

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>BARNALLEN TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2011</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2011</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2011</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>BARNALLEN TECHNOLOGIES, INC.</u> <u>1700 ROCKVILLE PIKE STE 300</u> <u>ROCKVILLE, MD 20852-1631</u> <u>1700 ROCKVILLE PIKE STE 300</u> <u>ROCKVILLE, MD 20852-1631</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>26-4243377</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>301-463-4800</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541600</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>26-4243377</u>	2c Plan Sponsor's telephone number <u>301-463-4800</u>	2d Business code (see instructions) <u>541600</u>	
2b Employer Identification Number (EIN) <u>26-4243377</u>					
2c Plan Sponsor's telephone number <u>301-463-4800</u>					
2d Business code (see instructions) <u>541600</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2022	GORDON BARNABY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2022	GORDON BARNABY
	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.

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	420
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)	276
a(2) Total number of active participants at the end of the plan year		6a(2)	241
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	136
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	377
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	377
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	311
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			
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 BARNALLEN TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BARNALLEN TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 26-4243377

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
LINCOLN NATIONAL LIFE INSURANCE CO.

(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
35-0472300	65676	19331	316	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 15238	(b) Total amount of fees paid 3058
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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
LPL FNCL CORP
C-O LPL
4707 EXECUTIVE DRIVE
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15238		SALES AND BASE COMMISSIONS	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE ROSE FINANCIAL GROUP, LLC
6602 E. 75TH STREET, SUITE 200
INDIANAPOLIS, IN 46250

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3048	TPA ONGOING ADMIN REIMBURSEMENT PAYMENT	5

(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	373161
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	6406240

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 ▶

b	Balance at the end of the previous year	7b	302696
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c	Additions: (1) Contributions deposited during the year	7c(1)	67774	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	3459	
	(4) Transferred from separate account.....	7c(4)	0	
	(5) Other (specify below)	7c(5)	3752	

▶ MAY INCLUDE - LOAN REPAY/FORF/TAKEOVER/ADJUSTMENTS

(6) Total additions	7c(6)	74985
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	377681
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	997
(2) Administration charge made by carrier.....	7e(2)	1150
(3) Transferred to separate account.....	7e(3)	0
(4) Other (specify below)	7e(4)	2373

▶ MAY INCLUDE - LOAN
ISSUES/FORF/FEEES/CORRECTIVES/ADJUSTMENTS/INS PREM

(5) Total deductions	7e(5)	4520
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	373161
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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 BARNALLEN TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BARNALLEN TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 26-4243377	

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
LINCOLN NATIONAL CORPORATION
35-1140070

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

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

LINCOLN NATIONAL CORPORATION

35-1140070

(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	SERVICE PROVIDER	22647	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(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.	
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
A Name of plan BARNALLEN TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BARNALLEN TECHNOLOGIES, INC.				D Employer Identification Number (EIN) 26-4243377	
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)					
a Name of MTIA, CCT, PSA, or 103-12 IE: LINCOLN LIFE SEPARATE ACCOUNT 4K					
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.					
c EIN-PN 35-0472300-402		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6406240	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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	

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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**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)**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)

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
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**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
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 BARNALLEN TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BARNALLEN TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 26-4243377	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	302696	373161
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	76184	66117
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	5510248	6406240
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	5889128 6845518
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	5889128 6845518

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	425039
	(B) Participants	2a(1)(B)	448002
	(C) Others (including rollovers).....	2a(1)(C)	21414
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	894455
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3459
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	2561
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	6020
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		802090
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1702565
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	720248	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		720248
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	25927	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		25927
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		746175
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		956390
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

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

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

(1) Name: LONG & ASSOCIATES

(2) EIN: 35-2009629

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		100000
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?		X	
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?		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

BARNALLEN TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST
AUDITED FINANCIAL STATEMENTS
FOR THE YEARS ENDED
DECEMBER 31, 2021 and 2020

**BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust
Audited Financial Statements**

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust
Rockville, Maryland

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust, 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 asset available for benefits as of December 31, 2021, and the related statement of changes in net assets available or 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 BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust 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 G to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the 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 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

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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust 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 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 BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust'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.

Auditor's Responsibilities for the Audit of the 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 auditor's 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 ABC Company 401(k) Plan's 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 ABC Company 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 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.

Supplemental Schedules Required by ERISA

The supplemental schedules of assets at the end of the period under audit are presented for purposes of additional analysis and are not a required part of the financial statements but are 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

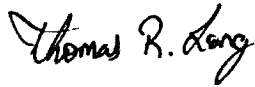
derived from the certified investment information, we compared such information to the related certified investment information.

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).

Long and Associates, P.C.

A handwritten signature in black ink that reads "Thomas R. Long". The signature is written in a cursive, flowing style.

Fishers, Indiana
July 15, 2022



INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust
Rockville, Maryland

We were engaged to audit the accompanying statement of net assets available for benefits of BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust as of December 31, 2020, and the related notes to the financial statement.

Management's Responsibility for the Financial Statement

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

Auditor's Responsibility

Our responsibility is to express an opinion on the 2020 financial statement based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note G, which was certified by Lincoln National Life Insurance Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statement. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2020 that the information provided to the plan administrator by the trustee is complete and accurate.

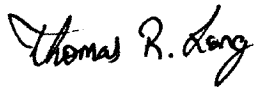
Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statement. Accordingly, we do not express an opinion on the 2020 financial statement.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2020 Financial Statement

The form and content of the information included in the 2020 financial statement, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Long and Associates, P.C.

A handwritten signature in black ink that reads "Thomas R. Long". The signature is written in a cursive, flowing style.

Fishers, Indiana
July 15, 2022

BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust
Statement of Net Assets Available for Benefits
As of December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments		
At Fair Value	\$ 6,406,240	\$ 5,510,249
At Contract Value	373,161	302,696
Total Investments	<u>6,779,401</u>	<u>5,812,945</u>
Receivables		
Notes Receivable from Participants	<u>66,117</u>	<u>76,184</u>
Total Receivables	<u>66,117</u>	<u>76,184</u>
Total Assets	<u>6,845,518</u>	<u>5,889,129</u>
Total Liabilities	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u>6,845,518</u>	<u>5,889,129</u>
Total Net Assets	<u><u>\$ 6,845,518</u></u>	<u><u>\$ 5,889,129</u></u>

BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust
Statement 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		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 805,549	\$ 758,584
Interest Income on Notes Receivable From Participants	<u>2,561</u>	<u>5,278</u>
Contributions		
Participants	448,002	497,804
Employer	178,351	217,581
Prevailing Wage	260,951	523,608
Rollovers	<u>21,414</u>	<u>-</u>
Total Contributions	<u>908,718</u>	<u>1,238,993</u>
Total Additions	<u>1,716,828</u>	<u>2,002,855</u>
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	720,248	318,863
Forfeitures Used	14,263	11,158
Administrative Expenses	<u>25,928</u>	<u>29,758</u>
Total Deductions	<u>760,439</u>	<u>359,779</u>
Net Change	956,389	1,643,076
Net Assets Available for Benefits:		
Beginning of period	<u>5,889,129</u>	<u>4,246,053</u>
End of period	<u><u>\$ 6,845,518</u></u>	<u><u>\$ 5,889,129</u></u>

BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
December 31, 2021 and 2020

NOTE A – DESCRIPTION OF PLAN

The following description of the BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust (the “Plan”) provides only general information. Specific inquiries regarding plan provisions should refer to the summary Plan description. Copies of this publication are available from BarnAllen Technologies, Inc. (the “Plan Sponsor”).

General

The Plan is a defined contribution plan (401(k)), effective January 1, 2011, and restated on June 1, 2015 and subsequently amended on February 9, 2017, covering all eligible employees of BarnAllen Technologies, Inc. (the “Company”) who have attained 21 years of age, six months of service for discretionary matching, and two years of service for profit-sharing. Employees of the Company who are members of a union or non-resident aliens, are not eligible for participation. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In January 2020, Congress passed the Setting Every Community Up for Retirement Enhancement (SECURE) Act of 2020 that contained the largest package of retirement system reform in over a decade. Many of the provisions of the SECURE Act became effective on January 1, 2020 and require significant changes to plan administration and recordkeeping.

The COVID-19 outbreak in the United States caused business disruption through mandated and voluntary closings of businesses in numerous industries. As of March 27, 2020, Congress passed the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”) that included numerous employee benefit plan provisions to assist plan sponsors and participants.

The Consolidated Appropriation Act of 2021 was signed into Law December 27, 2020 which includes a temporary rule that prevents partial plan termination for qualified retirement plan in certain circumstances.

Contributions

Each year, eligible participants may make salary deferrals up to the maximum amount allowed by the Internal Revenue Service under IRC Section 402(g). The Company may elect to make discretionary matching or profit-sharing contributions to all eligible participants. The Company elected discretionary matching of 100% up to 3% of participant contributions for Plan years 2021 and 2020. Participants who have attained age 50 by the last day of the plan year are eligible to make catch-up contributions. Participants may also make rollover contributions representing distributions from other qualified plans.

Participant Accounts

Each participant’s account is credited with (a) the participant’s salary deferral contribution and related employer matching contribution, (b) an allocation of the Company’s discretionary contribution, if any, and (c) plan earnings (losses), and charged with an allocation of administrative expenses. Allocations are based on participant eligible compensation or account balances, as defined under the Plan. The participant eligible for a distribution of their account balance under the Plan is entitled to no more than their vested account balance.

BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
December 31, 2021 and 2020

NOTE A – DESCRIPTION OF PLAN (Continued)

Vesting

Participants are immediately vested in their salary deferral contributions and non-elective profit-sharing contributions plus earnings thereon. Vesting in the employer matching contributions plus earnings thereon is based on a six-year graduated vesting schedule. A participant is fully vested after six years of credited service.

Investment Options

Upon enrollment in the Plan, a participant may direct their entire account balance among any of the pre-selected investment options offered by the Plan.

Distribution of Benefits

The benefit to which a participant is entitled is equal to the value of the participant's vested interest in their account. Benefits may be distributed to participants upon termination of service by reason of retirement, disability, death or other separation from service. Upon reaching 59½ Years of age, participants may elect to receive in-service withdrawals. The Plan also maintains a provision for hardship withdrawals.

Forfeited Accounts

Forfeitures of terminated participants' non-vested accounts are used to reduce employer contributions or administrative fees. Forfeitures totaled \$14,263 and \$11,158 for the plan years ended December 31, 2021 and 2020, respectively.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The participant loans are secured by the vested balance in the participant's account and bear a reasonable rate of interest. Principal and interest payments are made through payroll deductions.

Notes receivable from participants are measured at the participant loans' unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the plan document.

NOTE B – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Reclassifications

Certain items in the prior year financial statements have been reclassified to conform to current year presentation. These reclassifications had no effect on the Statement of Changes in Net Assets Available for Benefits or Statement of Net Assets of the Plan.

BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
December 31, 2021 and 2020

NOTE B – SUMMARY OF ACCOUNTING POLICIES (Continued)

Investment Valuation

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisers and trustee. See Fair Value of Plan Assets and Liabilities.

Income Recognition

Purchases and sales of securities are recorded on a trade-date basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are not reflected within the financial statements. Fees related to the administration of a Plan service for a participant are assessed directly to that participant's account. Investment related expenses are included in net appreciation/(depreciation) of the fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

NOTE C – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate the plan. In the event of Plan termination, participants would become 100% vested in their employer contributions.

NOTE D – TAX STATUS

The Plan adopted a standardized form of prototype plan sponsored by The Rose Financial Group, LLC. The prototype plan has received an opinion letter from the Internal Revenue Service dated December 1, 2014, as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. The Plan administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain 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 period in progress. Plan tax filings are subject to examination for three years.

BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
December 31, 2021 and 2020

NOTE E – FAIR VALUE OF PLAN ASSETS AND LIABILITIES

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, defines fair value as 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. Topic 820 also specifies a fair value hierarchy which requires a plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

- Level 1 – Quoted prices in active markets for identical assets or liabilities
- Level 2 – Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. 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.

Non-Registered Accounts: Participant Loans are valued at their outstanding balances, which approximates fair value.

Pooled separate accounts: Are valued at the net asset value (NAV) based on units of the pooled separate accounts. The NAV is provided by the trustee and is used a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the pooled separate account less its liabilities. This practical expedient is not used when it is determined to be probable that the pooled separate account will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Redemptions are permitted daily with no restrictions or notice periods. There are no unfunded commitments.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
December 31, 2021 and 2020

NOTE E – FAIR VALUE OF PLAN ASSETS AND LIABILITIES-CONTINUED

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020. Pooled Separate Accounts are measured at net asset value.

December 31, 2021	Level 1	Level 2	Level 3	Total
Non-Register Accounts	\$ -	-	66,117	\$ 66,117
Total Assets in the Fair Value Hierarchy	-	-	66,117	66,117
Pooled Separate Accounts				6,406,240
Total Investments Measured at Fair Value				<u>\$ 6,472,357</u>

December 31, 2020	Level 1	Level 2	Level 3	Total
Non-Register Accounts	\$ -	-	76,184	\$ 76,184
Total Assets in the Fair Value Hierarchy	-	-	76,184	76,184
Pooled Separate Accounts				5,510,249
Total Investments Measured at Fair Value				<u>\$ 5,586,433</u>

NOTE F – GUARANTEED STABLE VALUE FUND

The Plan assets in the Guaranteed Stable Value Fund are invested in a group annuity contract, which is a benefit-responsive investment contract with Lincoln National Life Insurance Company (LNFIC) totaling \$373,161 for 2021 and \$302,696 for 2020. LNFIC maintains the contributions in a general account. The account is credited with contributions and earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The S Guaranteed Stable Value Fund provides a guaranteed fixed rate of return with no risk of loss of principal except as subject to charges upon withdrawal as described in the contract. The credit rates are not based on actual performance of the underlying securities in the Guaranteed Stable Value Fund, but rather determined in the contract. Crediting interest rates are reset at least as frequently as annually. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. The Guaranteed Stable Value Fund that meets the criteria of a fully benefit-responsive investment contract and therefore is reported at contract value which is the most reasonable estimate of fair value. Contract value is the relevant measure for the fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transaction under the terms of the Plan. Contract value represents contributions made, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily withdraw or transfer all 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. 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 spin-offs of a subsidiary) that

BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
December 31, 2021 and 2020

NOTE F – GUARANTEED STABLE VALUE FUND-CONTINUED

cause a significant withdrawal for the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (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 the also would limit the ability of the plan to transact at contract value with the participants. In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) breach of the material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

NOTE G – INFORMATION PREPARED AND CERTIFIED BY LINCOLN NATIONAL

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Lincoln National Life Insurance Company, the trustee of the Plan, except for comparing such information certified by the trustee to information included in the Plan's financial statements and supplemental schedule of assets (held at the end of year).

The trustee has supplied the plan administrator with a certification as to the completeness and accuracy of certain investment information presented in the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020, and the statement of changes in net assets available for benefits for the years ended December 31, 2021 and 2020 and the supplemental schedule of assets held at end of years as of December 31, 2021 and 2020.

NOTE H – RISKS AND UNCERTANTIES

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

BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
December 31, 2021 and 2020

NOTE I – PARTY-IN-INTEREST

Party-in-interest transactions include those with fiduciaries or employees of the Plan, and person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose employees are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association, or relatives of such persons. Accordingly, loans to participants and the management of investments held by the trustee are considered party-in-interest transactions.

The Plan invests in certain funds of Lincoln National Life Insurance Company, who serves as the plan trustee.

NOTE J – SUBSEQUENT EVENTS

Subsequent events have been evaluated through July 15, 2022, the date these financial statements were issued. As a result of the spread of the COVID-19 coronavirus pandemic, economic uncertainties have arisen which are likely to negatively impact investment income and other plan transactions. It is not possible to reliably estimate the duration and severity of the economic uncertainties, as well as the impact on the Plan.

SUPPLEMENT INFORMATION

BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust
26-4243377
Schedule H, Line 4I - Schedule of Assets (Held at End of Year)
December 31, 2021

(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) Fair Value
			**	\$ 4,762
*	Lincoln National Life Insurance Company	LVIP SSgA International Indx SAL5	**	2,664
*	Lincoln National Life Insurance Company	LVIP DSSgA Bond Index SAL6	**	580,816
*	Lincoln National Life Insurance Company	LVIP TRowePrice 2030 Fund SAL3	**	810,660
*	Lincoln National Life Insurance Company	LVIP TRowePrice 2040 Fund SAL4	**	131,649
*	Lincoln National Life Insurance Company	LVIP TRowePrice 2010 Fund SAL1	**	288,261
*	Lincoln National Life Insurance Company	LVIP TRowePrice 2020 Fund SAL2	**	31
	Lincoln National Life Insurance Company	BR Gobl AllFnd Investor	**	9,188
	Lincoln National Life Insurance Company	Blackrock Equity Div SALF	**	5,645
	Lincoln National Life Insurance Company	SS Russ SC GR 1x Non-Ln SALC	**	1,253
	Lincoln National Life Insurance Company	SS Real Asset Non-Lend SALD	**	82,339
	Lincoln National Life Insurance Company	SS S&P MidCp idx Non-Ln SALA	**	5,180
	Lincoln National Life Insurance Company	SS Russ SC VI 1x Non-Ln SALB	**	36,226
	Lincoln National Life Insurance Company	SS Russ LC GR VI 1x Non-Ln SAL9	**	1,405
*	Lincoln National Life Insurance Company	LVIP DelawareSpecial Opp SAL7	**	21,282
*	Lincoln National Life Insurance Company	SS Russ LC VI 1x Non-Ln SAL8	**	373,161
*	Lincoln National Life Insurance Company	Guaranteed Stable Value Account	**	8,768
*	Lincoln National Life Insurance Company	Pimco Total Return	**	1,394,946
	Lincoln National Life Insurance Company	LVIP TRowePrice 2020 Fund 2050 SALL	**	85,258
	Lincoln National Life Insurance Company	BlackRock Focus Growth SALG	**	8,609
	Lincoln National Life Insurance Company	LVIP TRowePrice 2060 Fund SAP3	**	12,326
	Lincoln National Life Insurance Company	BlackRock Adv LrgCapGr Fd SA83	**	23,286
	Lincoln National Life Insurance Company	Blackrock Capital App SA81	**	22,649
	Lincoln National Life Insurance Company	AB VPS Small Mid Value SA39	**	9,070
*	Lincoln National Life Insurance Company	LVIP Vanguard Intl Equity SA59	**	30,237
	Lincoln National Life Insurance Company	WellsFargo Discovery Inst SA63	**	7,263
	Lincoln National Life Insurance Company	Delaware VIP SmCap Value SA56	**	1,414
*	Lincoln National Life Insurance Company	LVIP Dim US Equity Mgd SA57	**	21,853
	Lincoln National Life Insurance Company	Franklin Growth SA58	**	13,397
	Lincoln National Life Insurance Company	MFSVIT Utilities Series SA67	**	7,702
	Lincoln National Life Insurance Company	Janus HendersonEnterprise SA64	**	75,863
	Lincoln National Life Insurance Company	MFS VIT Growth SA65	**	112,180
	Lincoln National Life Insurance Company	Blackrock Energy & Resources SA77	**	14,653
	Lincoln National Life Insurance Company	Invesco Small Cap Discovery SA76	**	14,658
*	Lincoln National Life Insurance Company	LVIP Vanguard Domestic Eq SA19	**	6,077
	Lincoln National Life Insurance Company	Franklin High Income SA20	**	426,063
*	Lincoln National Life Insurance Company	VG LifeStrategy Mod Grw SA21	**	13,105
	Lincoln National Life Insurance Company	LVIP Mon Intl Value SA22	**	6,518
*	Lincoln National Life Insurance Company	SSR All Cap Idx NonLnd SA23	**	46
*	Lincoln National Life Insurance Company	LVIP DimensionalCoreEq1 SA11	**	1,049
*	Lincoln National Life Insurance Company	LVIP Delaware Bond SA12	**	65,582
	Lincoln National Life Insurance Company	Federal Government Ultra Short Dur SA14	**	89
	Lincoln National Life Insurance Company	ColumbiaSM Acr Fd Inst SA17	**	352,768
	Lincoln National Life Insurance Company	VG LifeStrategy Growth SA32	**	15,253
	Lincoln National Life Insurance Company	SSR SmMld Cap Idx NonLnd SA24	**	22,757
	Lincoln National Life Insurance Company	Invesco Growth and Income SA28	**	509,592
	Lincoln National Life Insurance Company	VG LifeStrategy Cons Grw SA30	**	15,136
	Lincoln National Life Insurance Company	Delaware VIP Value SA61	**	46
*	Lincoln National Life Insurance Company	LVIP Del Social Awareness SA33	**	22,463
	Lincoln National Life Insurance Company	Fidelity VIP ContraFund SA35	**	392
	Lincoln National Life Insurance Company	Del Ltd-Term Div Income SA87	**	15,364
	Lincoln National Life Insurance Company	Templeton Global Bond VIP SA86	**	136,059
	Lincoln National Life Insurance Company	Fidelity VIP Mid Cap SA84	**	223
*	Lincoln National Life Insurance Company	LVIPBkRk Infltn Protected SA92	**	1,063
	Lincoln National Life Insurance Company	Del VIP DiversifiedIncome SA93	**	15,575
*	Lincoln National Life Insurance Company	LVIP BR Advantage Allocation SA96	**	54,742
*	Lincoln National Life Insurance Company	LVIP Delaware Wealth Builder SA97	**	8,051
*	Lincoln National Life Insurance Company	Inv Opp Dev Markets Fnd SA94	**	7,036
*	Lincoln National Life Insurance Company	LVIP JPMorgan RetirIncome	**	99
*	Lincoln National Life Insurance Company	LVIP BRGlobal Real Estate SA55	**	1,286
*	Lincoln National Life Insurance Company	LVIP Frank Temp GIEMg VI SA62	**	247,939
*	Lincoln National Life Insurance Company	LVIP SsgA S & P 500 Index SA27	**	14,944
*	Lincoln National Life Insurance Company	LVIP SSgA Small-Cap Index SA36	**	16,708
	Lincoln National Life Insurance Company	AmerFunds Income America SA1L	**	16,245
	Lincoln National Life Insurance Company	AmerFunds Growth America SA1K	**	14,102
	Lincoln National Life Insurance Company	AmerFunds Fundamental Inv SA1J	**	15,185
	Lincoln National Life Insurance Company	AmerFunds EuroPac Growth SA1I	**	28,699
	Lincoln National Life Insurance Company	AmerFunds CapWtdGr&Inc SA1H	**	7,906
	Lincoln National Life Insurance Company	AmerFunds Cap World Bond SA1G	**	14,326
	Lincoln National Life Insurance Company	AmerFunds Cap Inc Builder SA1F	**	27,158
	Lincoln National Life Insurance Company	AmerFunds Bond America SA1E	**	120,673
	Lincoln National Life Insurance Company	AmerFunds Amer Mutual SA1D	**	2,864
	Lincoln National Life Insurance Company	AmerFunds Amer High-inc SA1C	**	9,148
	Lincoln National Life Insurance Company	AmerFunds Amer Balanced SA1B	**	55,010
	Lincoln National Life Insurance Company	AmerFunds AMCAP SA1A	**	4,176
*	Lincoln National Life Insurance Company	LVIP Bar Gr SA1X	**	10,238
	Lincoln National Life Insurance Company	AmerFunds Wash Murual Inv SA1U	**	75,769
	Lincoln National Life Insurance Company	AmerFunds US Gov't Sec SA1T	**	73,728
	Lincoln National Life Insurance Company	AmerFunds Smallcap World SA1S	**	39,729
	Lincoln National Life Insurance Company	AmerFunds New World SA1R	**	25,866
	Lincoln National Life Insurance Company	AmerFunds New Perspective SA1G	**	19,329
	Lincoln National Life Insurance Company	AmerFunds New Economy SA1P	**	11,891
	Lincoln National Life Insurance Company	AmerFunds Invest Co Amer SA1N	**	6,723
	Lincoln National Life Insurance Company	AmerFunds Intrm Bond Amer SA1M	**	30
	Lincoln National Life Insurance Company	Franklin Mutual Share VIP SA2J	**	3,593
	Lincoln National Life Insurance Company	Franklin Income VIP SA2I	**	41
	Lincoln National Life Insurance Company	Delaware Small Cap Core SA2C	**	2,293
	Lincoln National Life Insurance Company	Franklin Balanced Fund SA2R	**	6,779,401
				<u>6,779,401</u>
*	Participant Loans	Various Maturities & Interest Rates	**	66,117
Total Investments				<u>\$ 6,845,518</u>

This schedule was derived from data certified by Lincoln National Life Insurance Company.

* Represents a party-in-interest.

** Cost omitted for participant directed investments.

BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust
26-4243377
Schedule H, Line 4I - Schedule of Assets (Held at End of Year)
December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Fair Value
*	Lincoln National Life Insurance Company	LVIP SSqA International Indx SAL5	**	\$ 4,706
*	Lincoln National Life Insurance Company	LVIP DSSqA Bond Index SAL6	**	5,969
*	Lincoln National Life Insurance Company	LVIP TRowePrice 2030 Fund SAL3	**	537,546
*	Lincoln National Life Insurance Company	LVIP TRowePrice 2040 Fund SAL4	**	702,761
*	Lincoln National Life Insurance Company	LVIP TRowePrice 2010 Fund SAL1	**	114,697
*	Lincoln National Life Insurance Company	LVIP TRowePrice 2020 Fund SAL2	**	280,428
	Lincoln National Life Insurance Company	BR Gobl AllFnd Investor	**	29
	Lincoln National Life Insurance Company	Blackrock Equity Div SALF	**	16,445
	Lincoln National Life Insurance Company	SS Russ SC GR 1x Non-Ln SALC	**	5,535
	Lincoln National Life Insurance Company	SS Real Asset Non-Lend SALD	**	722
	Lincoln National Life Insurance Company	SS S&P MidCp idx Non-Ln SALA	**	60,255
	Lincoln National Life Insurance Company	SS Russ SC VI 1x Non-Ln SALB	**	4,073
	Lincoln National Life Insurance Company	SS Russ LC GR VI 1x Non-Ln SAL9	**	29,527
*	Lincoln National Life Insurance Company	LVIP DelawareSpecial Opp SAL7	**	769
	Lincoln National Life Insurance Company	SS Russ LC VI 1x Non-Ln SAL8	**	18,255
*	Lincoln National Life Insurance Company	Guaranteed Stable Value Account	**	302,696
	Lincoln National Life Insurance Company	Pimco Total Return	**	6,797
*	Lincoln National Life Insurance Company	LVIP TRowePrice 2020 Fund 2050 SALL	**	1,226,261
	Lincoln National Life Insurance Company	BlackRock Focus Growth SALG	**	65,489
	Lincoln National Life Insurance Company	BlackRock Adv LrqCapGr Fd SA83	**	7,763
	Lincoln National Life Insurance Company	Blackrock Capital App SA81	**	21,980
	Lincoln National Life Insurance Company	AB VPS Small Mid Value SA39	**	14,447
*	Lincoln National Life Insurance Company	LVIP Vanguard Intl Equity SA59	**	6,472
	Lincoln National Life Insurance Company	WellsFargo Discovery Inst SA63	**	25,295
	Lincoln National Life Insurance Company	Delaware VIP SmCap Value SA56	**	3,895
*	Lincoln National Life Insurance Company	LVIP Dim US Equity Mgd SA57	**	31
	Lincoln National Life Insurance Company	Franklin Growth SA58	**	23,395
	Lincoln National Life Insurance Company	MFSVIT Utilities Series SA67	**	9,513
	Lincoln National Life Insurance Company	Janus HendersonEnterprise SA64	**	5,742
	Lincoln National Life Insurance Company	MFS VIT Growth SA65	**	47,367
	Lincoln National Life Insurance Company	Blackrock Energy & Resources SA77	**	54,075
	Lincoln National Life Insurance Company	Invesco Small Cap Discovery SA76	**	23,852
*	Lincoln National Life Insurance Company	LVIP Vanguard Domestic Eq SA19	**	16,757
	Lincoln National Life Insurance Company	Franklin High Income SA20	**	5,690
	Lincoln National Life Insurance Company	VG LifeStrategy Mod Grw SA21	**	392,234
*	Lincoln National Life Insurance Company	LVIP Mon Intl Value SA22	**	11,243
	Lincoln National Life Insurance Company	SSR All Cap Idx NonLnd SA23	**	5,220
*	Lincoln National Life Insurance Company	LVIP DimensionalCoreEq1 SA11	**	36
	Lincoln National Life Insurance Company	LVIP Delaware Bond SA12	**	707
	Lincoln National Life Insurance Company	Federal Government Ultra Short Dur SA14	**	49,265
	Lincoln National Life Insurance Company	ColumbiaSM Acr Fd Inst SA17	**	83
	Lincoln National Life Insurance Company	VG LifeStrategy Growth SA32	**	296,272
	Lincoln National Life Insurance Company	SSR SmlMd Cap Idx NonLnd SA24	**	12,036
	Lincoln National Life Insurance Company	Invesco Growth and Income SA28	**	31,500
	Lincoln National Life Insurance Company	VG LifeStrategy Cons Grw SA30	**	453,396
	Lincoln National Life Insurance Company	Delaware VIP Value SA61	**	10,961
*	Lincoln National Life Insurance Company	LVIP Del Social Awareness SA33	**	36
	Lincoln National Life Insurance Company	Fidelity VIP ContraFund SA35	**	17,970
	Lincoln National Life Insurance Company	Del Ltd-Term Div Income SA87	**	1,332
	Lincoln National Life Insurance Company	Templeton Global Bond VIP SA86	**	19,919
	Lincoln National Life Insurance Company	Fidelity VIP Mid Cap SA84	**	89,960
*	Lincoln National Life Insurance Company	LVIPBkrk Inftn Protected SA92	**	214
	Lincoln National Life Insurance Company	Del VIP DiversifiedIncome SA93	**	717
*	Lincoln National Life Insurance Company	LVIP BR Advantage Allocation SA96	**	22,272
*	Lincoln National Life Insurance Company	LVIP Delaware Wealth Builder SA97	**	51,601
	Lincoln National Life Insurance Company	Inv Opp Dev Markets Fnd SA94	**	9,525
*	Lincoln National Life Insurance Company	LVIP JPMorgan RetIrlIncome	**	6,205
*	Lincoln National Life Insurance Company	LVIP BRGlobal Real Estate SA55	**	48
*	Lincoln National Life Insurance Company	LVIP Frank Temp GIeqMq VI SA62	**	776
*	Lincoln National Life Insurance Company	LVIP SSqA S & P 500 Index SA27	**	166,153
*	Lincoln National Life Insurance Company	LVIP SSqA Small-Cap Index SA36	**	14,470
	Lincoln National Life Insurance Company	AmerFunds Income America SA1L	**	11,499
	Lincoln National Life Insurance Company	AmerFunds Growth America SA1K	**	16,093
	Lincoln National Life Insurance Company	AmerFunds Fundamental Inv SA1J	**	8,771
	Lincoln National Life Insurance Company	AmerFunds EuroPac Growth SA1I	**	12,361
	Lincoln National Life Insurance Company	AmerFunds CapWrldGr&Inc SA1H	**	22,237
	Lincoln National Life Insurance Company	AmerFunds Cap World Bond SA1G	**	8,125
	Lincoln National Life Insurance Company	AmerFunds Cap Inc Builder SA1F	**	11,239
	Lincoln National Life Insurance Company	AmerFunds Bond America SA1E	**	20,154
	Lincoln National Life Insurance Company	AmerFunds Amer Mutual SA1D	**	91,032
	Lincoln National Life Insurance Company	AmerFunds Amer High-inc SA1C	**	3,252
	Lincoln National Life Insurance Company	AmerFunds Amer Balanced SA1B	**	9,700
	Lincoln National Life Insurance Company	AmerFunds AMCAP SA1A	**	49,144
*	Lincoln National Life Insurance Company	LVIP Bar Gr SA1X	**	3,010
	Lincoln National Life Insurance Company	AmerFunds Wash Mutual Inv SA1U	**	6,700
	Lincoln National Life Insurance Company	AmerFunds US Govt Sec SA1T	**	72,221
	Lincoln National Life Insurance Company	AmerFunds Smallcap World SA1S	**	61,004
	Lincoln National Life Insurance Company	AmerFunds New World SA1R	**	31,752
	Lincoln National Life Insurance Company	AmerFunds New Perspective SA1G	**	18,156
	Lincoln National Life Insurance Company	AmerFunds New Economy SA1P	**	16,836
	Lincoln National Life Insurance Company	AmerFunds Invest Co Amer SA1N	**	12,667
	Lincoln National Life Insurance Company	AmerFunds Intrm Bond Amer SA1M	**	4,971
	Lincoln National Life Insurance Company	Franklin Mutual Share VIP SA2J	**	25
	Lincoln National Life Insurance Company	Franklin Income VIP SA2I	**	4,464
	Lincoln National Life Insurance Company	Delaware Small Cap Core SA2C	**	33
	Lincoln National Life Insurance Company	Franklin Balanced Fund SA2R	**	4,114
				<u>5,812,945</u>
*	Participant Loans	Various Maturities & Interest Rates	**	76,184
	Total Investments			<u>\$ 5,889,129</u>

This schedule was derived from data certified by Lincoln National Life Insurance Company.

- * Represents a 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
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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.)

☒ 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>BARNALLEN TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>01/01/2011</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>BARNALLEN TECHNOLOGIES, INC.</u> <u>1700 ROCKVILLE PIKE STE 300</u> <u>ROCKVILLE, MD 20852-1631</u> <u>1700 ROCKVILLE PIKE STE 300</u> <u>ROCKVILLE, MD 20852-1631</u>	2b Employer Identification Number (EIN) <u>26-4243377</u> 2c Plan Sponsor's telephone number <u>301-463-4800</u> 2d Business code (see instructions) <u>541600</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	<u>Gordon Barnaby</u>	10/6/2022	<u>GORDON BARNABY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Gordon Barnaby</u>	10/6/2022	<u>GORDON BARNABY</u>
	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

Form 5558
(Rev. August 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Information about Form 5558 and its instructions is at www.irs.gov/form5558

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) <u>BarnAllen Technologies, Inc.</u> Number, street, and room or suite no. (If a P.O. box, see instructions) <u>1700 Rockville Pike, Ste 300</u> City or town, state, and ZIP code <u>Rockville, MD 20852-1631</u>	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) <u>26-4243377</u> Social security number (SSN) (9 digits XXX-XX-XXXX)											
C	<table border="1"> <thead> <tr> <th data-bbox="967 405 1140 436" rowspan="2">Plan number</th> <th colspan="3" data-bbox="1140 405 1505 436">Plan year ending—</th> </tr> <tr> <th data-bbox="1140 436 1269 453">MM</th> <th data-bbox="1269 436 1398 453">DD</th> <th data-bbox="1398 436 1505 453">YYYY</th> </tr> </thead> <tbody> <tr> <td data-bbox="967 453 1140 627"> <u>BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan</u> </td> <td data-bbox="1140 453 1269 627"> 0 0 1 </td> <td data-bbox="1269 453 1398 627"> 12 </td> <td data-bbox="1398 453 1505 627"> 31 2021 </td> </tr> </tbody> </table>	Plan number	Plan year ending—			MM	DD	YYYY	<u>BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan</u>	0 0 1	12	31 2021
Plan number	Plan year ending—											
	MM	DD	YYYY									
<u>BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan</u>	0 0 1	12	31 2021									

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1** ☒ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.
- 2** I request an extension of time until 1 0 / 1 5 / 2 0 2 2 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3** I request an extension of time until 1 0 / 1 5 / 2 0 2 2 to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until ____ / ____ / ____ to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a	Enter the Code section(s) imposing the tax ▶	a	
b	Enter the payment amount attached ▶	b	
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶	c	

5 State in detail why you need the extension:

[illegible]

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

BarnAllen Technologies, Inc. 401(k) Profit Sharing Plan and Trust
26-4243377
Schedule H, Line 4I - Schedule of Assets (Held at End of Year)
December 31, 2021

(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) Fair Value
			**	\$ 4,762
*	Lincoln National Life Insurance Company	LVIP SSgA International Indx SAL5	**	2,664
*	Lincoln National Life Insurance Company	LVIP DSSgA Bond Index SAL6	**	580,816
*	Lincoln National Life Insurance Company	LVIP TRowePrice 2030 Fund SAL3	**	810,660
*	Lincoln National Life Insurance Company	LVIP TRowePrice 2040 Fund SAL4	**	131,649
*	Lincoln National Life Insurance Company	LVIP TRowePrice 2010 Fund SAL1	**	288,261
*	Lincoln National Life Insurance Company	LVIP TRowePrice 2020 Fund SAL2	**	31
	Lincoln National Life Insurance Company	BR Gobl AllFnd Investor	**	9,188
	Lincoln National Life Insurance Company	Blackrock Equity Div SALF	**	5,645
	Lincoln National Life Insurance Company	SS Russ SC GR 1x Non-Ln SALC	**	1,253
	Lincoln National Life Insurance Company	SS Real Asset Non-Lend SALD	**	82,339
	Lincoln National Life Insurance Company	SS S&P MidCp idx Non-Ln SALA	**	5,180
	Lincoln National Life Insurance Company	SS Russ SC VI 1x Non-Ln SALB	**	36,226
	Lincoln National Life Insurance Company	SS Russ LC GR VI 1x Non-Ln SAL9	**	1,405
*	Lincoln National Life Insurance Company	LVIP DelawareSpecial Opp SAL7	**	21,282
*	Lincoln National Life Insurance Company	SS Russ LC VI 1x Non-Ln SAL8	**	373,161
*	Lincoln National Life Insurance Company	Guaranteed Stable Value Account	**	8,768
*	Lincoln National Life Insurance Company	Pimco Total Return	**	1,394,946
	Lincoln National Life Insurance Company	LVIP TRowePrice 2020 Fund 2050 SALL	**	85,258
	Lincoln National Life Insurance Company	BlackRock Focus Growth SALG	**	8,609
	Lincoln National Life Insurance Company	LVIP TRowePrice 2060 Fund SAP3	**	12,326
	Lincoln National Life Insurance Company	BlackRock Adv LrgCapGr Fd SA83	**	23,286
	Lincoln National Life Insurance Company	Blackrock Capital App SA81	**	22,649
	Lincoln National Life Insurance Company	AB VPS Small Mid Value SA39	**	9,070
*	Lincoln National Life Insurance Company	LVIP Vanguard Intl Equity SA59	**	30,237
	Lincoln National Life Insurance Company	WellsFargo Discovery Inst SA63	**	7,263
	Lincoln National Life Insurance Company	Delaware VIP SmCap Value SA56	**	1,414
*	Lincoln National Life Insurance Company	LVIP Dim US Equity Mgd SA57	**	21,853
	Lincoln National Life Insurance Company	Franklin Growth SA58	**	13,397
	Lincoln National Life Insurance Company	MFSVIT Utilities Series SA67	**	7,702
	Lincoln National Life Insurance Company	Janus HendersonEnterprise SA64	**	75,863
	Lincoln National Life Insurance Company	MFS VIT Growth SA65	**	112,180
	Lincoln National Life Insurance Company	Blackrock Energy & Resources SA77	**	14,653
	Lincoln National Life Insurance Company	Invesco Small Cap Discovery SA76	**	14,658
*	Lincoln National Life Insurance Company	LVIP Vanguard Domestic Eq SA19	**	6,077
	Lincoln National Life Insurance Company	Franklin High Income SA20	**	426,063
*	Lincoln National Life Insurance Company	VG LifeStrategy Mod Grw SA21	**	13,105
	Lincoln National Life Insurance Company	LVIP Mon Intl Value SA22	**	6,518
*	Lincoln National Life Insurance Company	SSR All Cap Idx NonLnd SA23	**	46
*	Lincoln National Life Insurance Company	LVIP DimensionalCoreEq1 SA11	**	1,049
*	Lincoln National Life Insurance Company	LVIP Delaware Bond SA12	**	65,582
	Lincoln National Life Insurance Company	Federal Government Ultra Short Dur SA14	**	89
	Lincoln National Life Insurance Company	ColumbiaSM Acr Fd Inst SA17	**	352,768
	Lincoln National Life Insurance Company	VG LifeStrategy Growth SA32	**	15,253
	Lincoln National Life Insurance Company	SSR SmId Cap Idx NonLnd SA24	**	22,757
	Lincoln National Life Insurance Company	Invesco Growth and Income SA28	**	509,592
	Lincoln National Life Insurance Company	VG LifeStrategy Cons Grw SA30	**	15,136
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	Lincoln National Life Insurance Company	Del Ltd-Term Div Income SA87	**	15,364
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	Lincoln National Life Insurance Company	Del VIP DiversifiedIncome SA93	**	15,575
*	Lincoln National Life Insurance Company	LVIP BR Advantage Allocation SA96	**	54,742
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*	Lincoln National Life Insurance Company	LVIP JPMorgan RetirIncome	**	99
*	Lincoln National Life Insurance Company	LVIP BRGlobal Real Estate SA55	**	1,286
*	Lincoln National Life Insurance Company	LVIP Frank Temp GIEMg VI SA62	**	247,939
*	Lincoln National Life Insurance Company	LVIP SsgA S & P 500 Index SA27	**	14,944
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	Lincoln National Life Insurance Company	AmerFunds Fundamental Inv SA1J	**	15,185
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	Lincoln National Life Insurance Company	AmerFunds Amer Balanced SA1B	**	55,010
	Lincoln National Life Insurance Company	AmerFunds AMCAP SA1A	**	4,176
*	Lincoln National Life Insurance Company	LVIP Bar Gr SA1X	**	10,238
	Lincoln National Life Insurance Company	AmerFunds Wash Murual Inv SA1U	**	75,769
	Lincoln National Life Insurance Company	AmerFunds US Gov't Sec SA1T	**	73,728
	Lincoln National Life Insurance Company	AmerFunds Smallcap World SA1S	**	39,729
	Lincoln National Life Insurance Company	AmerFunds New World SA1R	**	25,866
	Lincoln National Life Insurance Company	AmerFunds New Perspective SA1G	**	19,329
	Lincoln National Life Insurance Company	AmerFunds New Economy SA1P	**	11,891
	Lincoln National Life Insurance Company	AmerFunds Invest Co Amer SA1N	**	6,723
	Lincoln National Life Insurance Company	AmerFunds Intrm Bond Amer SA1M	**	30
	Lincoln National Life Insurance Company	Franklin Mutual Share VIP SA2J	**	3,593
	Lincoln National Life Insurance Company	Franklin Income VIP SA2I	**	41
	Lincoln National Life Insurance Company	Delaware Small Cap Core SA2C	**	2,293
	Lincoln National Life Insurance Company	Franklin Balanced Fund SA2R	**	6,779,401
				<u>6,779,401</u>
*	Participant Loans	Various Maturities & Interest Rates	**	66,117
Total Investments				<u>\$ 6,845,518</u>

This schedule was derived from data certified by Lincoln National Life Insurance Company.

* Represents a party-in-interest.

** Cost omitted for participant directed investments.