

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>ARAGRA 401(K) PLAN</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>ARAGRA TECHNOLOGIES CORPORATION</u> <u>750 TRUMBULL DRIVE</u> <u>PITTSBURGH, PA 15205</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>08/10/2013</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>46-2793780</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>412-278-5200</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>541519</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/10/2013</u>		2b Employer Identification Number (EIN) <u>46-2793780</u>		2c Plan Sponsor's telephone number <u>412-278-5200</u>		2d Business code (see instructions) <u>541519</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
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2d Business code (see instructions) <u>541519</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.	09/14/2022	PRANAY AMIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/14/2022	PRANAY AMIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 326
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) 230 6a(2) 207 6b 0 6c 41 6d 248 6e 0 6f 248 6g 188 6h 6
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 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan ARAGRA 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ARAGRA TECHNOLOGIES CORPORATION	D Employer Identification Number (EIN) 46-2793780

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	915956-01	23	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 374	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ALEXANDER KLINE
CAMBRIDGE INVESTMENT RESEARCH INC.
368 BUTLER STREET 3RD FL
PITTSBURGH, PA 15223

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
374	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	90944
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b	Balance at the end of the previous year	7b	412206
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c	Additions: (1) Contributions deposited during the year	7c(1)	15866	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	1596	
	(4) Transferred from separate account.....	7c(4)	426	
	(5) Other (specify below)	7c(5)	2049	

▶ **LOAN REPAYMENT(S), FORFEITURES**

(6) Total additions	7c(6)	19937
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	432143
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	339673	
	(2) Administration charge made by carrier.....	7e(2)	1512	
	(3) Transferred to separate account.....	7e(3)	14	
	(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	341199
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	90944
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ARAGRA 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ARAGRA TECHNOLOGIES CORPORATION	D Employer Identification Number (EIN) 46-2793780	

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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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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)

DUNCAN ACCOUNTING & TAX SERVICES, I

311 MAIN STREET, SUITE 2
IRWIN, PA 15642

61-1959547

(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?
13	NONE	8113	Yes ☒ No ☐	Yes ☒ No ☐	5870	Yes ☐ No ☒

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

GREAT WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

(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?
64	RECORDKEEPER	47737	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CAMBRIDGE INVESTMENT RESEARCH INC.

1776 PLEASANT PLAIN RD
FAIRFIELD, IA 52556

42-1445429

(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?
55	BROKER/ADVISE R	0	Yes ☒ No ☐	Yes ☐ No ☒	24265	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
CAMBRIDGE INVESTMENT RESEARCH INC	55	24265

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 84-0467907	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DUNCAN ACCOUNTING & TAX SERVICES IN	13	5870

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 84-0467907	TPA ALLOWANCE PAYMENT

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

A Name of plan <u>ARAGRA 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ARAGRA TECHNOLOGIES CORPORATION</u>	D Employer Identification Number (EIN) <u>46-2793780</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH_INDEX_AGG_2025_FD_R1</u>		
b Name of sponsor of entity listed in (a): <u>AST WILMINGTON TRUST</u>		
c EIN-PN <u>47-2275031-213</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10338</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH_INDEX_AGG_2035_FD_R1</u>		
b Name of sponsor of entity listed in (a): <u>AST WILMINGTON TRUST</u>		
c EIN-PN <u>47-2468898-216</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28892</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH_INDEX_AGG_2045_FD_R1</u>		
b Name of sponsor of entity listed in (a): <u>AST WILMINGTON TRUST</u>		
c EIN-PN <u>47-2503540-219</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>49825</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH_INDEX_AGG_2055_FD_R1</u>		
b Name of sponsor of entity listed in (a): <u>AST WILMINGTON TRUST</u>		
c EIN-PN <u>47-2554270-222</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>51745</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH_INDEX_AGG RETIRE R1</u>		
b Name of sponsor of entity listed in (a): <u>AST WILMINGTON TRUST</u>		
c EIN-PN <u>47-2238264-210</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>110</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH INDEX CON 2025 FD R1</u>		
b Name of sponsor of entity listed in (a): <u>AST WILMINGTON TRUST</u>		
c EIN-PN <u>47-2458234-215</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>34007</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH INDEX CON 2035 FD R1</u>		
b Name of sponsor of entity listed in (a): <u>AST WILMINGTON TRUST</u>		
c EIN-PN <u>47-2491300-218</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11681</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX CON 2045 FD R1**

b Name of sponsor of entity listed in (a): **AST WILMINGTON TRUST**

c EIN-PN 47-2529162-221	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5585
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX CON 2055 FD R1**

b Name of sponsor of entity listed in (a): **AST WILMINGTON TRUST**

c EIN-PN 47-2575758-224	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53611
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX CON RETIRE R1**

b Name of sponsor of entity listed in (a): **AST WILMINGTON TRUST**

c EIN-PN 47-2264760-212	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25980
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX MOD RETIRE R1**

b Name of sponsor of entity listed in (a): **AST WILMINGTON TRUST**

c EIN-PN 47-2248665-211	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 172
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX MOD 2025 FD R1**

b Name of sponsor of entity listed in (a): **AST WILMINGTON TRUST**

c EIN-PN 47-2285799-214	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 892777
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX MOD 2035 FD R1**

b Name of sponsor of entity listed in (a): **AST WILMINGTON TRUST**

c EIN-PN 47-2478524-217	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 409912
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX MOD 2045 FD R1**

b Name of sponsor of entity listed in (a): **AST WILMINGTON TRUST**

c EIN-PN 47-2516187-220	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 401488
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX MOD 2055 FD R1**

b Name of sponsor of entity listed in (a): **AST WILMINGTON TRUST**

c EIN-PN 47-2563528-223	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 570757
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ARAGRA 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ARAGRA TECHNOLOGIES CORPORATION	D Employer Identification Number (EIN) 46-2793780	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	138815	194583
(2) Participant contributions.....	1b(2)	17694	1083
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1501	797
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	107727	88683
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5941740	5908079
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	410705	90147
(15) Other.....	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 0	0
(2)	Employer real property.....	1d(2) 0	0
e	Buildings and other property used in plan operation	1e 0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f 6618182	6283372

Liabilities

g	Benefit claims payable	1g 0	0
h	Operating payables	1h 117	881
i	Acquisition indebtedness.....	1i 0	0
j	Other liabilities.....	1j 0	0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 117	881

Net Assets

l	Net assets (subtract line 1k from line 1f)	1l 6618065	6282491
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 194583	
	(B) Participants	2a(1)(B) 497486	
	(C) Others (including rollovers).....	2a(1)(C) 272160	
(2)	Noncash contributions.....	2a(2) 0	964229
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 4	
	(B) U.S. Government securities	2b(1)(B) 0	
	(C) Corporate debt instruments	2b(1)(C) 0	
	(D) Loans (other than to participants)	2b(1)(D) 0	
	(E) Participant loans.....	2b(1)(E) 4694	
	(F) Other	2b(1)(F) 0	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	4698
(2)	Dividends: (A) Preferred stock.....	2b(2)(A) 0	
	(B) Common stock	2b(2)(B) 0	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 0	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 0	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 0	
	(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) 0	
	(B) Other	2b(5)(B) 0	
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		1591
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		846859
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1817377
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	642571	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		642571
f Corrective distributions (see instructions).....	2f		590
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	48137	
(4) Other.....	2i(4)	7651	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		55788
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		698949
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1118428
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		1454002

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: LOUIS PLUNG & COMPANY, LLP

(2) EIN: 25-1637458

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		1083

	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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n	X		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
NHI MECHANICAL MOTION LLC 401(K) PLAN	84-3532662	001

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

ARAGRA 401(k) PLAN

**FINANCIAL STATEMENTS,
SUPPLEMENTAL INFORMATION AND
INDEPENDENT AUDITORS' REPORT
December 31, 2021 and 2020**

ARAGRA 401(k) PLAN

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INDEPENDENT AUDITORS' REPORT

To the Trustees of the
Aragra 401(k) Plan:

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

We have performed an audit of the accompanying financial statements of Aragra 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Aragra 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion on the 2021 Financial Statements

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

- The amounts and disclosures in the 2021 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Aragra 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Aragra 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Aragra 401(k) Plans internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Aragra 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

2021 Supplemental Schedule Required by ERISA

The supplemental schedules as listed in the accompanying table of contents, as of or for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Aragra 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated July 28, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Pittsburgh, Pennsylvania
September 9, 2022

ARAGRA 401(k) PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
December 31, 2021 and 2020**ASSETS**

	<u>2021</u>	<u>2020</u>
Cash, interest bearing	\$ 797	\$ 1,501
Investments:		
Investments at fair value	5,908,079	5,941,740
Investments at contract value	<u>90,147</u>	<u>410,705</u>
Total investments	<u>5,998,226</u>	<u>6,352,445</u>
Receivables:		
Participant contributions	1,083	17,694
Employer contributions	194,583	138,815
Notes receivable from participants	<u>88,683</u>	<u>107,727</u>
Total receivables	<u>284,349</u>	<u>264,236</u>
TOTAL ASSETS	<u>\$ 6,283,372</u>	<u>\$ 6,618,182</u>

LIABILITIES

Operating payable	\$ <u>881</u>	\$ <u>117</u>
TOTAL LIABILITIES	<u>881</u>	<u>117</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 6,282,491</u>	<u>\$ 6,618,065</u>

The accompanying notes are an integral part of these financial statements.

ARAGRA 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Interest on guaranteed investment contract	\$ 4	\$ 4,242
Net appreciation in fair value of investments and realized gains and losses	848,450	817,567
Interest income on notes receivable from participants	4,694	5,305
Contributions:		
Participant	497,486	504,868
Employer	194,583	138,815
Rollovers	272,160	-
Other	-	247
Total contributions	<u>964,229</u>	<u>643,930</u>
Total additions	<u>1,817,377</u>	<u>1,471,044</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	642,571	575,029
Corrective distributions	590	-
Administrative expenses	<u>55,788</u>	<u>56,872</u>
Total deductions	<u>698,949</u>	<u>631,901</u>
Net increase before transfers of plan assets	1,118,428	839,143
Transfers of plan assets	<u>(1,454,002)</u>	<u>-</u>
Net increase (decrease)	(335,574)	839,143
NET ASSETS AVAILABLE FOR BENEFITS -		
Beginning of year	<u>6,618,065</u>	<u>5,778,922</u>
NET ASSETS AVAILABLE FOR BENEFITS -		
END OF YEAR	<u>\$ 6,282,491</u>	<u>\$ 6,618,065</u>

The accompanying notes are an integral part of these financial statements.

ARAGRA 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of the Aragra 401(k) Plan (the "Plan"), formally known as Ansen Corporation 401(k) Plan until the Plan was amended to change effective July 1, 2020, 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 contributory defined contribution plan of Aragra Technologies Corporation (the "Holding Company") covering all employees of its affiliates, Ansen Corporation, Innovative Electronics Corporation (IEC), Sunburst Electronics (Sunburst), Accudynamics, LLC (Accudynamics), and AB Electronics, LLC (AB Electronics) (collectively, the "Company") who have completed one year of service and are 20 ½ years of age or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is a Duncan Financial Group, LLC defined contribution prototype plan.

Effective January 1, 2021, the Plan was amended to include all employees of AB Electronics, a wholly owned subsidiary of the Holding Company. If any employee of AB Electronics, is employed on January 1, 2021, the entry date requirement will be waived, and the employee will be eligible to participate in the Plan.

Effective January 1, 2021, the Plan was amended to eliminate Accudynamics from the Plan as it was no longer a wholly owned subsidiary of the Holding Company. The Plan was amended on December 17, 2020, for the Plan to not make a discretionary employer matching contribution to the participants of Accudynamics, LLC for 2020. On March 31, 2021, all of Accudynamics employees' account balances were transferred out of the Plan. Total transfers of \$1,454,002 are shown as transfers of plan assets on the statements of changes in net assets available for benefit.

The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) which change the Plan to, among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for required minimum distributions.

On December 20, 2019, the Setting Every Community Up for Retirement Enhancement (the "SECURE") Act was signed into legislation. The SECURE Act expands retirement access to both employers and employees by changing the rules with respect to required minimum distributions among others. The SECURE Act includes both required and optional provisions, some of which became effective immediately, and others with various effective dates beginning after December 31, 2019.

During 2022, the Plan was amended to formally adopt the requirements of the CARES Act and the SECURE Act.

Contributions - Participants may contribute any percentage of pre-tax annual compensation, as defined in the Plan document, up to the annual limitation specified by the Internal Revenue Code ("IRC") of \$19,500 for 2021 and 2020. Employer matching contributions are based upon a discretionary percentage of participants' elective deferrals. For 2021 and 2020, the Company's match on deferrals was 50% of the first 6% of deferrals. The Company may also contribute a discretionary profit-sharing contribution to be contributed to the participants' accounts. During 2021 and 2020, there was no

ARAGRA 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

discretionary profit sharing contribution. The Plan also allows rollover contributions from other qualified plans.

All participants who have attained age 50 before close of the Plan year are eligible to make additional elective deferrals in accordance with, and subject to the limitations of, IRC 414(v). The maximum additional elective deferral for 2021 and 2020 is limited to \$6,500.

The annual addition (which includes employee and employer contributions) that may be contributed or allocated to a participant's account under the Plan for any limitation year shall not exceed the lesser of \$58,000 and \$57,000 for 2021 and 2020, respectively, as adjusted for increases in the cost of living under Code Section 415(d), or 100% of the participant's compensation within the meaning of Code Section 415(c)(3), for the limitation year.

Participant Accounts - Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's discretionary matching and profit-sharing contributions (b) Plan earnings and losses, and (c) administrative expenses. Earnings and losses are allocated to the participant's account at the end of each day, based on the participant's account balance at the beginning of that day.

Investment Options - Participants may invest their voluntary contributions, rollover contributions and the Company's discretionary contributions (matching and profit sharing), plus actual earnings thereon into the various investment options maintained by Great-West Life & Annuity Insurance Company and Great West Trust Company, LLC (the "Custodians") at December 31, 2021 and 2020. The participant may change their investment election for new contributions and existing balances daily.

Vesting - Participants are vested immediately in their voluntary contributions plus actual earnings thereon. Prior to 2016, participants were vested immediately in all Company discretionary matching and profit sharing contributions. Effective January 1, 2016, the Company's discretionary match and profit sharing contribution portion of each participant's account is subject to the following vesting requirements:

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

Effective January 1, 2019, when computing years of service for vesting purposes, participants of Sunburst are credited with prior years of service at Sunburst.

Effective January 1, 2021, when computing years of service for vesting purposes, participants of AB Electronics, are credited with prior years of service at AB Electronics.

Payment of Benefits - A participant who has attained age 59½, incurred a hardship (as defined in the Plan document) or terminates employment may receive a disbursement from the Plan. The Plan provides for lump-sum distributions for retirement, permanent disability, death and termination of employment. Upon termination of employment, if the participant's account balance is \$1,000 or less, a participant will automatically receive a lump-sum payment, less applicable withholding taxes. If the participant's account balance is greater than \$1,000 and is less than \$5,000, a participant may only receive a lump-sum

ARAGRA 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

payment, less applicable withholding taxes. If the participant's account balance is greater than \$5,000, the participant may elect to either (a) receive an immediate lump-sum amount equal to the value of his/her account or (b) leave the account balance in the Plan until such time as the participant decides to withdraw the account balance but must begin withdrawing their funds once they reach the age of 72.

Notes Receivable from Participants - The Plan document allows participants to take notes, subject to certain restrictions, against their vested account balance at the request of the participant.

A participant may not borrow less than \$1,000. The maximum number of Plan notes available to participants at any time is two (2). The total of such notes from the Plan to a participant will not exceed the lesser of the following amounts:

- (a) \$50,000 or
- (b) an amount equal to 50% of any participant's current vested interest in their account.

Each note will bear interest at a fixed rate determined annually by the Plan Administrator. Notes are repayable over a specified period not to exceed five years. If, however, a note is to be used for the purchase of a participant's principal residence, a longer repayment term may be permitted.

Notes are secured by promissory notes providing for repayment of principal and interest through payroll deductions. As collateral for the note, the participant gives the Company a security interest in his/her vested accrued benefit in the Plan in an amount equal to the outstanding principal balance of the note plus accrued interest. In certain cases, additional collateral may be required.

Plan Administrative Expenses - Expenses incurred by the Plan Administrator and Custodians for their services and costs in administering the Plan may be paid out of the Plan; however, the Company may pay the Plan expenses directly. Certain fees related primarily to participant loan administration are paid directly by the participants by reducing the account balance of those participants initiating the transactions. The Plan paid administrative expenses of \$55,788 and \$56,872 for the years ended December 31, 2021 and 2020, respectively.

Forfeited Accounts - Forfeitures are used to reduce future employer contributions, reduce administrative expenses and to restore a participant's account after a break in service, in accordance with the Plan's provisions. Forfeited nonvested accounts totaled \$797 and \$1,501 for the years ended December 31, 2021 and 2020, respectively. During the year ended December 31, 2021 and 2020, respectively, forfeitures totaling \$1,501 and \$5,244 were used to reduce administrative expenses.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accounts of the Plan are maintained on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities as of

ARAGRA 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

the date of the financial statements and the reported amounts of additions and deductions in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Investments - Investments are reported at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Investment contracts are measured at contract value. Contract value is the amount that participants would receive if they were to initiate permitted transactions under terms of the Plan.

Net Appreciation in Fair Value of Investments - The Plan presents, in the statements of changes in net assets available for benefits, the net appreciation in the fair value of its investments, which consist of the realized gains and losses from sales of investments and unrealized appreciation of investments. The net change in unrealized appreciation in the fair value of investments is determined by the change in fair value from the beginning of the year or from date of the purchase to the end of the year.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan document.

New Accounting Pronouncements - During 2021 and 2020, various new Accounting Standard Updates (ASUs) were issued by the Financial Accounting Standards Board (FASB). The plan administrator of the Plan has determined, based on their review, that no new accounting pronouncements that were issued are applicable to the Plan. As new accounting pronouncements are released, management will assess if they are applicable, and if they are applicable, their effect will be included in the notes to the financial statements.

3. CASH, INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS (UNAUDITED)

At December 31, 2021 and 2020, the Plan's cash, investments and notes receivable from participants and executed transactions therein were held by the Custodians. The following is a summary of the Plan's financial information that is included in the financial statements and supplemental schedules based on information certified by the Custodians as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

At December 31, 2021 and 2020, the Plan's cash investments and notes receivable from participants consisted of the following:

	<u>2021</u>	<u>2020</u>
Cash, interest bearing (unaudited)	\$ <u>797</u>	\$ <u>1,501</u>
Mutual Funds (unaudited)		
American Century Small Cap Value R6	173,751	-
American Funds American Balanced R6	2,204	-
Baron Emerging Markets Institutional	<u>159,970</u>	<u>121,051</u>
Subtotal	\$ <u>335,925</u>	\$ <u>121,051</u>

ARAGRA 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

	<u>2021</u>	<u>2020</u>
Subtotal from page 10	\$ 335,925	\$ 121,051
BrandyWineGlobal High Yield I	30,485	-
Carillon Eagle Mid Cap Growth R6	289,522	-
Cohen & Steers Real Estate Securities	83,563	72,414
Columbia Overseas Value Instl 3	6,884	387
Fidelity Contrafund	12,039	585
Great-West Multi-Sector Bond Inst	475	-
Great-West T. Rowe Price Mid Cap GR Inst	-	240,728
Guggenheim Total Return Bond R6	8,279	73,829
Lord Abbett High Yield R6	-	25,631
MFS International Growth R6	285,400	288,068
PGIM Global Total Return R6	9,173	3,364
Putnam Growth Opportunities R6	402,953	324,794
T. Row Price Mid-Cap Value	197,905	-
Vanguard 500 Index Admiral	763,104	586,895
Vanguard Developed Markets Index Admiral	11,809	7,867
Vanguard Emerging Mkts Stock Idx Adm	2,579	152
Vanguard Equity Income Adm	430,427	311,592
Vanguard Interm-Term Investment-Grade AD	34,792	11,871
Vanguard Mid Cap Index Fund- Admiral	104,621	73,239
Vanguard Real Estate Index Admiral	3,006	-
Vanguard Selected Value Inv	-	120,761
Vanguard Small Cap Index Adm	178,414	128,427
Vanguard Small Cap Value Index Admiral	-	130,357
Vanguard Total Bond Market Index Admiral VBTL	109	-
Virtus KAR Small-Cap Growth R6	169,735	161,249
Total Mutual Funds	\$ <u>3,361,199</u>	\$ <u>2,683,261</u>
Collective Trust Funds (unaudited)		
Flexpath Index Aggressive 2025 R1	10,338	6,124
Flexpath Index Aggressive 2035 R1	28,892	2,299
Flexpath Index Aggressive 2045 R1	49,825	29,145
Flexpath Index Aggressive 2055 R1	51,745	22,836
Flexpath Index Aggressive Retire R1	110	-
Flexpath Index Conservative 2025 R1	34,007	13,328
Flexpath Index Conservative 2035 R1	11,681	4,656
Flexpath Index Conservative 2045 R1	5,585	535
Flexpath Index Conservative 2055 R1	53,611	22,171
Flexpath Index Conservative Retire R1	25,980	3,078
Flexpath Index Moderate 2025 R1	892,777	916,531
Flexpath Index Moderate 2035 R1	409,912	858,990
Flexpath Index Moderate 2045 R1	401,488	474,113
Flexpath Index Moderate 2055 R1	570,757	495,788
Flexpath Index Moderate Retire R1	172	408,885
Total Collective Trust Funds	\$ <u>2,546,880</u>	\$ <u>3,258,479</u>

ARAGRA 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

	<u>2021</u>	<u>2020</u>
Guaranteed Insurance Contract (unaudited)		
Key Guaranteed Portfolio Fund	\$ <u>90,147</u>	\$ <u>410,705</u>
Total Investments	\$ <u>5,998,226</u>	\$ <u>6,352,445</u>
Notes Receivable from Participants (unaudited)	\$ <u>88,683</u>	\$ <u>107,727</u>

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$848,450 and \$817,567 during the years ended December 31, 2021 and 2020, respectively.

The Plan's independent auditors did not perform auditing procedures with respect to cash investments and notes receivable from participants which were certified by the Custodians at December 31, 2021 and 2020, except for comparing such information to the related information included in the financial statements and supplemental schedules.

4. FAIR VALUE MEASUREMENTS

Accounting Standards Codification (ASC) Topic 820, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

- 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.

ARAGRA 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Valuation techniques used need to maximize the use of observable inputs 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, 2021 and 2020.

The Plan's mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the United States Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The collective trust funds are valued at net asset value (NAV) obtained directly from the fund house or other insurance provider. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily.

The Plan's investments at fair value, within the fair value hierarchy, are as follows as of December 31, 2021 and 2020:

<u>December 31, 2021</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments Measured at Net Asset Value (a)				
Collective Trust Funds	\$ -	\$ -	\$ -	\$ 2,546,880
Mutual Funds	<u>3,361,199</u>	<u>-</u>	<u>-</u>	<u>3,361,199</u>
Totals	<u>\$ 3,361,199</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,908,079</u>

December 31, 2020

Investments Measured at Net Asset Value (a)				
Collective Trust Funds	\$ -	\$ -	\$ -	\$ 3,258,479
Mutual Funds	<u>2,683,261</u>	<u>-</u>	<u>-</u>	<u>2,683,261</u>
Totals	<u>\$ 2,683,261</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,941,740</u>

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

ARAGRA 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

The following table summarizes the investment for which fair value is measured using the net asset value per share practical expedient as of December 31, 2021 and 2020, respectively.

<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If currently eligible)</u>	<u>Redemption Notice Period</u>
<u>December 31, 2021</u>				
Collective Trust Funds	\$ 2,546,880	N/A	Daily	Daily
<u>December 31, 2020</u>				
Collective Trust Funds	\$ 3,258,479	N/A	Daily	Daily

5. GROUP ANNUITY CONTRACT WITH GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

The Plan maintains a traditional fully benefit-responsive guaranteed investment contract with Great-West Life & Annuity Insurance Company ("Great-West"). Great-West maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 0%. The crediting rate is reviewed on a quarterly basis for resetting.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Great-West, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the contract is \$90,147 and \$410,705 at December 31, 2021 and 2020, respectively.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or

ARAGRA 401(k) PLAN

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spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

Either party to the Group Annuity Contract may terminate the contract with at least 60 days advance written notice to the other party. The contract termination date shall be any business day on or after the expiration of the 60-day notification period.

If the parties fail to determine a mutually agreeable contract termination date, the contract termination date will be the 60th business day after the date written notice of contract termination is received at the Company's administrative office, or the 60th business day after the Company mails notice of contract termination to the Group Contract holder's last known address.

The Group Contract holder shall name the payee to whom the Company is to transfer the Plan assets and hereby instructs the Company to deduct any outstanding charges and fees remaining unpaid on the contract termination date from the amount transferred to the payee. If the Group Contract holder fails to name a payee to receive the Plan assets within 60 business days of the contract termination date, the Company will pay such Plan assets to the named Plan trustee so long as the named Plan trustee agrees to accept them.

The average yields earned by the guaranteed investment contract are as follows:

	<u>2021</u>	<u>2020</u>
Based on actual earnings	0.90%	1.04%

6. 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 investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statement of net assets available for benefits.

7. TAX STATUS

Although the Plan has not requested determination from the Internal Revenue Service (IRS) as to the Plan's tax-exempt status, the restated prototype plan from which the Plan was drafted has received a favorable determination letter from the IRS dated March 31, 2014. Effective January 1, 2022, the prototype plan from which the Plan was drafted was restated and received a favorable determination letter from the IRS dated May 27, 2021. The Plan has been amended since receiving its determination letter. Plan management and Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code (IRC). Therefore, no provision for income taxes has been included in the Plan's financial statements.

ARAGRA 401(k) PLAN

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Accounting principles generally accepted in the United States of America require the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator believes as of December 31, 2021 and 2020 there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the Custodian as defined in the Plan document. Transactions with the Custodian qualify as party-in-interest transactions. Any fees for investment management services are included in net appreciation in fair value of the investments. Direct fees paid by the Plan for the custodian and recordkeeping services were \$57,289 and \$62,116 for the years ended December 31, 2021 and 2020, respectively.

9. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan is terminated, assets will be allocated to each participant based on their respective account balance after payment of all final liquidation or termination expenses, pursuant to the directions of the Plan Administrator.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

Net increase (decrease) in net assets available			
for benefits per the financial statements	\$	(335,574)	\$ 839,143
Prior year corrective distributions reported			
in the current year		<u>-</u>	<u>(2,404)</u>
Net increase (decrease) in net assets available			
for benefits per the Form 5500	\$	<u>(335,574)</u>	\$ <u>836,739</u>

11. SUBSEQUENT EVENTS

The Plan administrator has evaluated subsequent events in accordance with ASC Topic 855, Subsequent Events, through September 9, 2022, which is the date the financial statements were available to be issued. During its evaluation, the following subsequent event item was identified:

During 2022, the Plan was amended to formally adopt the CARES Act and SECURE Act.

SUPPLEMENTAL INFORMATION

ARAGRA 401(k) PLAN
PLAN NUMBER 001
EIN 46-2793780

SCHEDULE H LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Plan Year Ended December 31, 2021

Total that Constitute Nonexempt Prohibited Transactions

<u>Participant Contributions Transferred Late to Plan</u>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected Under VFCP and PTE 2002-51</u>
\$ <u>1,083</u>	\$ <u>1,083</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>

Check here is
Late Participant
Loan Repayments
are included: ☐

ARAGRA 401(k) PLAN
PLAN NUMBER 001
EIN 46-2793780

SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Plan Year Ended December 31, 2021

a	b	c	d	e
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Mutual Funds:		
*	Great-West Insurance Company, LLC	American Century Small Cap Value R6	** \$	173,751
*	Great-West Insurance Company, LLC	American Funds American Balanced R6	**	2,204
*	Great-West Insurance Company, LLC	Baron Emerging Markets Institutional	**	159,970
*	Great-West Insurance Company, LLC	BrandyWineGlobal High Yield I	**	30,485
*	Great-West Insurance Company, LLC	Carillon Eagle Mid Cap Growth R6	**	289,522
*	Great-West Insurance Company, LLC	Cohen & Steers Real Estate Securities	**	83,563
*	Great-West Insurance Company, LLC	Columbia Overseas Value Instl 3	**	6,884
*	Great-West Insurance Company, LLC	Fidelity Contrafund	**	12,039
*	Great-West Insurance Company, LLC	Great-West Multi-Sector Bond Inst	**	475
*	Great-West Insurance Company, LLC	Guggenheim Total Return Bond R6	**	8,279
*	Great-West Insurance Company, LLC	MFS International Growth R6	**	<u>285,400</u>
		Subtotal	\$	1,052,572

ARAGRA 401(k) PLAN
PLAN NUMBER 001
EIN 46-2793780

SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
Plan Year Ended December 31, 2021

a	b	c	d	e
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Subtotal from page 18	\$	1,052,572
*	Great-West Insurance Company, LLC	PGIM Global Total Return R6	**	9,173
*	Great-West Insurance Company, LLC	Putnam Growth Opportunities R6	**	402,953
*	Great-West Insurance Company, LLC	T. Row Price Mid-Cap Value	**	197,905
*	Great-West Insurance Company, LLC	Vanguard 500 Index Admiral	**	763,104
*	Great-West Insurance Company, LLC	Vanguard Developed Markets Index Admiral	**	11,809
*	Great-West Insurance Company, LLC	Vanguard Emerging Mkts Stock Idx Adm	**	2,579
*	Great-West Insurance Company, LLC	Vanguard Equity Income Adm	**	430,427
*	Great-West Insurance Company, LLC	Vanguard Interm-Term Investment-Grade AD	**	34,792
*	Great-West Insurance Company, LLC	Vanguard Mid Cap Index Fund- Admiral	**	104,621
*	Great-West Insurance Company, LLC	Vanguard Real Estate Index Admiral	**	3,006
*	Great-West Insurance Company, LLC	Vanguard Small Cap Index Adm	**	178,414
*	Great-West Insurance Company, LLC	Vanguard Total Bond Market Index Admiral VBT LX	**	109
*	Great-West Insurance Company, LLC	Virtus KAR Small-Cap Growth R6	**	<u>169,735</u>
		Total Mutual Funds	\$	<u>3,361,199</u>

ARAGRA 401(k) PLAN
PLAN NUMBER 001
EIN 46-2793780

SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
Plan Year Ended December 31, 2021

a	b	c	d	e
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Collective Trust Funds:		
*	Great-West Insurance Company, LLC	Flexpath Index Aggressive 2025 R1	** \$	10,338
*	Great-West Insurance Company, LLC	Flexpath Index Aggressive 2035 R1	**	28,892
*	Great-West Insurance Company, LLC	Flexpath Index Aggressive 2045 R1	**	49,825
*	Great-West Insurance Company, LLC	Flexpath Index Aggressive 2055 R1	**	51,745
*	Great-West Insurance Company, LLC	Flexpath Index Aggressive Retire R1	**	110
*	Great-West Insurance Company, LLC	Flexpath Index Conservative 2025 R1	**	34,007
*	Great-West Insurance Company, LLC	Flexpath Index Conservative 2035 R1	**	11,681
*	Great-West Insurance Company, LLC	Flexpath Index Conservative 2045 R1	**	5,585
*	Great-West Insurance Company, LLC	Flexpath Index Conservative 2055 R1	**	53,611
*	Great-West Insurance Company, LLC	Flexpath Index Conservative Retire R1	**	25,980
*	Great-West Insurance Company, LLC	Flexpath Index Moderate 2025 R1	**	892,777
*	Great-West Insurance Company, LLC	Flexpath Index Moderate 2035 R1	**	<u>409,912</u>
		Subtotal	\$	1,574,463

ARAGRA 401(k) PLAN
PLAN NUMBER 001
EIN 46-2793780

SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
Plan Year Ended December 31, 2021

a	b	c	d	e
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Subtotal from page 20	\$	1,574,463
*	Great-West Insurance Company, LLC	Flexpath Index Moderate 2045 R1	**	401,488
*	Great-West Insurance Company, LLC	Flexpath Index Moderate 2055 R1	**	570,757
*	Great-West Insurance Company, LLC	Flexpath Index Moderate Retire R1	**	<u>172</u>
		Total Collective Trust Funds		<u>2,546,880</u>
		Guaranteed Insurance Contract:		
*	Great-West Life & Annuity Insurance Company	Key Guaranteed Portfolio Fund (interest rate 0.90%)	**	<u>90,147</u>
		Total Investments		<u>5,998,226</u>
*	Participant Loans	Participant Loans consisting of various terms up to 15 years, interest rate of 4.25% to 6.50%		<u>88,683</u>
			\$	<u><u>6,086,909</u></u>

* Party-in-Interest

** Cost omitted for participant directed investments.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
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.)	
B This return/report is:	☒ a single-employer plan;	☐ a DFE (specify) _____
	☐ the first return/report;	☐ the final return/report;
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here	☐	
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;	
	☐ special extension (enter description)	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐	

Part II Basic Plan Information --- enter all requested information		
1a Name of plan Aragra 401(k) Plan	1b Three-digit plan number (PN) ►	001
	1c Effective date of plan	08/10/2013
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) Aragra Technologies Corporation 750 Trumbull Drive US Pittsburgh PA 15205	2b Employer Identification Number (EIN)	46-2793780
	2c Plan Sponsor's telephone number	(412) 278-5200
	2d Business code (see instructions)	541519

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		9.14.22	PRANAY AMIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9.14.22	PRANAY AMIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 201209

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 and 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		5 326
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) 230	
a(2) Total number of active participants at the end of the plan year	6a(2) 207	
b Retired or separated participants receiving benefits	6b 0	
c Other retired or separated participants entitled to future benefits	6c 41	
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 248	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0	
f Total. Add lines 6d and 6e	6f 248	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 188	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 6	
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 2T 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance	(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust	(3) ☒ Trust	
(4) ☐ General assets of the sponsor	(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	b General Schedules	
(1) ☐ R (Retirement Plan Information)	(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information - Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☒ <u>1</u> A (Insurance Information)	
	(4) ☒ C (Service Provider Information)	
	(5) ☒ D (DFE/Participating Plan Information)	
	(6) ☐ G (Financial Transaction Schedules)	

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) . . ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

Aragra 401(k) Plan

Employer Identification Number

46-2793780

Three-digit
plan number

► 001

(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) Current value
	GREAT-WEST LIFE & ANNUITY INSU	AMERICAN CENTURY SMALL CAP VAL		173,751
	GREAT-WEST LIFE & ANNUITY INSU	AMERICAN FUNDS AMERICAN BALANC		2,204
	GREAT-WEST LIFE & ANNUITY INSU	BARON EMERGING MARKETS INSTITU		159,970
	GREAT-WEST LIFE & ANNUITY INSU	BRANDYWINE GLOBAL HIGH YIELD 1		30,485
	GREAT-WEST LIFE & ANNUITY INSU	CARILLON EAGLE MID CAP FROWTH		289,522
	GREAT-WEST LIFE & ANNUITY INSU	COHEN & STEERS REAL ESTATE SEC		83,563
	GREAT-WEST LIFE & ANNUITY INSU	COLUMBIA OVERSEAS VALUE INSTL		6,884
	GREAT-WEST LIFE & ANNUITY INSU	FIDELITY CONTRAFUND		12,039
	GREAT-WEST LIFE & ANNUITY INSU	FLEXPATH INDEX AGG 2025 FD R1		10,338
	GREAT-WEST LIFE & ANNUITY INSU	FLEXPATH INDEX AGG 2035 FD R1		28,892
	GREAT-WEST LIFE & ANNUITY INSU	FLEXPATH INDEX AGG 2045 FD R1		49,825
	GREAT-WEST LIFE & ANNUITY INSU	FLEXPATH INDEX AGG 2055 FD R1		51,745
	GREAT-WEST LIFE & ANNUITY INSU	FLEXPATH INDEX AGG RETIRE R1		110
	GREAT-WEST LIFE & ANNUITY INSU	FLEXPATH INDEX CON 2025 FD R1		34,007
	GREAT-WEST LIFE & ANNUITY INSU	FLEXPATH INDEX CON 2035 FD R1		11,681
	GREAT-WEST LIFE & ANNUITY INSU	FLEXPATH INDEX CON 2045 FD R1		5,585
	GREAT-WEST LIFE & ANNUITY INSU	FLEXPATH INDEX CON 2055 FD R1		53,611
	GREAT-WEST LIFE & ANNUITY INSU	FLEXPATH INDEX CON RETIRE R1		25,980
	GREAT-WEST LIFE & ANNUITY INSU	FLEXPATH INDEX MOD RETIRE R1		172
	GREAT-WEST LIFE & ANNUITY INSU	FLEXPATH INDEX MOD 2025 FD R1		892,777
	GREAT-WEST LIFE & ANNUITY INSU	FLEXPATH INDEX MOD 2035 FD R1		409,912
	GREAT-WEST LIFE & ANNUITY INSU	FLEXPATH INDEX MOD 2045 FD R1		401,488
	GREAT-WEST LIFE & ANNUITY INSU	FLEXPATH INDEX MOD 2055 FD R1		570,757
	GREAT-WEST LIFE & ANNUITY INSU	GREAT-WEST MULTI-SECTOR BOND I		475
	GREAT-WEST LIFE & ANNUITY INSU	GUGGENHEIM TOTAL RETURN BOND R		8,279
	GREAT-WEST LIFE & ANNUITY INSU	KEY GUARANTEED PORTFOLIO FUND		90,147
	GREAT-WEST LIFE & ANNUITY INSU	MFS INTERNATIONAL GROWTH R6		285,400
	GREAT-WEST LIFE & ANNUITY INSU	PGIM GLOBAL TOTAL RETURN R6		9,173
	GREAT-WEST LIFE & ANNUITY INSU	PUTNAM GROWTH OPPORTUNITIES R6		402,953
	GREAT-WEST LIFE & ANNUITY INSU	T. ROWE PRICE MID-CAP VALUE		197,905
	GREAT-WEST LIFE & ANNUITY INSU	VANGUARD 500 INDEX ADMIRAL		763,104
	GREAT-WEST LIFE & ANNUITY INSU	VANGUARD DEVELOPED MARKETS IND		11,809
	GREAT-WEST LIFE & ANNUITY INSU	VANGUARD EMERGING MKTS STOCK I		2,579
	GREAT-WEST LIFE & ANNUITY INSU	VANGUARD EQUITY-INCOME ADM		430,427
	GREAT-WEST LIFE & ANNUITY INSU	VANGUARD INTERM-TERM INVESTMEN		34,792
	GREAT-WEST LIFE & ANNUITY INSU	VANGUARD MID CAP INDEX FUND -		104,621
	GREAT-WEST LIFE & ANNUITY INSU	VANGUARD REAL ESTATE INDEX ADM		3,006
	GREAT-WEST LIFE & ANNUITY INSU	VANGUARD SMALL CAP INDEX ADM		178,414
	GREAT-WEST LIFE & ANNUITY INSU	VANGUARD TOTAL BOND MARKET IND		109

[illegible]

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2021 and Ending 12/31/2021

Name of Plan: Aragra 401(k) Plan

Employer Identification Number: 46-2793780 Three-digit plan number: 001

[illegible]