended, a restriction on the number of loans outstanding at any time was adopted.

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.

DATA DIMENSIONS LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

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

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, 2018 and 2017.

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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017:

Assets at Fair Value as of December 31, 2018				
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 142,189	\$ -	\$ -	\$ 142,189
Mutual funds	<u>10,058,119</u>	<u>-</u>	<u>-</u>	<u>10,058,119</u>
Investments at fair value	<u>\$ 10,200,308</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 10,200,308</u>
Assets at Fair Value as of December 31, 2017				
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 143,646	\$ -	\$ -	\$ 143,646
Mutual funds	<u>10,230,409</u>	<u>-</u>	<u>-</u>	<u>10,230,409</u>
Investments at fair value	<u>\$ 10,374,055</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 10,374,055</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, 2018 and 2017 and for the Year Ended December 31, 2018

NOTE 5 - Amount Owed to Participants Withdrawing from the Plan

Amounts owed to participants who have withdrawn from the Plan total \$13,718 and \$0 as of December 31, 2018 and 2017, respectively.

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 Plan adopted a volume submitter plan offered by Johnson Bank. The volume submitter plan received an opinion letter dated September 21, 2017, 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, 2018 and December 31, 2017, there were no fund concentrations.

DATA DIMENSIONS LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

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 2018 and 2017. 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, 2018 and 2017 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2018, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2018.

SUPPLEMENTAL INFORMATION

DATA DIMENSIONS LLC 401(K) PLAN

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

Plan #001

EIN 39-1415332

December 31, 2018

(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	**	\$ 142,189
	Mutual Funds			
	Artisan	Artisan International Fund	**	400,811
	Dodge & Cox	Dodge & Cox International Stock Fund	**	228,449
	FMI Funds	FMI Large Cap Fund	**	300,523
	Goldman Sachs	Goldman Sachs Small Cap Value-Inst	**	45,946
	Invesco	Invesco Developing Markets	**	49,649
	Invesco	Invesco International Growth	**	21,481
	Loomis Sayles Funds	Loomis Sayles Small Cap Growth-Ins	**	80,779
	Metropolitan West Funds	Metropolitan West Total Return Bond	**	874,017
	Principal	Principal Midcap Blend Fd In	**	491,403
	T Rowe Price	T Rowe Price Growth Stock Fund	**	854,496
	T Rowe Price	T Rowe Price Real Estate	**	33,265
	Franklin Templeton Investment Funds	Templeton Inst Foreign Sm Co	**	63,045
	Vanguard	Vanguard 500 Index Fund	**	594,051
	Vanguard	Vanguard Equity Income-AD	**	700,504
	Vanguard	Vanguard LifeStrategy Growth Fund	**	66,652
	Vanguard	Vanguard LifeStrategy Cons Gr	**	62,083
	Vanguard	Vanguard LifeStrategy Income	**	31,814
	Vanguard	Vanguard LifeStrategy Mod Growth	**	437,090
	Vanguard	Vanguard Mid Cap Index-ADM	**	115,626
	Vanguard	Vanguard Short-term Bond Index	**	119,370
	Vanguard	Vanguard Target Retirement 2015	**	45,736
	Vanguard	Vanguard Target Retirement 2020	**	103,050
	Vanguard	Vanguard Target Retirement 2025	**	568,695

DATA DIMENSIONS LLC 401(K) PLAN

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

Plan #001

EIN 39-1415332

December 31, 2018

(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 2030	**	472,558
	Vanguard	Vanguard Target Retirement 2035	**	576,322
	Vanguard	Vanguard Target Retirement 2040	**	88,925
	Vanguard	Vanguard Target Retirement 2045	**	713,305
	Vanguard	Vanguard Target Retirement 2050	**	341,183
	Vanguard	Vanguard Target Retirement 2055	**	621,408
	Vanguard	Vanguard Target Retirement 2060	**	97,226
	Vanguard	Vanguard Target Retirement Income	**	47,071
	Virtus	Virtus Ceredex M/C Val EQ-I	**	70,460
	Virtus	Virtus Ceredex S/C Val E Q - I	**	741,126
*	Participant Loans	Maturities varying from 0 to 15 years and interest rates varying from 5.25% to 7.25%	\$0	<u>266,424</u>
				<u>\$ 10,466,732</u>

* Represents a party in interest as defined by ERISA

** Cost omitted for participant directed investments

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

Plan Investment Committee and Plan Administrator
Data Dimensions LLC 401(k) Plan
PO Box 1465
Janesville, Wisconsin 53547

Thank you for using Baker Tilly Virchow Krause, LLP (Baker Tilly) as your independent auditor.

We have completed a Department of Labor (DOL) limited-scope audit of the financial statements of Data Dimensions LLC 401(k) Plan (the Plan) as of and for the year ended December 31, 2018, and have issued our report thereon dated September 11, 2019. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 10 to those financial statements. Because of the significance of the information that we did not audit, we are unable to, and have not, expressed an opinion on those financial statements and schedule taken as a whole. This letter presents communications required by our professional standards.

Our Responsibility under Auditing Standards Generally Accepted in the United States of America

As communicated in our engagement letter dated May 1, 2019, our responsibility, as described by professional standards, is to conduct our audit in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS) except that, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and as instructed by Plan management, we did not perform any auditing procedures with respect to information prepared and certified to by Johnson Bank, the trustee, in accordance with DOL Regulation 2520.103-5, other than comparing the information with the related information included in the financial statements and supplemental schedule. Because of the significance of the information that we did not audit, we did not express an opinion on the financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified to by the Johnson Bank, were audited by us in accordance with U.S. GAAS, and were subjected to tests of the plan's accounting records and other procedures we considered necessary to enable us to express an opinion that they are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Our audit of the financial statements does not relieve you or management of its respective responsibilities.

Planned Scope and Timing of the Audit

We performed the audit according to the planned scope and timing previously communicated to you in our letter on May 1, 2019.

Significant Findings

Qualitative Aspect of Accounting Policies

Management is responsible for the selection and use of appropriate accounting policies. In accordance with the terms of our engagement letter, we will advise management about the appropriateness of accounting policies and their application. The significant accounting policies used by Data Dimensions LLC 401(k) Plan are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during the year ended December 31, 2018.

We noted no transactions entered into by the Plan during the year that were both significant and unusual, and of which, under professional standards, we are required to inform you, or transactions for which there is a lack of authoritative guidance or consensus.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected.

The disclosures in the financial statements are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. There were no misstatements identified.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter that could be significant to the financial statements or the auditors' report. We are pleased to report that no such disagreements arose during the course of our audit.

Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters. If a consultation involves application of an accounting principle to the Plan's financial statements, or a determination of the type of auditors' opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Management Representations

We have requested certain representations from management that are included in the management representation letter. This letter has been provided to you.

Independence

We are not aware of any relationships between Baker Tilly and the Plan that, in our professional judgment, may reasonably be thought to bear on our independence.

Relating to our audit of the financial statements of Data Dimensions LLC 401(k) Plan as of and for the year ended December 31, 2018, Baker Tilly Virchow Krause, LLP hereby confirms in accordance with the Code of Professional Conduct issued by the American Institute of Certified Public Accountants, that we, in our professional judgment, are independent with respect to the Plan. During the year ended December 31, 2018, Baker Tilly Virchow Krause, LLP provided the following services to the Plan:

- > Preparation of financial statements

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This information is intended solely for the use of the Plan Investment Committee and Plan Administrator and management of Data Dimensions LLC 401(k) Plan and is not intended to be and should not be used by anyone other than these specified parties.

Baker Tilly Virchow Krause, LLP

Janesville, Wisconsin
September 11, 2019



555 Main Street Suite 300
Racine, WI 53403

ACCOUNT NUMBER
752964701

ASSET STATEMENT
AS OF 12/31/18
DATA DIMENSIONS LLC 401(K) PLAN

PAGE 2

Schedule H, line 4i

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
MONEY MARKET FUNDS						
142,189.1000	SEI DAILY INC TREAS II PT-F CUSIP: 783965619	142,189.10	142,189.10	1.000	1.36	2.15
TOTAL MONEY MARKET FUNDS						
		142,189.10	142,189.10		1.36	2.15
EQUITY MUTUAL FUNDS						
14,768.2880	ARTISAN INTERNATIONAL FD-INV CUSIP: 04314H204	433,599.53	400,811.34	27.140	3.83	1.36
6,189.3550	DODGE & COX INTL STOCK FUND CUSIP: 256206103	229,708.74	228,449.09	36.910	2.18	2.93
17,441.8500	FMI LARGE CAP FUND CUSIP: 302933205	320,938.78	300,523.08	17.230	2.87	1.66
988.5210	GOLDMAN SACHS S/C VALUE-R6 CUSIP: 38147X424	57,696.48	45,946.46	46.480	0.44	0.49
1,656.6320	INVESCO DEVELOPING MKTS-R6 CUSIP: 00142R521	53,339.55	49,649.26	29.970	0.48	2.12
756.9120	INVESCO INTL GROWTH-R6 CUSIP: 00889A400	24,761.62	21,481.16	28.380	0.21	1.63
3,536.7280	LOOMIS SAYLES S/C GROWTH-INS CUSIP: 543487854	87,620.50	80,778.87	22.840	0.77	0.00
21,676.3730	PRINCIPAL MIDCAP FUND-INS CUSIP: 74253Q747	494,983.98	491,403.38	22.670	4.70	0.07
14,951.8180	T ROWE PR GROWTH STOCK-I CUSIP: 741479406	790,638.22	854,496.40	57.150	8.16	0.37
1,342.4250	T ROWE PR REAL ESTATE CUSIP: 779919109	35,921.70	33,265.29	24.780	0.32	2.91
3,510.3010	TEMPLETON INST FOREIGN SM CO CUSIP: 880210877	76,795.68	63,045.01	17.960	0.60	1.16



555 Main Street Suite 300
Racine, WI 53403

ACCOUNT NUMBER
752964701

ASSET STATEMENT
AS OF 12/31/18
DATA DIMENSIONS LLC 401(K) PLAN

PAGE 3

Schedule H, line 4i

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
10,544.9920 CUSIP: 921921300	VANGUARD EQUITY INCOME-AD	815,963.28	700,503.82	66.430	6.69	3.26
2,217.3150 CUSIP: 921909503	VANGUARD LIFE STRATEGY GROWTH	67,885.05	66,652.49	30.060	0.64	2.56
17,624.5770 CUSIP: 921909404	VANGUARD LIFESTRAT MOD GROW	430,626.63	437,089.51	24.800	4.18	2.65
676.0170 CUSIP: 922908645	VANGUARD MID CAP INDEX-ADM	118,258.84	115,625.95	171.040	1.11	1.82
3,299.8600 CUSIP: 92202E300	VANGUARD TARGET RETIRE 2015	46,244.37	45,736.06	13.860	0.44	2.68
35,294.6400 CUSIP: 92202E607	VANGUARD TARGET RETIRE 2045	653,900.71	713,304.67	20.210	6.82	2.39
17,603.6340 CUSIP: 92202E847	VANGUARD TARGET RETIRE 2055	617,337.50	621,408.28	35.300	5.94	2.35
3,119.2280 CUSIP: 92202E839	VANGUARD TARGET RETIRE 2060	105,210.04	97,226.34	31.170	0.93	2.30
3,599.3790 CUSIP: 92202E805	VANGUARD TG RETIREMENT 2020	107,509.14	103,050.22	28.630	0.99	2.60
33,432.9830 CUSIP: 92202E409	VANGUARD TG RETIREMENT 2025	550,186.67	568,695.04	17.010	5.43	2.55
15,332.8430 CUSIP: 92202E888	VANGUARD TG RETIREMENT 2030	470,666.68	472,558.22	30.820	4.52	2.49
30,622.8340 CUSIP: 92202E508	VANGUARD TG RETIREMENT 2035	538,840.99	576,321.74	18.820	5.51	2.46
2,752.2430 CUSIP: 92202E870	VANGUARD TG RETIREMENT 2040	95,864.27	88,924.97	32.310	0.85	2.41
10,491.4670 CUSIP: 92202E862	VANGUARD TG RETIREMENT 2050	341,276.63	341,182.51	32.520	3.26	2.43
2,566.7590 CUSIP: 922908710	VANGUARD 500 INDEX FUND-ADM	508,375.69	594,050.70	231.440	5.68	2.05



555 Main Street Suite 300
Racine, WI 53403

ACCOUNT NUMBER
752964701

ASSET STATEMENT
AS OF 12/31/18
DATA DIMENSIONS LLC 401(K) PLAN

PAGE 4

Schedule H, line 4i

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET		
83,932.7610	VIRTUS CEREDX S/C VAL EQ-I CUSIP: 92837FF417	1,014,987.39	741,126.28	8.830	7.08	1.50		
6,860.7800	VIRTUS CEREDX M/C VAL EQ-R6 CUSIP: 92837FF441	89,780.42	70,460.21	10.270	0.67	1.49		
TOTAL EQUITY MUTUAL FUNDS		9,178,919.08	8,923,766.35		85.25	1.96		
FIXED INCOME MUTUAL FUNDS								
84,121.0280	METROPOLITAN WEST T/R BOND-I CUSIP: 592905509	905,596.37	874,017.48	10.390	8.35	2.64		
3,325.2670	VANGUARD LIFESTRATEGY CONS GR #724 CUSIP: 921909305	62,669.95	62,082.73	18.670	0.59	2.71		
2,139.4720	VANGUARD LIFESTRATEGY INCOME CUSIP: 921909206	32,150.96	31,813.95	14.870	0.30	2.78		
11,578.0850	VANGUARD S/T BOND INDEX-ADM CUSIP: 921937702	120,708.67	119,370.06	10.310	1.14	1.97		
3,691.6640	VANGUARD TARGET RETIRE INC CUSIP: 92202E102	47,135.86	47,068.72	12.750	0.45	2.69		
TOTAL FIXED INCOME MUTUAL FUNDS		1,168,261.81	1,134,352.94		10.84	2.58		
MORTGAGES AND NOTES								
2,357.7300	ANDERSEN T P/N CUSIP: 243459217	6.750%	6/07/19	2,357.73	2,357.73	1.000	0.02	6.75
9,263.0400	BARFIELD S P/N CUSIP: 243459422	7.000%	7/02/21	9,263.04	9,263.04	1.000	0.09	7.00
1,192.5900	BARNET J P/N CUSIP: 243459537	7.250%	12/22/22	1,192.59	1,192.59	1.000	0.01	7.25
782.3600	BIRELY S P/N CUSIP: 243459263	7.000%	7/03/20	782.36	782.36	1.000	0.01	7.00



555 Main Street Suite 300
Racine, WI 53403

ACCOUNT NUMBER
752964701

ASSET STATEMENT
AS OF 12/31/18
DATA DIMENSIONS LLC 401(K) PLAN

PAGE 5

Schedule H, line 4i

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET	
1,022.3500 CUSIP: 243457969	BONK C P/N	5.500% 11/05/21	1,022.35	1,022.35	1.000	0.01	5.50
2,298.8100 CUSIP: 243459532	BONK C P/N	7.250% 11/19/21	2,298.81	2,298.81	1.000	0.02	7.25
775.1300 CUSIP: 243457936	BRAY M P/N	5.500% 10/08/21	775.13	775.13	1.000	0.01	5.50
1,235.4800 CUSIP: 243458772	BRAY M P/N	6.250% 11/04/22	1,235.48	1,235.48	1.000	0.01	6.25
2,352.6100 CUSIP: 243458538	BROWN R P/N	6.250% 6/17/22	2,352.61	2,352.61	1.000	0.02	6.25
779.3100 CUSIP: 243458569	CARPENTER N P/N	6.250% 11/08/19	779.31	779.31	1.000	0.01	6.25
117.2600 CUSIP: 243458930	CARPENTER N P/N	6.500% 2/01/19	117.26	117.26	1.000	0.00	6.50
702.3100 CUSIP: 243459368	CARPENTER N P/N	7.000% 8/16/19	702.31	702.31	1.000	0.01	7.00
1,366.9000 CUSIP: 243459454	CARTER E P/N	7.250% 10/09/20	1,366.90	1,366.90	1.000	0.01	7.25
2,082.5800 CUSIP: 243458928	CASEY M P/N	6.500% 1/31/20	2,082.58	2,082.58	1.000	0.02	6.50
383.9300 CUSIP: 243457369	CHRISTIANSON L P/N	5.250% 7/05/19	383.93	383.93	1.000	0.00	5.25
7,085.3100 CUSIP: 243459520	CHRISTIANSON L P/N	7.250% 11/03/23	7,085.31	7,085.31	1.000	0.07	7.25
633.8500 CUSIP: 243459106	COCHRAN P P/N	6.750% 4/12/19	633.85	633.85	1.000	0.01	6.75
28,001.2000 CUSIP: 243457705	DAVIS H P/N	5.500% 3/28/31	28,001.20	28,001.20	1.000	0.27	5.50
2,213.8400 CUSIP: 243458973	EGGEN J P/N	6.500% 2/15/21	2,213.84	2,213.84	1.000	0.02	6.50



555 Main Street Suite 300
Racine, WI 53403

ACCOUNT NUMBER
752964701

ASSET STATEMENT
AS OF 12/31/18
DATA DIMENSIONS LLC 401(K) PLAN

PAGE 6

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
5,419.5700 CUSIP: 243458350	ESSER J P/N	5,419.57	5,419.57	1.000	0.05	5.75
1,553.7900 CUSIP: 243458643	ESSER J P/N	1,553.79	1,553.79	1.000	0.02	6.25
2,390.3700 CUSIP: 243458743	ESSER J P/N	2,390.37	2,390.37	1.000	0.02	6.25
2,433.2700 CUSIP: 243458796	ESSER J P/N	2,433.27	2,433.27	1.000	0.02	6.25
2,729.4000 CUSIP: 243458998	ESSER J P/N	2,729.40	2,729.40	1.000	0.03	6.50
3,337.5100 CUSIP: 243458879	ESSER J P/N	3,337.51	3,337.51	1.000	0.03	6.50
2,059.0000 CUSIP: 243459163	ESSER J P/N	2,059.00	2,059.00	1.000	0.02	6.75
3,876.9600 CUSIP: 243459268	ESSER J P/N	3,876.96	3,876.96	1.000	0.04	7.00
2,390.3400 CUSIP: 243459335	ESSER J P/N	2,390.34	2,390.34	1.000	0.02	7.00
2,625.8700 CUSIP: 243459417	ESSER J P/N	2,625.87	2,625.87	1.000	0.03	7.00
1,648.7400 CUSIP: 243459448	ESSER J P/N	1,648.74	1,648.74	1.000	0.02	7.25
1,064.6100 CUSIP: 243459471	ESSER J P/N	1,064.61	1,064.61	1.000	0.01	7.25
982.2700 CUSIP: 243459513	ESSER J P/N	982.27	982.27	1.000	0.01	7.25
1,178.4900 CUSIP: 243459516	ESSER J P/N	1,178.49	1,178.49	1.000	0.01	7.25
1,087.9900 CUSIP: 243459524	ESSER J P/N	1,087.99	1,087.99	1.000	0.01	7.25



555 Main Street Suite 300
Racine, WI 53403

ACCOUNT NUMBER
752964701

ASSET STATEMENT
AS OF 12/31/18
DATA DIMENSIONS LLC 401(K) PLAN

PAGE 7

Schedule H, line 4i

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
1,142.6000 CUSIP: 243459554	ESSER J P/N	1,142.60	1,142.60	1.000	0.01	7.25
1,500.0000 CUSIP: 243459564	ESSER J P/N	1,500.00	1,500.00	1.000	0.02	7.25
9,000.0000 CUSIP: 243459577	ESSER J P/N	9,000.00	9,000.00	1.000	0.09	7.25
5,935.3500 CUSIP: 243459571	FIELDS S P/N	5,935.35	5,935.35	1.000	0.06	7.25
1,916.2000 CUSIP: 243458182	FISCHER A P/N	1,916.20	1,916.20	1.000	0.02	5.75
8,058.3700 CUSIP: 243459158	FITZWATER Y P/N	8,058.37	8,058.37	1.000	0.08	6.75
469.6700 CUSIP: 243459211	FOSTER J P/N	469.67	469.67	1.000	0.01	6.75
1,166.9200 CUSIP: 243459449	FULLER A P/N	1,166.92	1,166.92	1.000	0.01	7.25
1,140.7300 CUSIP: 243459589	GOLDEN K P/N	1,140.73	1,140.73	1.000	0.01	7.25
3,063.1100 CUSIP: 243458971	GOSDA C P/N	3,063.11	3,063.11	1.000	0.03	6.50
2,150.6100 CUSIP: 243459399	GRAMS G P/N	2,150.61	2,150.61	1.000	0.02	7.00
822.5300 CUSIP: 243459377	HALL K P/N	822.53	822.53	1.000	0.01	7.00
1,093.3700 CUSIP: 243459264	HANSON A P/N	1,093.37	1,093.37	1.000	0.01	7.00
1,927.0200 CUSIP: 243459552	HANSON A P/N	1,927.02	1,927.02	1.000	0.02	7.25
1,640.8900 CUSIP: 243459198	HEADY V P/N	1,640.89	1,640.89	1.000	0.02	6.75



555 Main Street Suite 300
Racine, WI 53403

ACCOUNT NUMBER
752964701

ASSET STATEMENT
AS OF 12/31/18
DATA DIMENSIONS LLC 401(K) PLAN

PAGE 8

Schedule H, line 4i

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
2,371.0300 CUSIP: 243458525	HINZ K P/N	2,371.03	2,371.03	1.000	0.02	6.00
382.3700 CUSIP: 243458502	HUNT Z P/N	382.37	382.37	1.000	0.00	6.00
1,908.4500 CUSIP: 243459423	KAISER S P/N	1,908.45	1,908.45	1.000	0.02	7.00
1,723.6400 CUSIP: 243459357	KNIGHT T P/N	1,723.64	1,723.64	1.000	0.02	7.00
1,812.7000 CUSIP: 243458834	KRANTZ A P/N	1,812.70	1,812.70	1.000	0.02	6.25
3,701.2500 CUSIP: 243458468	KRUEGER J P/N	3,701.25	3,701.25	1.000	0.04	6.00
3,570.4500 CUSIP: 243459153	LINDGREN N P/N	3,570.45	3,570.45	1.000	0.04	6.75
1,055.6600 CUSIP: 243458590	LUBERDA D P/N	1,055.66	1,055.66	1.000	0.01	6.25
830.5600 CUSIP: 243458588	LUBERDA J P/N	830.56	830.56	1.000	0.01	6.25
2,125.1100 CUSIP: 243459375	LUBERDA J P/N	2,125.11	2,125.11	1.000	0.02	7.00
3,889.6200 CUSIP: 243457431	MAAG B P/N	3,889.62	3,889.62	1.000	0.04	5.25
10,066.6500 CUSIP: 243458422	MAAG B P/N	10,066.65	10,066.65	1.000	0.10	6.00
5,412.0500 CUSIP: 243458630	MAAG B P/N	5,412.05	5,412.05	1.000	0.05	6.25
7,372.2400 CUSIP: 243459181	MAAG B P/N	7,372.24	7,372.24	1.000	0.07	6.75
9,071.9900 CUSIP: 243459411	MAAG B P/N	9,071.99	9,071.99	1.000	0.09	7.00



555 Main Street Suite 300
Racine, WI 53403

ACCOUNT NUMBER
752964701

ASSET STATEMENT
AS OF 12/31/18
DATA DIMENSIONS LLC 401(K) PLAN

PAGE 9

Schedule H, line 4i

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
5,149.9600 CUSIP: 243459431	MAJERUS J P/N	7.000% 9/08/23	5,149.96	5,149.96	1.000	0.05 7.00
2,303.9300 CUSIP: 243458336	MARTEN K P/N	5.750% 3/03/21	2,303.93	2,303.93	1.000	0.02 5.75
8,824.4600 CUSIP: 243459447	MCDONALD H P/N	7.250% 9/05/25	8,824.46	8,824.46	1.000	0.09 7.25
898.8600 CUSIP: 243459519	MCKINLEY L P/N	7.250% 11/08/19	898.86	898.86	1.000	0.01 7.25
296.4400 CUSIP: 243457455	MLYNSKY J P/N	5.250% 9/13/19	296.44	296.44	1.000	0.00 5.25
4,769.4000 CUSIP: 243459427	MONTGOMER K P/N	7.000% 9/08/23	4,769.40	4,769.40	1.000	0.05 7.00
584.9900 CUSIP: 243457084	NIXON M P/N	5.250% 12/06/19	584.99	584.99	1.000	0.01 5.25
409.9100 CUSIP: 243457380	OLMSTEAD N P/N	5.250% 7/03/20	409.91	409.91	1.000	0.00 5.25
1,071.4300 CUSIP: 243458881	REMINGTON P P/N	6.500% 1/03/20	1,071.43	1,071.43	1.000	0.01 6.50
1,000.0000 CUSIP: 243459579	RICHARDSON C P/N	7.250% 10/23/20	1,000.00	1,000.00	1.000	0.01 7.25
3,618.5900 CUSIP: 243459013	RICKERTSEN K P/N	6.500% 2/26/21	3,618.59	3,618.59	1.000	0.04 6.50
341.5400 CUSIP: 243459033	RIVERA C P/N	6.500% 3/15/19	341.54	341.54	1.000	0.00 6.50
887.5100 CUSIP: 243459426	RIVERA C P/N	7.000% 9/27/19	887.51	887.51	1.000	0.01 7.00
964.4700 CUSIP: 243459546	SARATH S P/N	7.250% 12/06/19	964.47	964.47	1.000	0.01 7.25
881.1100 CUSIP: 243458870	SCHOONOVER A P/N	6.500% 12/20/19	881.11	881.11	1.000	0.01 6.50



555 Main Street Suite 300
Racine, WI 53403

ACCOUNT NUMBER
752964701

ASSET STATEMENT
AS OF 12/31/18
DATA DIMENSIONS LLC 401(K) PLAN

PAGE 10

SHARES/ PAR VALUE	DESCRIPTION		COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET	
959.2800	SCHULZ P P/N CUSIP: 243458597	6.250%	3/11/22	959.28	959.28	1.000	0.01	6.25
128.7600	SCHVYNCK L P/N CUSIP: 663655512	5.250%	3/15/19	128.76	128.76	1.000	0.00	5.25
978.9800	SHIELDS J P/N CUSIP: 243457142	5.250%	1/31/20	978.98	978.98	1.000	0.01	5.25
2,459.4900	STEURER J P/N CUSIP: 243459545	7.250%	12/04/20	2,459.49	2,459.49	1.000	0.02	7.25
656.3900	STOLLER J P/N CUSIP: 243458754	6.250%	10/25/19	656.39	656.39	1.000	0.01	6.25
1,127.2000	SWANSON D P/N CUSIP: 243458560	6.250%	7/02/21	1,127.20	1,127.20	1.000	0.01	6.25
4,252.2500	TROMBLY T P/N CUSIP: 243458428	6.000%	4/22/22	4,252.25	4,252.25	1.000	0.04	6.00
7,116.1400	TROMBLY T P/N CUSIP: 243459331	7.000%	7/28/23	7,116.14	7,116.14	1.000	0.07	7.00
1,040.8300	TSCHANTZ B P/N CUSIP: 243459521	7.250%	11/06/20	1,040.83	1,040.83	1.000	0.01	7.25
942.4400	VANGALDER B P/N CUSIP: 243459064	6.750%	4/12/19	942.44	942.44	1.000	0.01	6.75
1,197.4800	WALKER M P/N CUSIP: 243459432	7.000%	8/28/20	1,197.48	1,197.48	1.000	0.01	7.00
1,087.0900	WIEDRICH B P/N CUSIP: 243457975	5.500%	11/08/19	1,087.09	1,087.09	1.000	0.01	5.50
2,548.7300	WIEDRICH B P/N CUSIP: 243458765	6.250%	10/23/20	2,548.73	2,548.73	1.000	0.03	6.25
1,279.9900	WIEDRICH B P/N CUSIP: 243458945	6.500%	1/31/20	1,279.99	1,279.99	1.000	0.01	6.50
6,625.2000	WILLIAMS K P/N CUSIP: 243459214	6.750%	6/02/23	6,625.20	6,625.20	1.000	0.06	6.75



555 Main Street Suite 300
Racine, WI 53403

ACCOUNT NUMBER
752964701

ASSET STATEMENT
AS OF 12/31/18
DATA DIMENSIONS LLC 401(K) PLAN

PAGE 11

Schedule H, line 4i

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
6,274.9800	ZILISCH S P/N CUSIP: 243458322	6,274.98	6,274.98	1.000	0.06	5.75
TOTAL MORTGAGES AND NOTES		266,423.74	266,423.74		2.55	6.54
CASH						
664.03	CASH	664.03	664.03	1.00	0.01	0.00
TOTAL CASH		664.03	664.03		0.01	0.00
TOTAL ASSETS		10,756,457.76	10,467,396.16		100.00	2.15