

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>
A This return/report is for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <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; margin-top: 5px;"> <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; margin-top: 5px;"> <div> ☐ the first return/report </div> <div> ☐ the final return/report </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ an amended return/report </div> <div> ☐ 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; margin-top: 5px;"> <div> ☒ Form 5558 </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ special extension (enter description) </div> </div>	

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>DATA DIMENSIONS LLC 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>03/10/1996</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>03/10/1996</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>39-1415332</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>262-619-2926</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>518210</u></td> </tr> </table>	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>	
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.	10/12/2020	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.

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3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	994
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	812
a(2) Total number of active participants at the end of the plan year		6a(2)	672
b Retired or separated participants receiving benefits.....		6b	6
c Other retired or separated participants entitled to future benefits		6c	159
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	837
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	837
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	738
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	4
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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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?
27 15 21 50 62 59 37 64 65	RECORDKEEPIN G	12604	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> 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	664	5477
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)	142189	194105
	(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)	266424	273108
	(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)	10058119	12980016
	(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	10467396 13452706
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	10467396 13452706

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)	250373
	(B) Participants	2a(1)(B)	1184626
	(C) Others (including rollovers)	2a(1)(C)	61199
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1496198
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3022
	(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)	18022
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	21044
(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)	245271
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	245271
(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)		2193670
c Other income	2c		369
d Total income. Add all income amounts in column (b) and enter total	2d		3956552

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	958638	
(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)		958638
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)	12604	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		12604
j Total expenses. Add all expense amounts in column (b) and enter total	2j		971242

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2985310
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) ☐ Unmodified (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 US, 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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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.)
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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) 2019
v. 190130

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): _____

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

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

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Data Dimensions LLC 401(k) Plan

Financial Statements and
Supplementary Information

December 31, 2019 and 2018

Data Dimensions LLC 401(k) Plan

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December 31, 2019 and 2018

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Independent Auditors' Report

To the Participants and Plan Administrator of
Data Dimensions LLC 401(k) Plan

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, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

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, 2019 and 2018, and for the year ended December 31, 2019, 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, 2019, 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 US, LLP

Janesville, Wisconsin
October 9, 2020

Data Dimensions LLC 401(k) Plan

Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Assets		
Investments at fair value	\$ 13,174,121	\$ 10,200,308
Receivables:		
Notes receivable from participants	273,108	266,424
Cash and cash equivalents	<u>5,477</u>	<u>664</u>
New assets available for benefits	<u>\$ 13,452,706</u>	<u>\$ 10,467,396</u>

See notes to financial statements

Data Dimensions LLC 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2019

Additions

Investment income:

Net appreciation in fair value of investments	\$ 2,194,038
Interest and dividends	<u>248,294</u>
Total investment income	<u>2,442,332</u>

Interest on notes receivable from participants	<u>18,022</u>
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Contributions:

Participants	1,184,626
Company	250,373
Rollovers	<u>61,199</u>

Total contributions	<u>1,496,198</u>
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Total additions	<u>3,956,552</u>
-----------------	------------------

Deductions

Benefits paid to participants	958,638
Administrative expenses	<u>12,604</u>

Total deductions	<u>971,242</u>
------------------	----------------

Net increase	2,985,310
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Net Assets Available for Benefits

Beginning of year	<u>10,467,396</u>
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End of year	<u>\$ 13,452,706</u>
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Data Dimensions LLC 401(k) Plan

Notes to Financial Statements
December 31, 2019 and 2018

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 (ERISA). All employees with the exception of leased employees, students, interns, and seasonal 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. Upon enrollment in the Plan, a participant may direct Company and employee contributions to any combination of available investment options. The Plan's Investment Committee is responsible for the oversight of the Plan and 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 eligible 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 in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Data Dimensions LLC 401(k) Plan

Notes to Financial Statements
December 31, 2019 and 2018

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>Years of Service</u>	<u>Percentage</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 7.50 percent at December 31, 2019, which are commensurate with local prevailing rates when the loan is issued. 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. Participants experiencing financial hardship may withdraw a portion of their account balance as defined by the plan document.

Forfeited Accounts

As of December 31, 2019 and 2018, forfeited nonvested accounts totaled \$0 and \$10, respectively. These accounts are used to pay Plan expenses. During 2019, \$93 of forfeitures were used to pay Plan expenses.

Data Dimensions LLC 401(k) Plan

Notes to Financial Statements
December 31, 2019 and 2018

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 appreciation 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, 2019 and 2018. 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 in fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

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.

Data Dimensions LLC 401(k) Plan

Notes to Financial Statements
December 31, 2019 and 2018

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through October 9, 2020, the date that the financial statements were available to be issued.

Effective January 1, 2020, the Company increased the discretionary contribution mentioned in Note 1 to 50 percent of the first 6 percent of eligible compensation that a participant contributes to the Plan.

As a result of the spread of COVID-19 coronavirus, economic uncertainties have arisen which have resulted in significant volatility in the investment markets. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

Effective April 15, 2020, the Plan adopted certain provisions of the Coronavirus Aid, Relief, and Economic Security (CARES) Act that was signed into law on March 27, 2020. Adopted provisions include a distribution provision that allows impacted Plan participants to take a COVID-19 related distribution up to \$100,000 from the Plan beginning on or after January 1, 2020 and before December 31, 2020; a loan provision that allows the deferment of loan repayments due through December 31, 2020 for one year; and a required minimum distribution (RMD) provision that temporarily waives RMD rules for distributions required for the 2020 calendar year. Plan participants and beneficiaries may still request to receive a distribution equal to the RMD in 2020 if they would prefer.

Subsequent to the date of the financial statements, the plan sponsor experienced significant layoffs. The plan sponsor is in the process of evaluating whether or not the layoffs constitute a partial plan termination. In the event of a partial plan termination, affected participants become fully vested in their Company contributions as of the termination date.

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
December 31, 2019 and 2018

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, 2019 and 2018.

Money market fund is valued at the quoted net asset value (NAV) of shares held by the Plan at year-end.

Mutual funds are 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, 2019 and 2018:

Assets at Fair Value as of December 31, 2019				
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 194,105	\$ -	\$ -	\$ 194,105
Mutual funds	12,980,016	-	-	12,980,016
Total investments at fair value	<u>\$ 13,174,121</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 13,174,121</u>

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	10,058,119	-	-	10,058,119
Total investments at fair value	<u>\$ 10,200,308</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 10,200,308</u>

For years ended December 31, 2019 and 2018, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

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.

5. Amount Owed to Participants Withdrawing from the Plan

Amounts owed to participants who have withdrawn from the Plan total \$5,963 and \$13,718 as of December 31, 2019 and 2018, respectively.

Data Dimensions LLC 401(k) Plan

Notes to Financial Statements
December 31, 2019 and 2018

6. Related Party and Party In Interest Transactions

Fees incurred by the Plan for the investment management services are included in net appreciation 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.

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.

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. 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.

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, 2019 and December 31, 2018, there were no fund concentrations.

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 2019 and 2018. Accordingly, Johnson Bank, the trustee of the Plan, has certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2019 and 2018, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2019, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2019.

Data Dimensions LLC 401(k) Plan

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

EIN 39-1415332 Plan Number: 001

December 31, 2019

(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	N/R	\$ 194,105
Mutual Funds				
	Artisan	Artisan International Fund	N/R	538,552
	Dodge & Cox	Dodge & Cox International Stock Fund	N/R	310,979
	FMI Funds	FMI Large Cap Fund	N/R	370,311
	Goldman Sachs	Goldman Sachs Small Cap Value-Inst	N/R	70,719
	Invesco	Invesco Developing Markets	N/R	71,187
	Invesco	Invesco International Growth	N/R	12,726
	Loomis Sayles Funds	Loomis Sayles Small Cap Growth-Ins	N/R	114,867
	Metropolitan West Funds	Metropolitan West Total Return Bond	N/R	940,017
	Principal	Principal Midcap Blend Fd In	N/R	732,251
	T Rowe Price	T Rowe Price Growth Stock Fund	N/R	1,105,641
	T Rowe Price	T Rowe Price Real Estate	N/R	47,419
	Franklin Templeton Investment Funds	Templeton Inst Foreign Sm Co	N/R	87,517
	Vanguard	Vanguard 500 Index Fund	N/R	698,495
	Vanguard	Vanguard Equity Income-AD	N/R	824,740
	Vanguard	Vanguard LifeStrategy Growth Fund	N/R	88,669
	Vanguard	Vanguard LifeStrategy Cons Gr	N/R	80,310
	Vanguard	Vanguard LifeStrategy Income	N/R	47,457
	Vanguard	Vanguard LifeStrategy Mod Growth	N/R	531,751
	Vanguard	Vanguard Mid Cap Index-ADM	N/R	112,784
	Vanguard	Vanguard Short-term Bond Index	N/R	129,855
	Vanguard	Vanguard Target Retirement 2015	N/R	19,116
	Vanguard	Vanguard Target Retirement 2020	N/R	123,657
	Vanguard	Vanguard Target Retirement 2025	N/R	642,550
	Vanguard	Vanguard Target Retirement 2030	N/R	635,309
	Vanguard	Vanguard Target Retirement 2035	N/R	884,995
	Vanguard	Vanguard Target Retirement 2040	N/R	312,322
	Vanguard	Vanguard Target Retirement 2045	N/R	954,579
	Vanguard	Vanguard Target Retirement 2050	N/R	409,830
	Vanguard	Vanguard Target Retirement 2055	N/R	842,036
	Vanguard	Vanguard Target Retirement 2060	N/R	207,104
	Vanguard	Vanguard Target Retirement Income	N/R	39,829
	Virtus	Virtus Ceredex M/C Val EQ-I	N/R	92,681
	Virtus	Virtus Ceredex S/C Val E Q - I	N/R	895,997
	Vanguard	Vanguard Target Retirement 2065	N/R	3,764
Total mutual funds				12,980,016
* Participant Loans	Interest rates: 5.25% - 7.50%		\$0	273,108
				\$ 13,447,229

* A party-in-interest as defined by ERISA
N/R - cost omitted for participant directed investments



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SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET

MONEY MARKET FUNDS						

194,105.4100	SEI DAILY INC TREAS II PT-F CUSIP: 783965619	194,105.41	194,105.41	1.000	1.44	1.56

TOTAL MONEY MARKET FUNDS		194,105.41	194,105.41		1.44	1.56

EQUITY MUTUAL FUNDS						

16,192.1970	ARTISAN INTERNATIONAL FD-INV CUSIP: 04314H204	479,702.95	538,552.47	33.260	4.00	0.90
7,132.5570	DODGE & COX INTL STOCK FUND CUSIP: 256206103	270,159.41	310,979.49	43.600	2.31	3.93
18,740.4540	FMI LARGE CAP FUND CUSIP: 302933205	347,927.45	370,311.37	19.760	2.75	0.86
1,292.8600	GOLDMAN SACHS S/C VALUE-R6 CUSIP: 38147X424	73,606.32	70,719.44	54.700	0.53	0.85
1,854.7900	INVESCO DEVELOPING MKTS-R6 CUSIP: 00142R521	60,520.99	71,186.84	38.380	0.53	1.88
387.8700	INVESCO INTL GROWTH-R6 CUSIP: 00889A400	12,707.21	12,726.01	32.810	0.10	2.38
4,326.4230	LOOMIS SAYLES S/C GROWTH-INS CUSIP: 543487854	109,550.95	114,866.53	26.550	0.85	0.00
23,689.7710	PRINCIPAL MIDCAP FUND-INS CUSIP: 74253Q747	559,510.72	732,250.82	30.910	5.44	0.47
15,065.2820	T ROWE PR GROWTH STOCK-I CUSIP: 741479406	816,550.47	1,105,641.05	73.390	8.22	0.33
1,845.1070	T ROWE PR REAL ESTATE CUSIP: 779919109	49,383.20	47,419.25	25.700	0.35	2.92
4,089.5700	TEMPLETON INST FOREIGN SM CO CUSIP: 880210877	88,524.98	87,516.80	21.400	0.65	1.75



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10,366.2670	VANGUARD EQUITY INCOME-AD CUSIP: 921921300	800,048.03	824,740.20	79.560	6.13	2.71
2,453.4820	VANGUARD LIFE STRATEGY GROWTH CUSIP: 921909503	77,462.92	88,668.84	36.140	0.66	2.33
18,425.1940	VANGUARD LIFESTRAT MOD GROW CUSIP: 921909404	459,678.18	531,751.10	28.860	3.95	2.45
511.1220	VANGUARD MID CAP INDEX-ADM CUSIP: 922908645	92,325.68	112,784.18	220.660	0.84	1.48
1,259.3200	VANGUARD TARGET RETIRE 2015 CUSIP: 92202E300	17,817.45	19,116.48	15.180	0.14	2.50
38,646.9200	VANGUARD TARGET RETIRE 2045 CUSIP: 92202E607	749,278.51	954,578.92	24.700	7.10	2.24
19,496.0980	VANGUARD TARGET RETIRE 2055 CUSIP: 92202E847	709,227.77	842,036.47	43.190	6.26	2.15
5,427.2610	VANGUARD TARGET RETIRE 2060 CUSIP: 92202E839	188,437.11	207,104.28	38.160	1.54	2.11
156.5180	VANGUARD TARGET RETIRE 2065 CUSIP: 92202E680	3,590.81	3,764.26	24.050	0.03	1.90
3,801.3130	VANGUARD TG RETIREMENT 2020 CUSIP: 92202E805	114,995.53	123,656.71	32.530	0.92	2.43
32,386.5990	VANGUARD TG RETIREMENT 2025 CUSIP: 92202E409	558,666.96	642,550.12	19.840	4.78	2.37
17,429.5990	VANGUARD TG RETIREMENT 2030 CUSIP: 92202E888	547,778.53	635,308.88	36.450	4.72	2.38
39,298.1920	VANGUARD TG RETIREMENT 2035 CUSIP: 92202E508	737,046.48	884,995.28	22.520	6.58	2.33
7,981.6620	VANGUARD TG RETIREMENT 2040 CUSIP: 92202E870	299,055.99	312,322.43	39.130	2.32	2.28
10,304.9940	VANGUARD TG RETIREMENT 2050 CUSIP: 92202E862	346,851.45	409,829.61	39.770	3.05	2.20



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2,342.8410	VANGUARD 500 INDEX FUND-ADM CUSIP: 922908710	487,683.27	698,494.62	298.140	5.19	1.87
91,149.1880	VIRTUS CEREDX S/C VAL EQ-I CUSIP: 92837F417	1,079,639.17	895,996.52	9.830	6.66	1.34
7,173.4280	VIRTUS CEREDX M/C VAL EQ-R6 CUSIP: 92837F441	93,074.93	92,680.69	12.920	0.69	1.19
TOTAL EQUITY MUTUAL FUNDS		10,230,803.42	11,742,549.66		87.29	1.81
FIXED INCOME MUTUAL FUNDS						
86,003.3590	METROPOLITAN WEST T/R BOND-I CUSIP: 592905509	926,276.90	940,016.71	10.930	6.99	2.80
3,818.8410	VANGUARD LIFESTRATEGY CONS GR #724 CUSIP: 921909305	73,042.90	80,310.23	21.030	0.60	2.58
2,927.6140	VANGUARD LIFESTRATEGY INCOME CUSIP: 921909206	44,645.47	47,456.62	16.210	0.35	2.71
12,285.2270	VANGUARD S/T BOND INDEX-ADM CUSIP: 921937702	128,067.18	129,854.85	10.570	0.97	2.24
2,834.7010	VANGUARD TARGET RETIRE INC CUSIP: 92202E102	36,649.26	39,827.55	14.050	0.30	2.51
TOTAL FIXED INCOME MUTUAL FUNDS		1,208,681.71	1,237,465.96		9.20	2.71
MORTGAGES AND NOTES						
995.6500	LOM C P/N 7.500% 11/18/22 CUSIP: 243459617	995.65	995.65	1.000	0.01	7.50
1,851.9300	ARNDT S P/N 7.250% 8/11/23 CUSIP: 243459978	1,851.93	1,851.93	1.000	0.01	7.25
1,860.2300	ARNDT S P/N 7.500% 6/04/21 CUSIP: 243459879	1,860.23	1,860.23	1.000	0.01	7.50



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SHARES/ PAR VALUE	DESCRIPTION			COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
738.2900	BAHR M P/N CUSIP: 243460023	7.250%	9/11/20	738.29	738.29	1.000	0.01	7.25
4,455.4400	BAKER J P/N CUSIP: 243459772	7.500%	3/22/24	4,455.44	4,455.44	1.000	0.03	7.50
5,799.0500	BARFIELD S P/N CUSIP: 243459422	7.000%	7/02/21	5,799.05	5,799.05	1.000	0.04	7.00
3,913.1400	BARFIELD S P/N CUSIP: 243459918	7.500%	7/02/21	3,913.14	3,913.14	1.000	0.03	7.50
922.1300	BARNET J P/N CUSIP: 243459537	7.250%	12/22/22	922.13	922.13	1.000	0.01	7.25
281.2200	BIRELY S P/N CUSIP: 243459263	7.000%	7/03/20	281.22	281.22	1.000	0.00	7.00
587.3700	BIRELY S P/N CUSIP: 243459667	7.500%	1/01/21	587.37	587.37	1.000	0.01	7.50
1,857.1700	BLACKBURN-SCHYVINCK CUSIP: 243459822	7.500%	4/19/24	1,857.17	1,857.17	1.000	0.01	7.50
1,581.4800	BLAINE J P/N CUSIP: 243459937	7.500%	7/12/24	1,581.48	1,581.48	1.000	0.01	7.50
739.0900	BLUHM T P/N CUSIP: 243460024	7.250%	9/11/20	739.09	739.09	1.000	0.01	7.25
684.9500	BONK C P/N CUSIP: 243457969	5.500%	11/05/21	684.95	684.95	1.000	0.01	5.50
1,562.8800	BONK C P/N CUSIP: 243459532	7.250%	11/19/21	1,562.88	1,562.88	1.000	0.01	7.25
512.1500	BRAY M P/N CUSIP: 243457936	5.500%	10/08/21	512.15	512.15	1.000	0.00	5.50
944.4800	BRAY M P/N CUSIP: 243458772	6.250%	11/04/22	944.48	944.48	1.000	0.01	6.25
4,501.4500	BREWER S P/N CUSIP: 243459681	7.500%	2/09/24	4,501.45	4,501.45	1.000	0.03	7.50



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SHARES/ PAR VALUE	DESCRIPTION			COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
1,728.3800	BROWN R P/N CUSIP: 243458538	6.250%	6/17/22	1,728.38	1,728.38	1.000	0.01	6.25
2,067.4400	BROWN R P/N CUSIP: 243459815	7.500%	4/23/21	2,067.44	2,067.44	1.000	0.02	7.50
686.5300	BUSHEY S P/N CUSIP: 243459721	7.500%	7/31/20	686.53	686.53	1.000	0.01	7.50
1,097.3700	CARPENTER N P/N CUSIP: 243460148	6.750%	12/16/22	1,097.37	1,097.37	1.000	0.01	6.75
1,751.7900	CARPENTER N P/N CUSIP: 243459757	7.500%	3/22/24	1,751.79	1,751.79	1.000	0.01	7.50
629.6500	CARTER E P/N CUSIP: 243459454	7.250%	10/09/20	629.65	629.65	1.000	0.01	7.25
801.7200	CARTER E P/N CUSIP: 243459930	7.500%	8/14/20	801.72	801.72	1.000	0.01	7.50
451.0000	CASEY M P/N CUSIP: 243458928	6.500%	1/31/20	451.00	451.00	1.000	0.00	6.50
1,324.0100	CASEY M P/N CUSIP: 243459944	7.500%	1/29/21	1,324.01	1,324.01	1.000	0.01	7.50
6,094.5100	CHRISTIANSON L P/N CUSIP: 243459520	7.250%	11/03/23	6,094.51	6,094.51	1.000	0.05	7.25
3,949.0200	CHRISTIANSON L P/N CUSIP: 243459746	7.500%	3/08/24	3,949.02	3,949.02	1.000	0.03	7.50
1,714.3800	COCHRAN P P/N CUSIP: 243460163	6.750%	11/20/20	1,714.38	1,714.38	1.000	0.01	6.75
527.2800	COCHRAN P P/N CUSIP: 243459823	7.500%	4/24/20	527.28	527.28	1.000	0.00	7.50
8,286.8100	COLLINS M P/N CUSIP: 243459768	7.500%	3/22/24	8,286.81	8,286.81	1.000	0.06	7.50
26,358.7400	DAVIS H P/N CUSIP: 243457705	5.500%	3/28/31	26,358.74	26,358.74	1.000	0.20	5.50



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1,065.7900	DESUTTER J P/N CUSIP: 243459958	7.500%	7/30/21	1,065.79	1,065.79	1.000	0.01	7.50
1,219.9400	EGGEN J P/N CUSIP: 243458973	6.500%	2/15/21	1,219.94	1,219.94	1.000	0.01	6.50
1,591.7000	EGGEN J P/N CUSIP: 243459765	7.500%	3/22/24	1,591.70	1,591.70	1.000	0.01	7.50
3,837.7500	ESSER J P/N CUSIP: 243458350	5.750%	2/25/22	3,837.75	3,837.75	1.000	0.03	5.75
1,171.2700	ESSER J P/N CUSIP: 243458643	6.250%	9/09/22	1,171.27	1,171.27	1.000	0.01	6.25
1,820.5600	ESSER J P/N CUSIP: 243458743	6.250%	10/21/22	1,820.56	1,820.56	1.000	0.01	6.25
1,866.2400	ESSER J P/N CUSIP: 243458796	6.250%	11/18/22	1,866.24	1,866.24	1.000	0.01	6.25
2,136.0300	ESSER J P/N CUSIP: 243458998	6.500%	2/10/23	2,136.03	2,136.03	1.000	0.02	6.50
2,589.0600	ESSER J P/N CUSIP: 243458879	6.500%	12/30/22	2,589.06	2,589.06	1.000	0.02	6.50
1,639.5600	ESSER J P/N CUSIP: 243459163	6.750%	5/05/23	1,639.56	1,639.56	1.000	0.01	6.75
3,122.0100	ESSER J P/N CUSIP: 243459268	7.000%	6/30/23	3,122.01	3,122.01	1.000	0.02	7.00
1,934.6400	ESSER J P/N CUSIP: 243459335	7.000%	7/28/23	1,934.64	1,934.64	1.000	0.02	7.00
2,137.6900	ESSER J P/N CUSIP: 243459417	7.000%	9/08/23	2,137.69	2,137.69	1.000	0.02	7.00
1,350.3200	ESSER J P/N CUSIP: 243459448	7.250%	10/06/23	1,350.32	1,350.32	1.000	0.01	7.25
871.2500	ESSER J P/N CUSIP: 243459471	7.250%	10/06/23	871.25	871.25	1.000	0.01	7.25



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806.1500	ESSER J P/N CUSIP: 243459513	7.250% 10/20/23 806.15	806.15	1.000	0.01	7.25
967.2700	ESSER J P/N CUSIP: 243459516	7.250% 10/20/23 967.27	967.27	1.000	0.01	7.25
896.3300	ESSER J P/N CUSIP: 243459524	7.250% 11/17/23 896.33	896.33	1.000	0.01	7.25
942.7000	ESSER J P/N CUSIP: 243459554	7.250% 12/01/23 942.70	942.70	1.000	0.01	7.25
1,242.3100	ESSER J P/N CUSIP: 243459564	7.250% 12/01/23 1,242.31	1,242.31	1.000	0.01	7.25
7,443.4500	ESSER J P/N CUSIP: 243459577	7.250% 12/01/23 7,443.45	7,443.45	1.000	0.06	7.25
1,328.6000	FISCHER A P/N CUSIP: 243458182	5.750% 12/31/21 1,328.60	1,328.60	1.000	0.01	5.75
432.2200	FOSTER J P/N CUSIP: 243459826	7.500% 5/08/20 432.22	432.22	1.000	0.00	7.50
1,243.3000	FOUTCH M P/N CUSIP: 243459975	7.250% 8/13/21 1,243.30	1,243.30	1.000	0.01	7.25
8,372.6700	FRETT N P/N CUSIP: 243459938	8,372.67	8,372.67	1.000	0.06	7.50
1,118.1200	GILMORE T P/N CUSIP: 243460146	6.750% 11/01/24 1,118.12	1,118.12	1.000	0.01	6.75
3,288.4300	GOLDEN K P/N CUSIP: 243460157	6.750% 11/01/24 3,288.43	3,288.43	1.000	0.03	6.75
468.1000	GRAMS G P/N CUSIP: 243459399	7.000% 3/27/20 468.10	468.10	1.000	0.00	7.00
2,521.1000	GRAMS G P/N CUSIP: 243459960	7.500% 7/30/21 2,521.10	2,521.10	1.000	0.02	7.50
708.2300	HEADY V P/N CUSIP: 243459198	6.750% 6/05/20 708.23	708.23	1.000	0.01	6.75



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783.3000	HICKS K P/N CUSIP: 243459910	7.500%	7/02/21	783.30	783.30	1.000	0.01	7.50
807.0000	HINZ K P/N CUSIP: 243458525	6.000%	6/19/20	807.00	807.00	1.000	0.01	6.00
933.4700	HUMPHREY J P/N CUSIP: 243459968	7.500%	7/31/20	933.47	933.47	1.000	0.01	7.50
595.7200	HUMPHREY J P/N CUSIP: 243459850	7.500%	10/09/20	595.72	595.72	1.000	0.01	7.50
1,032.0500	JAKUBOWSKI N P/N CUSIP: 243459792	7.500%	5/06/22	1,032.05	1,032.05	1.000	0.01	7.50
1,300.0000	JAMES N P/N CUSIP: 243460207	6.750%	11/29/24	1,300.00	1,300.00	1.000	0.01	6.75
5,574.1400	JAMES N P/N CUSIP: 243459947	7.500%	7/12/24	5,574.14	5,574.14	1.000	0.04	7.50
1,378.9400	KNIGHT T P/N CUSIP: 243459357	7.000%	8/11/23	1,378.94	1,378.94	1.000	0.01	7.00
1,399.0900	KRANTZ A P/N CUSIP: 243458834	6.250%	7/15/22	1,399.09	1,399.09	1.000	0.01	6.25
2,694.1800	KRUEGER J P/N CUSIP: 243458468	6.000%	5/20/22	2,694.18	2,694.18	1.000	0.02	6.00
4,759.4600	KRUEGER J P/N CUSIP: 243459791	7.500%	4/05/24	4,759.46	4,759.46	1.000	0.04	7.50
1,200.0000	KUROKAWA A P/N CUSIP: 243460264	6.750%	12/18/20	1,200.00	1,200.00	1.000	0.01	6.75
1,946.0500	KUTZ B P/N CUSIP: 243460153	6.750%	1/15/21	1,946.05	1,946.05	1.000	0.02	6.75
4,247.1600	LOR B P/N CUSIP: 243460142	6.750%	10/08/21	4,247.16	4,247.16	1.000	0.03	6.75
1,458.1700	LOR B P/N CUSIP: 243459974	7.250%	8/14/20	1,458.17	1,458.17	1.000	0.01	7.25



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618.8100	LUBERDA J P/N CUSIP: 243458588	6.250%	7/29/22	618.81	618.81	1.000	0.01	6.25
1,367.8200	LUBERDA J P/N CUSIP: 243459375	7.000%	8/13/21	1,367.82	1,367.82	1.000	0.01	7.00
1,506.7500	MAAG B P/N CUSIP: 243457431	5.250%	7/31/20	1,506.75	1,506.75	1.000	0.01	5.25
7,215.5000	MAAG B P/N CUSIP: 243458422	6.000%	4/08/22	7,215.50	7,215.50	1.000	0.05	6.00
4,047.5700	MAAG B P/N CUSIP: 243458630	6.250%	8/26/22	4,047.57	4,047.57	1.000	0.03	6.25
5,887.8700	MAAG B P/N CUSIP: 243459181	6.750%	5/19/23	5,887.87	5,887.87	1.000	0.04	6.75
7,391.2500	MAAG B P/N CUSIP: 243459411	7.000%	9/08/23	7,391.25	7,391.25	1.000	0.06	7.00
4,195.0600	MAJERUS J P/N CUSIP: 243459431	7.000%	9/08/23	4,195.06	4,195.06	1.000	0.03	7.00
2,792.0000	MANN D P/N CUSIP: 243460198	6.750%	12/17/21	2,792.00	2,792.00	1.000	0.02	6.75
7,765.0800	MCDONALD H P/N CUSIP: 243459447	7.250%	9/05/25	7,765.08	7,765.08	1.000	0.06	7.25
0.3600	MCKINLEY L P/N CUSIP: 243459519	7.250%	11/08/19	0.36	0.36	1.000	0.00	7.25
1,974.5100	MEYERS N P/N CUSIP: 243460173	6.750%	3/25/22	1,974.51	1,974.51	1.000	0.02	6.75
3,885.1400	MONTGOMER K P/N CUSIP: 243459427	7.000%	9/08/23	3,885.14	3,885.14	1.000	0.03	7.00
2,508.3800	MORINE A P/N CUSIP: 243459677	7.500%	11/19/21	2,508.38	2,508.38	1.000	0.02	7.50
145.3400	OLMSTEAD N P/N CUSIP: 243457380	5.250%	7/03/20	145.34	145.34	1.000	0.00	5.25



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1,913.5600	OLMSTEAD N P/N CUSIP: 243459875	7.500%	6/05/20	1,913.56	1,913.56	1.000	0.02	7.50
1,182.6800	PASCUAL C P/N CUSIP: 243460130	7.000%	11/06/20	1,182.68	1,182.68	1.000	0.01	7.00
77.4200	REMINGTON P P/N CUSIP: 243458881	6.500%	1/03/20	77.42	77.42	1.000	0.00	6.50
2,109.6200	RICKERTSEN K P/N CUSIP: 243459013	6.500%	2/26/21	2,109.62	2,109.62	1.000	0.02	6.50
4,280.6900	RICKERTSEN K P/N CUSIP: 243460009	7.250%	8/27/21	4,280.69	4,280.69	1.000	0.03	7.25
1,738.4200	RIVERA C P/N CUSIP: 243460121	6.000%	3/12/21	1,738.42	1,738.42	1.000	0.01	6.00
466.7100	RIVERA C P/N CUSIP: 243459751	7.500%	3/27/20	466.71	466.71	1.000	0.00	7.50
2,001.9200	RODRIGUEZ E P/N CUSIP: 243459977	7.250%	7/16/21	2,001.92	2,001.92	1.000	0.02	7.25
1,013.0000	SARATH S P/N CUSIP: 243460205	6.750%	12/18/20	1,013.00	1,013.00	1.000	0.01	6.75
885.7000	SARATH S P/N CUSIP: 243460028	7.250%	9/11/20	885.70	885.70	1.000	0.01	7.25
685.5800	SCHULZ P P/N CUSIP: 243458597	6.250%	3/11/22	685.58	685.58	1.000	0.01	6.25
915.3300	SCHULZ P P/N CUSIP: 243459753	7.500%	1/27/23	915.33	915.33	1.000	0.01	7.50
95.9300	SHIELDS J P/N CUSIP: 243457142	5.250%	1/31/20	95.93	95.93	1.000	0.00	5.25
1,245.8600	STEURER J P/N CUSIP: 243459545	7.250%	12/04/20	1,245.86	1,245.86	1.000	0.01	7.25
1,000.0000	STOLLER J P/N CUSIP: 243460279	6.750%	4/22/22	1,000.00	1,000.00	1.000	0.01	6.75



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1,149.3100	STOLLER J P/N CUSIP: 243459953	7.500%	7/30/21	1,149.31	1,149.31	1.000	0.01	7.50
1,000.0000	STRAMEL K P/N CUSIP: 243460286	6.750%	12/27/24	1,000.00	1,000.00	1.000	0.01	6.75
1,745.6000	TSCHANTZ B P/N CUSIP: 243460084	7.000%	10/07/22	1,745.60	1,745.60	1.000	0.01	7.00
502.9000	TSCHANTZ B P/N CUSIP: 243459521	7.250%	11/06/20	502.90	502.90	1.000	0.00	7.25
409.8000	VANGALDER B P/N CUSIP: 243459666	7.500%	1/31/20	409.80	409.80	1.000	0.00	7.50
1,518.7500	VANGALDER B P/N CUSIP: 243459912	7.500%	7/03/20	1,518.75	1,518.75	1.000	0.01	7.50
1,361.9700	WALKER A P/N CUSIP: 243459922	7.500%	10/22/21	1,361.97	1,361.97	1.000	0.01	7.50
505.0600	WALKER M P/N CUSIP: 243459432	7.000%	8/28/20	505.06	505.06	1.000	0.00	7.00
868.8700	WALKER M P/N CUSIP: 243459907	7.500%	7/19/19	868.87	868.87	1.000	0.01	7.50
1,199.1800	WIEDRICH B P/N CUSIP: 243458755	6.250%	10/23/20	1,199.18	1,199.18	1.000	0.01	6.25
129.8400	WIEDRICH B P/N CUSIP: 243458945	6.500%	1/31/20	129.84	129.84	1.000	0.00	6.50
5,303.0900	WILLIAMS K P/N CUSIP: 243459214	6.750%	6/02/23	5,303.09	5,303.09	1.000	0.04	6.75
2,642.1100	WILLIAMS K P/N CUSIP: 243459809	7.500%	4/05/24	2,642.11	2,642.11	1.000	0.02	7.50
595.9400	WILLIAMS K P/N CUSIP: 243459780	7.500%	4/10/20	595.94	595.94	1.000	0.01	7.50
920.6200	WOLTERS J P/N CUSIP: 243459715	7.500%	2/26/21	920.62	920.62	1.000	0.01	7.50



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842.5000	WRIGHT S P/N CUSIP: 243460003	842.50	842.50	1.000	0.01	7.25
TOTAL MORTGAGES AND NOTES		273,107.65	273,107.65		2.03	6.87
CASH						
5,477.04	CASH	5,477.04	5,477.04	1.00	0.04	0.00
TOTAL CASH		5,477.04	5,477.04		0.04	0.00
TOTAL ASSETS		11,912,175.23	13,452,705.72		100.00	1.99