

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: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>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.	09/28/2021	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 (2020)
v. 200204

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	5 888
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) 718 6a(2) 383 6b 17 6c 188 6d 588 6e 0 6f 588 6g 526 6h 3
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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan 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	17034	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> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan 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	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)	194105	245689
(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)	273108	183025
(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)	12980016	12555376
(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	13452706 12984090
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	13452706 12984090

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	384570
	(B) Participants	2a(1)(B)	953312
	(C) Others (including rollovers).....	2a(1)(C)	2561
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1340443
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1061
	(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)	15074
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	16135
(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)	166399
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	166399
(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)		1455386
c Other income	2c		853
d Total income. Add all income amounts in column (b) and enter total.....	2d		2979216

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3430798	
(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)		3430798
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)	17034	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		17034
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3447832

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-468616
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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

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

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

(1) Name: **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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
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	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): 06-1271230		
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) 2020 v. 200204		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Data Dimensions LLC 401(k) Plan

Financial Statements and
Supplementary Information

December 31, 2020 and 2019

Data Dimensions LLC 401(k) Plan

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December 31, 2020 and 2019

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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, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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 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, 2020 and 2019, and for the year ended December 31, 2020, 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, 2020, 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.

A handwritten signature in black ink that reads "Baker Tilly US, LLP". The signature is written in a cursive, flowing style.

Janesville, Wisconsin
August 31, 2021

Data Dimensions LLC 401(k) Plan

Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Assets		
Investments at fair value	\$ 12,801,065	\$ 13,174,121
Receivables:		
Notes receivable from participants	183,025	273,108
Cash and cash equivalents	<u>-</u>	<u>5,477</u>
Total assets	12,984,090	13,452,706
Liabilities		
Excess contributions payable	<u>23,692</u>	<u>-</u>
New assets available for benefits	<u>\$ 12,960,398</u>	<u>\$ 13,452,706</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, 2020

Additions

Investment income:

Net appreciation in fair value of investments	\$ 1,456,239
Interest and dividends	<u>167,460</u>

Total investment income	<u>1,623,699</u>
-------------------------	------------------

Interest income on notes receivable from participants	<u>15,074</u>
---	---------------

Contributions:

Participants	929,620
Company	384,570
Rollovers	<u>2,561</u>

Total contributions	<u>1,316,751</u>
---------------------	------------------

Total additions	<u>2,955,524</u>
-----------------	------------------

Deductions

Benefits paid to participants	3,430,798
Administrative expenses	<u>17,034</u>

Total deductions	<u>3,447,832</u>
------------------	------------------

Net decrease	(492,308)
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Net Assets Available for Benefits

Beginning of year	<u>13,452,706</u>
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End of year	<u>\$ 12,960,398</u>
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Data Dimensions LLC 401(k) Plan

Notes to Financial Statements
December 31, 2020 and 2019

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 50 percent of the first 6 percent of eligible compensation that a participant contributes to the Plan. The discretionary Company matching contributions totaled \$384,570 for the year ended December 31, 2020.

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, 2020 and 2019

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, 2020, 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, 2020 and 2019, forfeited nonvested accounts totaled \$0. These accounts are used to pay Plan expenses. During 2020, no forfeitures were used to pay Plan expenses.

Data Dimensions LLC 401(k) Plan

Notes to Financial Statements
December 31, 2020 and 2019

CARES Act

On March 27, 2020, the Coronavirus Aid Relief and Economic Security Act (CARES Act) was signed in law. This aid package was designed to help the economy from the effects of the coronavirus pandemic, several of the provisions of CARES Act affected employee benefit plans. The provisions of the CARES Act were optional. During 2020, the Plan has opted into the following provisions of the CARES Act:

- Hardship distributions - Qualified plan participants were permitted to take a coronavirus-related distribution of up to \$100,000 from the Plan without a 10 percent early withdrawal penalty. Eligible distributions were permitted to be taken up till December 31, 2020. Distributions may be repaid within three years or a participant may elect these distributions to be included in taxable income on a pro rata basis over three years.
- Participant loans - Participants with loans outstanding were permitted to defer payment on the loans that were due during 2020 to after January 1, 2021.
- Required minimum distributions (RMDs) - A temporary waiver of required minimum distributions rules permitted participants to suspend their RMDs for 2020.

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, 2020 and 2019. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Data Dimensions LLC 401(k) Plan

Notes to Financial Statements
December 31, 2020 and 2019

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2020 excess contributions to the applicable participants before March 15, 2021.

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. Management has adopted the provisions of this new standard for the year ended December 31, 2020.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through August 31, 2021, the date that the financial statements were available to be issued.

Effective July 21, 2021, the Plan was restated to allow employees of WorkCompEDI, WCEDI LLC, and ANDA Systems, LLC, other than leased employees, students, interns and seasonal employees, to become eligible employees of the Plan on January 1, 2022, provided the Plan's regular eligibility requirements are met; and to exclude rollover contributions when determining a participant's vested account balance for purposes of the involuntary cash-out threshold; as well as to formally incorporate recent regulatory and legislative updates.

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.

Data Dimensions LLC 401(k) Plan

Notes to Financial Statements
December 31, 2020 and 2019

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

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, 2020 and 2019:

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 245,689	\$ -	\$ -	\$ 245,689
Mutual funds	12,555,376	-	-	12,555,376
Total investments at fair value	<u>\$ 12,801,065</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 12,801,065</u>

Data Dimensions LLC 401(k) Plan

Notes to Financial Statements
December 31, 2020 and 2019

	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>

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 \$0 and \$5,963 as of December 31, 2020 and 2019, respectively.

6. Related Party and Party In Interest Transactions

Certain of the Plan's investments are managed by the trustee, and therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investments, 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.

Data Dimensions LLC 401(k) Plan

Notes to Financial Statements
December 31, 2020 and 2019

8. Tax Status

The Plan adopted a volume submitter plan offered by Johnson Bank. The volume submitter plan received an advisory 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, 2020 and December 31, 2019, 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 2020 and 2019. 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, 2020 and 2019, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2020, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020.

11. Reconciliation of Financial Statements to Schedule H Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the net assets reported on the 2020 Form 5500 Schedule H, Part I:

	<u>2020</u>	<u>2019</u>
Net assets available for benefits per the financial statements	\$ 12,960,398	\$ 13,452,706
Excess contributions refundable	<u>23,692</u>	<u>-</u>
Net assets available for benefits as reported on Form 5500	<u>\$ 12,984,090</u>	<u>\$ 13,452,706</u>

Data Dimensions LLC 401(k) Plan

Notes to Financial Statements
December 31, 2020 and 2019

The following is a reconciliation of the net increase in net assets available for benefits reported in the financial statements to the net gain reported on the 2020 Form 5500, Schedule H, Part II:

Net decrease in net assets available for benefits reported in the financial statements	\$ (492,308)
Current year excess contributions payable	<u>23,692</u>
Net loss as reported on Form 5500	<u>\$ (468,616)</u>

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, 2020

(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	\$ 245,689
	Mutual Funds			
	Artisan	Artisan International Fund	N/R	414,951
	Buffalo Growth	Cohen and Steers Instl Rlty SH	N/R	25,469
	Dodge & Cox	Dodge & Cox International Stock Fund	N/R	257,015
	FMI Funds	FMI Large Cap Fund	N/R	371,867
	Invesco	Invesco Emerging Markets All Cap Fund	N/R	11,814
	Loomis Sayles Funds	Loomis Sayles Small Cap Growth-Ins	N/R	74,534
	Metropolitan West Funds	Metropolitan West Total Return Bond	N/R	749,172
	Principal	Principal Midcap Blend Fd In	N/R	818,082
	T Rowe Price	T Rowe Price Growth Stock Fund	N/R	1,087,720
	Franklin Templeton Investment Funds	Templeton Inst Foreign Sm Co	N/R	19,807
	Vanguard	Vanguard 500 Index Fund	N/R	777,461
	Vanguard	Vanguard Equity Income-AD	N/R	626,571
	Vanguard	Vanguard Intl Growth Fund	N/R	68,454
	Vanguard	Vanguard LifeStrategy Growth Fund	N/R	111,117
	Vanguard	Vanguard LifeStrategy Cons Gr	N/R	46,453
	Vanguard	Vanguard LifeStrategy Income	N/R	42,185
	Vanguard	Vanguard LifeStrategy Mod Growth	N/R	544,141
	Vanguard	Vanguard Mid Cap Index-ADM	N/R	142,882
	Vanguard	Vanguard Short-term Bond Index	N/R	20,283
	Vanguard	Vanguard Small Cap Index ADM	N/R	89,506
	Vanguard	Vanguard Target Retirement 2015	N/R	19,690
	Vanguard	Vanguard Target Retirement 2020	N/R	55,907
	Vanguard	Vanguard Target Retirement 2025	N/R	620,144
	Vanguard	Vanguard Target Retirement 2030	N/R	659,168
	Vanguard	Vanguard Target Retirement 2035	N/R	968,783
	Vanguard	Vanguard Target Retirement 2040	N/R	139,644
	Vanguard	Vanguard Target Retirement 2045	N/R	1,054,615
	Vanguard	Vanguard Target Retirement 2050	N/R	433,992
	Vanguard	Vanguard Target Retirement 2055	N/R	933,937
	Vanguard	Vanguard Target Retirement 2060	N/R	190,858
	Virtus	Vanguard Target Retirement 2065	N/R	6,963
	Virtus	Vanguard Target Retirement Income	N/R	49,200
	Vanguard	Vanguard Total Stock Market-ADM	N/R	215,284
	Virtus	Virtus Ceredex M/C Val EQ-I	N/R	75,130
	Virtus	Virtus Ceredex S/C Val E Q - I	N/R	832,577
		Total mutual funds		12,555,376
*	Participant Loans	Interest rates: 5.25% - 7.50%	\$0	183,025
				<u>\$ 12,984,090</u>

* 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						

245,688.7900	SEI DAILY INC TREAS II PT-F CUSIP: 783965619	245,688.79	245,688.79	1.000	1.89	0.01
TOTAL MONEY MARKET FUNDS		245,688.79	245,688.79		1.89	0.01

EQUITY MUTUAL FUNDS						

11,989.3360	ARTISAN INTERNATIONAL FD-INV CUSIP: 04314H204	358,292.42	414,950.92	34.610	3.20	0.22
588.0650	COHEN & STEERS INSTL RLTY SH CUSIP: 19247U106	28,463.56	25,469.10	43.310	0.20	2.73
5,881.3480	DODGE & COX INTL STOCK FUND CUSIP: 256206103	221,710.87	257,014.91	43.700	1.98	1.85
19,070.1000	FMI LARGE CAP FUND CUSIP: 302933205	355,704.63	371,866.95	19.500	2.87	1.55
276.2870	INVESCO EMERGING MKTS ALL CAP FUND CUSIP: 00142R521	9,317.49	11,814.03	42.760	0.09	1.30
2,129.5370	LOOMIS SAYLES S/C GROWTH-INS CUSIP: 543487854	54,568.44	74,533.80	35.000	0.58	0.00
22,630.2120	PRINCIPAL MIDCAP FUND-INS CUSIP: 74253Q747	556,281.59	818,082.16	36.150	6.30	0.00
11,215.9210	T ROWE PR GROWTH STOCK-I CUSIP: 741479406	667,139.72	1,087,720.02	96.980	8.38	0.71
860.0540	TEMPLETON INST FOREIGN SM CO CUSIP: 880210877	18,399.83	19,807.04	23.030	0.15	0.97
7,898.2910	VANGUARD EQUITY INCOME-AD CUSIP: 921921300	602,936.67	626,571.43	79.330	4.83	2.70
427.0620	VANGUARD INTL GROWTH FUND AD CUSIP: 921910501	54,802.52	68,453.77	160.290	0.53	0.31



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2,761.3500	VANGUARD LIFE STRATEGY GROWTH CUSIP: 921909503	97,633.94	111,116.72	40.240	0.86	1.86
17,192.4410	VANGUARD LIFESTRAT MOD GROW CUSIP: 921909404	439,757.16	544,140.76	31.650	4.19	2.05
557.2610	VANGUARD MID CAP INDEX-ADM CUSIP: 922908645	108,677.14	142,881.72	256.400	1.10	1.44
960.1540	VANGUARD SMALL-CAP INDEX-ADM CUSIP: 922908686	74,639.13	89,505.56	93.220	0.69	1.14
1,251.7610	VANGUARD TARGET RETIRE 2015 CUSIP: 92202E300	17,886.66	19,690.20	15.730	0.15	2.41
37,410.9610	VANGUARD TARGET RETIRE 2045 CUSIP: 92202E607	757,841.54	1,054,614.99	28.190	8.12	1.96
18,928.5970	VANGUARD TARGET RETIRE 2055 CUSIP: 92202E847	710,209.11	933,936.98	49.340	7.19	1.88
4,378.5190	VANGUARD TARGET RETIRE 2060 CUSIP: 92202E839	156,273.35	190,859.64	43.590	1.47	1.85
253.2000	VANGUARD TARGET RETIRE 2065 CUSIP: 92202E680	6,012.55	6,963.00	27.500	0.05	1.66
1,630.4230	VANGUARD TG RETIREMENT 2020 CUSIP: 92202E805	50,115.22	55,907.20	34.290	0.43	2.30
28,790.3460	VANGUARD TG RETIREMENT 2025 CUSIP: 92202E409	508,813.81	620,144.05	21.540	4.78	2.19
16,255.6920	VANGUARD TG RETIREMENT 2030 CUSIP: 92202E888	522,067.72	659,168.31	40.550	5.08	2.14
38,413.2650	VANGUARD TG RETIREMENT 2035 CUSIP: 92202E508	743,538.24	968,782.54	25.220	7.46	2.08
3,154.3790	VANGUARD TG RETIREMENT 2040 CUSIP: 92202E870	119,984.31	139,644.36	44.270	1.08	2.01
9,548.7750	VANGUARD TG RETIREMENT 2050 CUSIP: 92202E862	332,354.98	433,991.82	45.450	3.34	1.93



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2,272.3660	VANGUARD TOT STK MKT-ADM CUSIP: 922908728	183,846.04	215,283.95	94.740	1.66	1.41
2,243.3010	VANGUARD 500 INDEX FUND-ADM CUSIP: 922908710	511,160.81	777,460.83	346.570	5.99	1.53
85,043.5670	VIRTUS CEREDX S/C VAL EQ-R6 CUSIP: 92837X665	843,550.24	832,576.52	9.790	6.41	0.68
6,049.0790	VIRTUS CEREDX M/C VAL EQ-R6 CUSIP: 92837F441	76,941.99	75,129.56	12.420	0.58	0.90
TOTAL EQUITY MUTUAL FUNDS		9,188,921.68	11,648,082.84		89.71	1.53
FIXED INCOME MUTUAL FUNDS						
67,010.0380	METROPOLITAN WEST T/R BOND-I CUSIP: 592905509	727,040.11	749,172.22	11.180	5.77	1.89
2,049.0750	VANGUARD LIFESTRATEGY CONS GR #724 CUSIP: 921909305	39,797.73	46,452.53	22.670	0.36	2.18
2,438.4560	VANGUARD LIFESTRATEGY INCOME CUSIP: 921909206	38,286.55	42,185.29	17.300	0.33	2.32
1,865.9950	VANGUARD S/T BOND INDEX-ADM CUSIP: 921937702	19,868.01	20,283.37	10.870	0.16	1.84
3,295.3720	VANGUARD TARGET RETIRE INC CUSIP: 92202E102	43,465.46	49,199.90	14.930	0.38	1.99
TOTAL FIXED INCOME MUTUAL FUNDS		868,457.86	907,293.31		6.99	1.93
MORTGAGES AND NOTES						
664.8800	LOM C P/N 7.500% 11/18/22 CUSIP: 243459617	664.88	664.88	1.000	0.01	7.50
619.7400	BARNET J P/N 7.250% 12/22/22 CUSIP: 243459537	619.74	619.74	1.000	0.01	7.25



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2,611.6300	BERNARD E P/N CUSIP: 243460434	5.250%	4/04/25	2,611.63	2,611.63	1.000	0.02	5.25
4,489.9300	BERNARD E P/N CUSIP: 243460589	5.250%	8/22/25	4,489.93	4,489.93	1.000	0.04	5.25
1,588.5300	BLACKBURN-SCHYVINCK CUSIP: 243459822	7.500%	4/19/24	1,588.53	1,588.53	1.000	0.01	7.50
1,266.9400	BLAINE J P/N CUSIP: 243459937	7.500%	7/12/24	1,266.94	1,266.94	1.000	0.01	7.50
914.3500	BLUHM T P/N CUSIP: 243460450	5.25%	4/18/25	914.35	914.35	1.000	0.01	5.25
979.9900	BLUHM T P/N CUSIP: 243460695	5.250%	11/14/25	979.99	979.99	1.000	0.01	5.25
3,496.7300	BREWER S P/N CUSIP: 243459681	7.500%	2/09/24	3,496.73	3,496.73	1.000	0.03	7.50
0.3000	BUSHEY S P/N CUSIP: 243459721	7.500%	7/31/20	0.30	0.30	1.000	0.00	7.50
1,779.1300	CASEY M P/N CUSIP: 243460453	5.25%	5/06/22	1,779.13	1,779.13	1.000	0.01	5.25
85.8800	CASEY M P/N CUSIP: 243459944	7.500%	1/29/21	85.88	85.88	1.000	0.00	7.50
24,554.8700	DAVIS H P/N CUSIP: 243457705	5.500%	3/28/31	24,554.87	24,554.87	1.000	0.19	5.50
988.5800	DESUTTER J P/N CUSIP: 243460509	5.250%	7/01/22	988.58	988.58	1.000	0.01	5.25
391.9200	DESUTTER J P/N CUSIP: 243459958	7.500%	7/30/21	391.92	391.92	1.000	0.00	7.50
193.8300	EGGEN J P/N CUSIP: 243458973	6.500%	2/15/21	193.83	193.83	1.000	0.00	6.50
1,329.9000	EGGEN J P/N CUSIP: 243459765	7.500%	3/22/24	1,329.90	1,329.90	1.000	0.01	7.50



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2,096.0400	ESSER J P/N CUSIP: 243458350	5.750% 2/25/22 2,096.04	2,096.04	1.000	0.02	5.75
747.9500	ESSER J P/N CUSIP: 243458643	6.250% 9/09/22 747.95	747.95	1.000	0.01	6.25
1,189.9700	ESSER J P/N CUSIP: 243458743	6.250% 10/21/22 1,189.97	1,189.97	1.000	0.01	6.25
1,238.6900	ESSER J P/N CUSIP: 243458796	6.250% 11/18/22 1,238.69	1,238.69	1.000	0.01	6.25
1,477.6600	ESSER J P/N CUSIP: 243458998	6.500% 2/10/23 1,477.66	1,477.66	1.000	0.01	6.50
1,758.6600	ESSER J P/N CUSIP: 243458879	6.500% 12/30/22 1,758.66	1,758.66	1.000	0.01	6.50
1,173.0000	ESSER J P/N CUSIP: 243459163	6.750% 5/05/23 1,173.00	1,173.00	1.000	0.01	6.75
2,280.0900	ESSER J P/N CUSIP: 243459268	7.000% 6/30/23 2,280.09	2,280.09	1.000	0.02	7.00
1,426.4200	ESSER J P/N CUSIP: 243459335	7.000% 7/28/23 1,426.42	1,426.42	1.000	0.01	7.00
1,593.3200	ESSER J P/N CUSIP: 243459417	7.000% 9/08/23 1,593.32	1,593.32	1.000	0.01	7.00
1,016.6900	ESSER J P/N CUSIP: 243459448	7.250% 10/06/23 1,016.69	1,016.69	1.000	0.01	7.25
655.0600	ESSER J P/N CUSIP: 243459471	7.250% 10/06/23 655.06	655.06	1.000	0.01	7.25
609.2600	ESSER J P/N CUSIP: 243459513	7.250% 10/20/23 609.26	609.26	1.000	0.01	7.25
731.1200	ESSER J P/N CUSIP: 243459516	7.250% 10/20/23 731.12	731.12	1.000	0.01	7.25
682.1100	ESSER J P/N CUSIP: 243459524	7.250% 11/17/23 682.11	682.11	1.000	0.01	7.25



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SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
719.2100	ESSER J P/N CUSIP: 243459554	7.250% 12/01/23 719.21	719.21	1.000	0.01	7.25
949.2700	ESSER J P/N CUSIP: 243459564	7.250% 12/01/23 949.27	949.27	1.000	0.01	7.25
5,687.3200	ESSER J P/N CUSIP: 243459577	7.250% 12/01/23 5,687.32	5,687.32	1.000	0.04	7.25
681.5900	FISCHER A P/N CUSIP: 243458182	5.750% 12/31/21 681.59	681.59	1.000	0.01	5.75
476.5400	FOUTCH M P/N CUSIP: 243459975	7.250% 8/13/21 476.54	476.54	1.000	0.00	7.25
6,707.8600	FRETT N P/N 7.50% 7/12/24 CUSIP: 243459938	6,707.86	6,707.86	1.000	0.05	7.50
1,517.4300	GRAMS G P/N CUSIP: 243460666	5.250% 5/30/25 1,517.43	1,517.43	1.000	0.01	5.25
927.2200	GRAMS G P/N CUSIP: 243459960	7.500% 7/30/21 927.22	927.22	1.000	0.01	7.50
1,803.8400	HICKS K P/N CUSIP: 243460700	5.250% 11/28/25 1,803.84	1,803.84	1.000	0.01	5.25
2,782.2500	HINZ K P/N CUSIP: 243460347	6.750% 1/27/23 2,782.25	2,782.25	1.000	0.02	6.75
2,274.9300	HUMPHREY J P/N CUSIP: 243460657	5.250% 10/21/21 2,274.93	2,274.93	1.000	0.02	5.25
4,295.8700	HUMPHREY J P/N CUSIP: 243460569	5.250% 12/16/22 4,295.87	4,295.87	1.000	0.03	5.25
1,063.8900	JAMES N P/N CUSIP: 243460207	6.750% 11/29/24 1,063.89	1,063.89	1.000	0.01	6.75
4,463.5600	JAMES N P/N CUSIP: 243459947	7.500% 7/12/24 4,463.56	4,463.56	1.000	0.04	7.50
2,024.8600	KEENEY M P/N CUSIP: 243460399	6.750% 2/23/24 2,024.86	2,024.86	1.000	0.02	6.75



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SHARES/ PAR VALUE	DESCRIPTION			COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
1,249.3900	KNIGHT T P/N CUSIP: 243459357	7.000%	8/11/23	1,249.39	1,249.39	1.000	0.01	7.00
1,582.4700	KRUEGER J P/N CUSIP: 243458468	6.000%	5/20/22	1,582.47	1,582.47	1.000	0.01	6.00
3,744.7500	KRUEGER J P/N CUSIP: 243459791	7.500%	4/05/24	3,744.75	3,744.75	1.000	0.03	7.50
5,792.9800	LINDGREN N P/N CUSIP: 243460417	6.250%	3/11/22	5,792.98	5,792.98	1.000	0.05	6.25
4,068.1600	MAAG B P/N CUSIP: 243458422	6.000%	4/08/22	4,068.16	4,068.16	1.000	0.03	6.00
2,537.5200	MAAG B P/N CUSIP: 243458630	6.250%	8/26/22	2,537.52	2,537.52	1.000	0.02	6.25
4,236.7300	MAAG B P/N CUSIP: 243459181	6.750%	5/19/23	4,236.73	4,236.73	1.000	0.03	6.75
5,516.9400	MAAG B P/N CUSIP: 243459411	7.000%	9/08/23	5,516.94	5,516.94	1.000	0.04	7.00
2,225.0600	MANN D P/N CUSIP: 243460683	5.250%	11/04/22	2,225.06	2,225.06	1.000	0.02	5.25
1,388.8700	MANN D P/N CUSIP: 243460198	6.750%	12/17/21	1,388.87	1,388.87	1.000	0.01	6.75
6,580.6900	MCDONALD H P/N CUSIP: 243459447	7.250%	9/05/25	6,580.69	6,580.69	1.000	0.05	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
2,910.6600	MILLER C P/N CUSIP: 243460658	5.250%	10/21/22	2,910.66	2,910.66	1.000	0.02	5.25
4,879.4900	OLMSTEAD N P/N CUSIP: 243460687	5.250%	11/15/24	4,879.49	4,879.49	1.000	0.04	5.25
547.2900	RIVERA C P/N CUSIP: 243460474	5.250%	6/04/21	547.29	547.29	1.000	0.01	5.25



555 Main Street Suite 300
Racine, WI 53403

Schedule H, line 4i

ACCOUNT NUMBER
752964701

ASSET STATEMENT
AS OF 12/31/20
DATA DIMENSIONS LLC 401(K) PLAN

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SHARES/ PAR VALUE	DESCRIPTION			COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
276.9200	RIVERA C P/N CUSIP: 243460121	6.000%	3/12/21	276.92	276.92	1.000	0.00	6.00
703.4600	RODRIGUEZ E P/N CUSIP: 243459977	7.250%	7/16/21	703.46	703.46	1.000	0.01	7.25
4,597.7000	SIKKEMA M P/N CUSIP: 243460623	5.250%	10/20/23	4,597.70	4,597.70	1.000	0.04	5.25
5,922.3700	SPANGLER J P/N CUSIP: 243460367	6.750%	1/24/25	5,922.37	5,922.37	1.000	0.05	6.75
586.8000	STOLLER J P/N CUSIP: 243460279	6.750%	4/22/22	586.80	586.80	1.000	0.01	6.75
423.8500	STOLLER J P/N CUSIP: 243459953	7.500%	7/30/21	423.85	423.85	1.000	0.00	7.50
5,722.3200	WALMER M P/N CUSIP: 243460676	5.250%	11/03/23	5,722.32	5,722.32	1.000	0.05	5.25
2,841.6300	WARE A P/N CUSIP: 243460702	5.250%	1/23/23	2,841.63	2,841.63	1.000	0.02	5.25
4,277.4000	WIEDRICH B P/N CUSIP: 243460707	5.250%	7/25/25	4,277.40	4,277.40	1.000	0.03	5.25
9,402.5700	WIEDRICH B P/N CUSIP: 243460567	5.250%	8/08/25	9,402.57	9,402.57	1.000	0.07	5.25
TOTAL MORTGAGES AND NOTES				183,025.19	183,025.19		1.41	6.20
TOTAL ASSETS				10,486,093.52	12,984,090.13		100.00	1.59