

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>AAKRON RULE CORP. PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan <u>12/01/1973</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2b Employer Identification Number (EIN) <u>16-0919851</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Plan Sponsor's telephone number <u>716-542-5483</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) <u>339900</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/01/1973</u>		2b Employer Identification Number (EIN) <u>16-0919851</u>		2c Plan Sponsor's telephone number <u>716-542-5483</u>		2d Business code (see instructions) <u>339900</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>12/01/1973</u>											
2b Employer Identification Number (EIN) <u>16-0919851</u>											
2c Plan Sponsor's telephone number <u>716-542-5483</u>											
2d Business code (see instructions) <u>339900</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>AAKRON RULE CORPORATION</u> <u>8 INDIANOLA AVENUE</u> <u>AKRON, NY 14001</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2022	DANIELLE ROBILLARD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	248
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)	164
a(2) Total number of active participants at the end of the plan year		6a(2)	142
b Retired or separated participants receiving benefits.....		6b	77
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	219
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	220
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	212
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	1
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 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</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 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 AAKRON RULE CORP. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AAKRON RULE CORPORATION	D Employer Identification Number (EIN) 16-0919851	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

UBS FINANCIAL

12220 EL CAMINO REAL
SUITE 400
SAN DIEGO, CA 92130

(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?
28	NONE	61852	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 ☐

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
LASALLE ST 940 N INDUSTRIAL DR ELMHURST, IL 60126	28	ADVISORY FIRM REFUSED TO PROVIDE FEE AMOUNTS
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) 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 AAKRON RULE CORP. PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 AAKRON RULE CORPORATION	D Employer Identification Number (EIN) 16-0919851	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	289143	264706
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	21834	25619
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	193271	210087
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	1698500	2654561
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	4291322	4109364
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	142989	120587
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	776452	112933

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	7413511	7497857

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
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	7413511	7497857
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	264706	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	264706
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other	2b(1)(F)	86893	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		86893
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	55039	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		55039
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	102547	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		102547

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		509185
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	359902	
(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)		359902
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)	64937	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		64937
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		424839
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		84346
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: CHIAMPOU TRAVIS BESAW & KERSHER LLP

(2) EIN: 16-1468002

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 AAKRON RULE CORP. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AAKRON RULE CORPORATION	D Employer Identification Number (EIN) 16-0919851

Part I	Distributions
--------	---------------

All references to distributions relate only to payments of benefits during the plan year.

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
---------	--

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
----------	------------

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**AAKRON RULE CORP.
PROFIT SHARING PLAN**

Financial Statements as of and for the Years Ended
December 31, 2021 and 2020
and Supplemental Schedule as of
December 31, 2021
with
Independent Auditors' Report

AAKRON RULE CORP. PROFIT SHARING PLAN

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INDEPENDENT AUDITORS' REPORT

To the Trustees of the
Aakron Rule Corp. Profit Sharing Plan
Akron, New York

Opinion

We have audited the accompanying financial statements of Aakron Rule Corp. Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Aakron Rule Corp. Profit Sharing Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Aakron Rule Corp. Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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.

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 Aakron Rule Corp. Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Aakron Rule Corp. Profit Sharing 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 Aakron Rule Corp. Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules as included in the table of contents is 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 has been subjected to the auditing procedures applied in the audits 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Chapman Tripp Ben + Ketchum LLP

September 26, 2022

AAKRON RULE CORP. PROFIT SHARING PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020**

	2021	2020
ASSETS		
INVESTMENTS AT FAIR VALUE:		
Money market funds	\$ 210,087	\$ 43,147
Mutual funds	120,587	-
Exchange traded funds	-	142,989
Common stocks	4,109,364	4,291,322
Corporate bonds	2,654,561	1,698,500
Government bonds	112,933	776,452
Certificates of deposit	-	150,124
Total investments	7,207,532	7,102,534
RECEIVABLES:		
Employer contribution	264,706	289,143
Accrued interest and dividends	25,619	21,834
Total receivables	290,325	310,977
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 7,497,857</u></u>	<u><u>\$ 7,413,511</u></u>

See notes to financial statements.

AAKRON RULE CORP. PROFIT SHARING PLAN**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020**

	2021	2020
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 102,547	\$ (342,670)
Interest income	86,893	89,296
Dividends	55,039	113,467
Net investment income (loss)	<u>244,479</u>	<u>(139,907)</u>
Contributions:		
Employer	<u>264,706</u>	<u>289,143</u>
Total net additions	509,185	149,236
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	359,902	1,430,292
Administrative expenses	<u>64,937</u>	<u>51,154</u>
Total deductions	<u>424,839</u>	<u>1,481,446</u>
NET INCREASE (DECREASE)	84,346	(1,332,210)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>7,413,511</u>	<u>8,745,721</u>
End of year	<u>\$ 7,497,857</u>	<u>\$ 7,413,511</u>

See notes to financial statements.

AAKRON RULE CORP. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

1. PLAN DESCRIPTION

The following is a brief description of the Aakron Rule Corp. Profit Sharing Plan (the “Plan”) provided for general informational purposes. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General – The Plan continues to be for the exclusive benefit of the employees of the following participating companies: Aakron Rule Corp., Wagner Pencil Company, Inc. and Cato Holdings, LLC (the “Plan Sponsors” or the “Company”). The Plan is a defined contribution plan covering all full-time employees of the Plan Sponsors who have one year of service (1,000 hours), and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions – Each year, the Company contributes to the Plan an amount which the Plans Sponsors’ Boards of Directors deems advisable, subject to certain limitations.

Vesting – Vesting in the Plan benefits is based on years of continuous service. A participant is 100% vested after three years of credited service or upon reaching normal retirement age. Should a participant die or become disabled while still employed by the employer, that participant’s entire Plan interest becomes 100% vested.

Forfeitures – Forfeitures are allocated to participants as additional employer contributions. There were no forfeitures allocated during the years ended December 31, 2021 and 2020.

Participant Accounts – Each participant’s account is credited with the allocation of the Company’s contribution plus the forfeitures of terminated participants’ non-vested accounts based on the participant’s proportionate share of the total compensation paid during the year to all employed participants in the Plan on the last day of the Plan year end. Plan earnings and administrative expenses are allocated based on each participant’s proportionate share of the total Plan assets as of the beginning of the Plan year.

Plan Termination – Although it has not expressed any intent to do so, the Plan Sponsors have the right to terminate the Plan subject to the provisions of ERISA. In the event of termination, participants shall become 100% vested and entitled to the amount of their account at the date of such termination.

Payment of Benefits – The Plan allows a participant on termination of service due to death, disability, or retirement to withdraw all of their account balance in a lump sum distribution. The Plan also allows a participant, after attaining the normal retirement age, to withdraw all or any part of their participant account balance.

Administrative Expenses – Certain expenses of maintaining the Plan are paid directly by the Plan Sponsors and are excluded from the financial statements. Investment advisory related expenses are included in administrative expenses. Investment transaction expenses are included in the net appreciation (depreciation) in fair value of investments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of net assets at the date of the financial statements and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – The Plan determines the fair value of assets and liabilities, which are subject to be reported at fair value based on accounting principles generally accepted in the United States of America. These standards establish a hierarchy for the determination of fair value, as well as disclosure requirements relative to those assets and liabilities. The hierarchy identifies three levels of input. Level 1 inputs are generally quoted market prices for identical assets or liabilities, which are actively traded on an exchange. Level 2 inputs generally consist of market prices for identical assets which are not actively traded or market prices of similar assets or liabilities which are actively traded, on an exchange. Level 3 inputs are referred to as unobservable inputs and consist primarily of information derived by management where Level 1 and Level 2 inputs are not available. These may include such things as present value of expected future cash flows or other valuation methodologies. Under the hierarchy, Level 1 inputs are the most preferred, followed by Level 2, and Level 3 is to be used only where neither Level 1 nor Level 2 inputs are available.

An investment's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques 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 investments measured at fair value

Money market funds: Valued at the daily closing price as reported by the funds. The money market funds are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish a daily net asset value ("NAV") and to transact at that price. The money market funds are deemed to be actively traded.

Mutual funds and exchange traded funds: Valued based on the quoted market price available on an active market, which represents the NAV of the shares held by the Plan.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds, governmental bonds, and certificate of deposits: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 different fair value measurements at the reporting date.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

The Plan presents in the statements of changes in net assets available for benefits the net appreciation (depreciation) in fair value of investments, which includes unrealized and realized gains and losses on investments that were held or sold during the year.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividend income is recognized on the ex-dividend date.

Payment of Benefits – Benefit payments to participants are recorded upon distribution.

Risks and Uncertainties – The Plan’s assets include various types of 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 investments and the level of uncertainty related to the value of such investments, changes in the values of investments will occur and such changes could materially affect the amounts reported in the accompanying financial statements.

Subsequent Events – The Plan has evaluated the effects of all subsequent events through September 26, 2022, the date the financial statements were available to be issued, to determine if events or transactions occurring through that date require potential adjustment or disclosure in the financial statements.

3. FAIR VALUE MEASUREMENTS

The Plan uses fair value measurements to record fair value adjustments to certain assets and to determine fair value disclosures (as discussed in Note 2). The following table sets forth, by level within the fair value hierarchy, the Plan’s assets that are measured at fair value as of December 31:

	2021	2020
<i>Level 1:</i>		
Money market funds	\$ 210,087	\$ 43,147
Mutual funds	120,587	-
Exchange traded funds	-	142,989
Common stocks	<u>4,109,364</u>	<u>4,291,322</u>
	4,440,038	4,477,458
<i>Level 2:</i>		
Corporate bonds	2,654,561	1,698,500
Government bonds	112,933	776,452
Certificates of deposit	<u>-</u>	<u>150,124</u>
	<u>2,767,494</u>	<u>2,625,076</u>
Total investments at fair value	<u>\$ 7,207,532</u>	<u>\$ 7,102,534</u>

4. PARTY-IN-INTEREST TRANSACTIONS

The Plan investments are or were managed by UBS Financial Services, Inc., LaSalle St. Securities, LLC, and P&A Group, LLC. P&A Group, LLC is the third party administrator, LaSalle St. Securities, LLC was the custodian for a portion of the year, and UBS Financial Services, Inc is the current custodian. Therefore, these transactions qualify as party-in-interest transactions.

5. INCOME TAX STATUS

The Plan received a determination letter from the IRS stating the Plan is qualified pursuant to Section 401(a) of the Internal Revenue Cod and, accordingly, the related trust's net investment income is exempt from income taxes. Once qualified, the Plan is required to operate in conformity with the IRS to maintain its qualifications. The Plan has been amended since receiving the determination letter. The Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. The Plan administrator is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

* * * * *

AAKRON RULE CORP. PROFIT SHARING PLAN
EIN: 16-0919851
PLAN NUMBER: 001
**FORM 5500: SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021**

(a)	(b) Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c)	(d)
Identity of Issue, Borrower, Lessor or Similar Party		Cost	Current Value
	<u>Money market funds</u>		
* UBS Liquid Assets Government Fund	Cash management fund	\$ 138,895	\$ 138,895
* UBS Government Money Market Investments	Money market fund	71,192	71,192
	<u>Mutual funds</u>		
Martin Currie SMA Series EM Fund Class NL	9,740 shares	127,563	120,587
	<u>Common stocks</u>		
Microsoft Corp	556 shares	64,212	186,999
Amazon.com Inc	28 shares	91,705	93,362
Alphabet Inc. Cl A	31 shares	66,502	89,808
Tesla Inc	69 shares	46,314	72,918
Apple Inc Com	408 shares	54,529	72,449
Shopify Inc Cl A	44 shares	60,339	60,605
Adobe Inc.	103 shares	51,959	58,407
Meta Platforms Inc Cl A	170 shares	46,466	57,180
Danaher Corp	172 shares	41,725	56,590
Parker Hannifin Corp	162 shares	44,944	51,535
Intellia Therapeutics Inc	427 shares	36,855	50,488
ANSYS INC	121 shares	48,616	48,536
Ameriprise Financial Inc.	160 shares	35,131	48,266
Roku Inc	211 shares	70,126	48,150
Taiwan Semiconductor Mfg Co	399 shares	54,447	48,004
Coinbase Global Inc Cl A	190 shares	48,692	47,950
Zebra Technologies Corp Cl A	71 shares	33,132	42,259
Visa Inc Cl A	193 shares	27,785	41,825
Twitter Inc	942 shares	59,933	40,713
Teladoc Health Inc	443 shares	86,648	40,676
Adyen N V Adr	1516 shares	39,221	39,901
Alcon Inc. Chf	449 shares	34,317	39,117
Zoom Video Communications Inc	208 shares	55,575	38,253
Unity Software Inc	263 shares	25,995	37,606
Pool Corp	66 shares	21,941	37,356
Siteone Landscape Supply Inc	149 shares	24,658	36,100
Charles River Laboratories	95 shares	27,413	35,794
Twilio Inc Cl A	135 shares	49,075	35,551
Exact Sciences Corp	451 shares	53,813	35,101
Honeywell Intl Inc	167 shares	35,965	34,821
TJX Cos Inc New	447 shares	30,555	33,936
Teradyne Inc	202 shares	7,246	33,033
Spotify Technology SA Eur	139 shares	39,063	32,530
Scotts Miracle-Gro Co Cl A	193 shares	46,408	31,073

AAKRON RULE CORP. PROFIT SHARING PLAN
EIN: 16-0919851
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FORM 5500: SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Cost	(d) Current Value
	<i>Common stocks</i>		
Square Inc Cl A	191 shares	\$ 44,675	\$ 30,848
MSCI Inc	50 shares	21,317	30,635
Lowes Companies Inc	114 shares	20,018	29,467
Home Depot Inc	71 shares	20,993	29,466
Sony Group Corp Sponsored Adr	229 shares	26,423	28,946
Johnson Ctls Intl Plc	353 shares	18,901	28,702
Lennar Corp Cl A	247 shares	22,013	28,692
CDW Corp	140 shares	21,812	28,669
Capital One Fincl Corp	196 shares	23,918	28,438
Straumann Hldg AG Adr	263 shares	17,560	28,404
Qualcomm Inc	153 shares	22,495	27,979
Elanco Animal Health Inc	976 shares	28,935	27,699
Equifax Inc	94 shares	16,860	27,522
Salesforce.com Inc	108 shares	26,079	27,446
Union Pacific Corp	108 shares	23,741	27,208
Atlassian Corp Plc Cl A	70 shares	17,334	26,690
Microchip Technology Inc	304 shares	17,088	26,466
Abbott Laboratories	188 shares	18,128	26,459
O Reilly Automotive Inc	37 shares	16,311	26,131
Martin Marietta Materials Inc	59 shares	19,184	25,991
Nordson Corp	101 shares	18,983	25,782
Cooper Companies Inc New	61 shares	23,467	25,555
Techtronic Inds Spon Adr	256 shares	21,354	25,446
Crispr Therapeutics Ag Chf	334 shares	46,944	25,311
Corteva Inc	530 shares	23,866	25,058
Copart Inc	160 shares	18,542	24,259
UiPath Inc Cl A	559 shares	29,246	24,110
LVMH Moet Hennessy Louis ADR	144 shares	18,479	23,832
Berkley W R Corp	283 shares	19,332	23,316
Ecolab Inc	99 shares	21,119	23,224
Unitedhealth Group Inc	46 shares	15,646	23,098
ASML Hldg NV Spon Adr	29 shares	18,111	23,088
Sea Ltd Adr	103 shares	28,176	23,042
Crown Castle Intl Corp Reit	110 shares	16,742	22,961
Applied Materials Inc	144 shares	17,787	22,660
PNC Financial Services Group	112 shares	18,824	22,458
Xylem Inc	186 shares	18,485	22,305
LPL Finl Hldgs Inc Com	138 shares	18,521	22,092
INVITAE CORP	1435 shares	59,780	21,912
Costco Wholesale Corp	38 shares	13,797	21,573
Dassault Systems A Spon Adr	360 shares	17,502	21,485
Thor Industries Inc	207 shares	25,474	21,480

AAKRON RULE CORP. PROFIT SHARING PLAN
EIN: 16-0919851
PLAN NUMBER: 001
**FORM 5500: SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021**

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Cost	(d) Current Value
<u>Common stocks</u>			
Interactive Brokers Group Inc	269 shares	\$ 19,147	\$ 21,364
Sherwin Williams Co	60 shares	14,510	21,130
Lonza Group AG ADR	253 shares	20,122	21,126
RPM Intl Inc (Dela)	209 shares	18,005	21,109
Texas Instruments	112 shares	20,143	21,109
Procter & Gamble Co	128 shares	15,573	20,938
Michelin Compagnie Generale ADR	627 shares	18,934	20,559
Bentley Systems Inc Cl B	425 shares	20,402	20,540
Amgen Inc	90 shares	21,408	20,247
Mercadolibre Inc	15 shares	28,030	20,226
Fidelity Natl Information Svcs	185 shares	24,238	20,193
Lennox Intl Inc	62 shares	18,035	20,110
Cinn Financial Corp	174 shares	15,899	19,824
Boston Scientific Corp	461 shares	18,296	19,583
Coca Cola Co Com	329 shares	15,946	19,480
Allegion Plc	147 shares	17,501	19,469
Palantir Technologies Inc Cl A	1061 shares	22,695	19,321
10X Genomics Inc Cl A	129 shares	21,835	19,216
Ashtead Group Plc Ord Unsponsored ADR	57 shares	17,059	18,740
Hermes Intl Sca ADR	104 shares	13,236	18,255
Tusimple Hldgs Inc Cl A	506 shares	18,463	18,140
Draftkings Inc Cl A	658 shares	30,451	18,075
Loreal Co ADR France ADR	188 shares	14,587	17,939
Ferrari N V Eur	68 shares	13,893	17,600
Shubb Ltd Chf	91 shares	14,930	17,591
Tencent Hldgs Ltd ADR	301 shares	28,867	17,548
Medtronic PLC	169 shares	20,061	17,483
Aspen Technology Inc Del Change in State of Inc	113 shares	17,653	17,199
Constellation Brands Inc Cl A	67 shares	14,673	16,815
Intercontinental Exchange Group	122 shares	13,498	16,686
American Tower Corp Reit	57 shares	12,819	16,673
Robinhood Mkts Inc Cl A	938 shares	30,342	16,659
Pagerduty Inc	470 shares	24,128	16,333
Dollar Gen Corp New	69 shares	13,809	16,272
Genl Dynamics Corp	77 shares	11,447	16,052
Pernod Ricard SA Spon ADR	331 shares	13,017	16,047
Givaudan SA ADR	147 shares	12,050	15,422
Chemed Corp New	29 shares	14,802	15,342
Coterra Energy Inc	806 shares	14,583	15,314
Globant S A	48 shares	14,081	15,076
Cullen Frost Bankers Inc	118 shares	13,018	14,876
Bright Horizons Family	118 shares	2,086	14,854
Tyson Foods Inc Cl A	170 shares	11,079	14,817

AAKRON RULE CORP. PROFIT SHARING PLAN
EIN: 16-0919851
PLAN NUMBER: 001
FORM 5500: SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Cost	(d) Current Value
	<u>Common stocks</u>		
Oshkosh Corp	131 shares	\$ 13,928	\$ 14,765
Booking Hldgs Inc	6 shares	13,380	14,395
Aregenx SE Spon Adr	41 shares	13,782	14,358
Exponent Inc	123 shares	11,551	14,358
Bio Rad Laboratories Inc Cl A	19 shares	13,091	14,356
Nike Inc Cl B	86 shares	12,579	14,334
Paypal Holdings Inc	76 shares	22,652	14,332
DocuSign Inc	92 shares	16,994	14,013
Veracyte Inc	338 shares	16,352	13,926
Pacific Biosciences of California	679 shares	17,290	13,892
Iridium Communications Inc Com	328 shares	14,462	13,543
Henry Jack & Assoc Inc	81 shares	11,980	13,526
Thermo Fisher Scientific	20 shares	10,178	13,345
Lauder Estee Cos Cl A	34 shares	9,728	12,587
Stratasys Ltd IIs	503 shares	20,820	12,318
Sun Communities Inc	58 shares	8,642	12,178
Commeerce Bancshares	175 shares	12,340	12,030
Rockwell Automation Inc New	34 shares	8,302	11,861
S&P Global Inc	25 shares	9,478	11,798
Rollins Inc	332 shares	12,478	11,358
Phillips 66 Com	156 shares	10,604	11,304
Fair Isaac Corp	24 shares	11,307	10,408
2U Inc	506 shares	21,976	10,155
Walgreens Boots Alliance Inc	193 shares	9,503	10,067
Equity Lifestyle Properties	114 shares	7,075	9,993
Mitsubishi UFJ Financial Group	1782 shares	9,619	9,730
Remy Cointreau SA	379 shares	7,394	9,369
Epam Systems Inc	14 shares	5,742	9,358
Alibaba Group Hldg Ltd Spon	78 shares	19,921	9,266
Teledyne Technologies Inc	21 shares	8,830	9,175
Compagnie Financiere Richemont	579 shares	8,732	8,656
Editas Medicine Inc	317 shares	16,666	8,416
Brunello Cucinelli Spa	233 shares	5,124	8,365
Duck Creek Technologies Inc.	276 shares	15,881	8,310
Meituan ADR	133 shares	13,962	7,689
Kering S A Un Sponsored ADR	88 shares	6,248	7,085
Icici Bank Ltd Spon ADR	356 shares	6,498	7,045
Dlocal Ltd Cl A	165 shares	8,409	5,889
AIA Group Ltd Spon Adr	131 shares	6,973	5,282
HDFC BANK Ltd ADR	76 shares	6,104	4,945
Ping An Insurance Group Co. of China Ltd	340 shares	7,702	4,876
Nu Holdgs Ltd Cl A	507 shares	5,786	4,756
JD Com Inc Cl A Spon ADR	63 shares	6,026	4,414
Cosan S A Spon Adr	272 shares	4,295	4,262

AAKRON RULE CORP. PROFIT SHARING PLAN
EIN: 16-0919851
PLAN NUMBER: 001
**FORM 5500: SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021**

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, Lessor or Similar Party	Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	<u>Common stocks</u>		
Lukoil PJSC Spon ADR	44 shares	\$ 3,426	\$ 3,951
Pt Bk Rakyat Adr	272 shares	4,602	3,903
China Merchants Bk Co Ltd Unsponsored Adr	99 shares	4,259	3,831
Sunny Optical Tech Unsponsored Adr	12 shares	3,438	3,798
Sberbank Spon ADR	236 shares	3,424	3,717
Biontech SE Adr	14 shares	4,150	3,609
Minth Group Ltd Un Spon ADR	36 shares	2,889	3,213
Prosus N V Spon Adr	192 shares	4,338	3,189
Credicorp Ltd	21 shares	3,364	2,563
P.T. Teelekomunikasi Indonesia Spon ADR	88 shares	2,069	2,551
Delivery Hero SE Adr	221 shares	3,079	2,502
Xinyi Solar Hlds Ltd Adr	67 shares	2,316	2,300
	<u>Corporate bonds</u>		
SBA Communications Corp	2/15/2027, 3.76%	76,868	76,218
HCA Inc Nts B/E	9/1/2028, 4.81%	74,669	75,952
United Rentals North AM	1/15/2028, 4.64%	75,260	74,612
CDK Glob Inc Nts B/E	6/1/2027, 4.71%	75,834	74,520
Service Corp Intl B/E	12/15/2027, 4.43%	74,113	73,063
CDW LLC/CDW Fin Corp	5/1/2025, 4.01%	74,036	72,953
Century Link Inc Nts B/E	4/1/2024, 6.85%	72,703	71,175
Block Financial Nts B/E	7/15/2028, 2.5%	70,936	70,136
Allegion US Hldg Co Inc	10/1/2027, 3.35%	70,158	70,027
Carrier Glob Corp Nts	2/15/2027, 2.43%	70,884	69,901
QVC Inc Nts B/E	2/15/2027, 4.62%	70,685	68,843
Hewlett Packard Co Nts	6/17/2027, 2.85%	69,601	68,401
Altria Group Inc Nts B/E	2/14/2026, 4%	70,547	68,237
Qorvo Inc Nts B/E	10/15/2029, 4.12%	69,215	67,920
Western Digital Corp Nts	2/15/2026, 4.35%	68,433	67,735
AMC Networks Inc Nts B/E	2/15/2029, 4.28%	66,470	67,575
Discovery Comm Inc Nts	3/20/2028, 3.63%	67,991	67,431
Broadcom Corp Nts B/E	1/15/2027, 3.57%	67,646	67,265
Fiserv Inc Nts B/E	6/1/2027, 2.21%	67,599	67,191
Molson Coors Brewing Co	7/15/2026, 2.86%	68,390	67,027
Kraft Heinz Foods Co Nts	6/1/2026, 2.87%	67,440	66,968
American Tower Corp NTS	6/15/2023, 2.92%	68,468	66,838
Oracle Corp Nts B/E	3/25/2028, 2.31%	67,776	66,838
Verizon Communications	3/16/2027, 3.71%	67,924	66,693
Total Sys Services Inc	4/1/2026, 4.32%	69,393	66,643
AT&T Inc B/E	3/1/2027, 3.83%	67,520	66,593
Steel Dynamics Inc Nts	6/15/2025, 2.34%	68,108	66,529
Motorola Solutions Inc	9/1/2024, 3.76%	68,355	66,045
Fortune Brnds Home & SEC	9/21/2023, 3.82%	67,989	66,008
Willis Group N Amer B/E	9/15/2028, 4.02%	67,430	65,998

(Continued)

AAKRON RULE CORP. PROFIT SHARING PLAN

EIN: 16-0919851

PLAN NUMBER: 001

**FORM 5500: SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021**

(a)	(b) Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c)	(d)
Identity of Issue, Borrower, Lessor or Similar Party		Cost	Current Value
	<u>Corporate bonds</u>		
Dollar Tree Inc B/E	5/15/2028, 3.77%	\$ 66,913	\$ 65,805
Verisk Analytics Inc B/E	6/15/2025, 3.72%	67,339	65,566
Conagra Brands Inc Nts	5/1/2024, 4.04%	67,403	64,920
Reynolds Amern Inc B/E	6/12/2025, 4.12%	67,046	64,784
Citrix Systems Inc Nts	12/1/2027, 4.14%	67,405	64,088
WABTEC Nts B/E	3/15/2024, 4.16%	59,246	58,183
Tegna Inc Nts B/E	3/15/2028, 4.58%	57,430	54,583
Kla-Tencor Corp Nts B/E	11/1/2024, 4.29%	50,447	48,796
Microchip Technology Inc Nts B/E	9/1/2025, 4.09%	42,050	41,546
Becton Dickinson & Co	12/15/2024, 3.51%	18,576	18,074
Carlisle Cos Inc B/E	12/1/2027, 3.47%	16,262	16,198
Wabtec B/E	9/15/2028, 4.35%	12,704	12,513
AMC Networks Inc Nts B/E	8/1/2025, 4.65%	8,210	8,170
	<u>Government bonds</u>		
US Treasury Note	9/30/2022, 1.73%	2,022	2,021
US Treasury Note	3/31/2026, 0.76%	111,782	110,912

* Represents a party-in-interest

AAKRON RULE CORP. PROFIT SHARING PLAN

EIN: 16-0919851

PLAN NUMBER: 001

FORM 5500: SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2021

Date Bought/Sold	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(i) Net Gain or (Loss)
2/17/2022	Liquid Assets Government Fund	\$ 994,027	\$ -	\$ -	\$ -
2/18/2022	Liquid Assets Government Fund	-	639,386	639,386	-
2/26/2022	Liquid Assets Government Fund	1,021,794	-	-	-
3/23/2022	Liquid Assets Government Fund	1,013,422	-	-	-
3/29/2022	Liquid Assets Government Fund	-	651,041	651,041	-
3/31/2022	Liquid Assets Government Fund	-	416,487	416,487	-

Schedule H, Line 4j
Schedule of Reportable Transactions

Name of Plan: ► Aakron Rule Corp Profit Sharing Plan

Employer Identification Number (EIN): ► 16-0919851

Three-digit plan number: ► 001

For the plan year beginning/ending: ► December 31, 2021

(a) Date Bought/Sold	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(g) Cost of asset	(i) Net gain or (loss)
2/17/2022	Liquid Assets Government Fund	\$ 994,027.00	\$ -	\$ -	\$ -
2/18/2022	Liquid Assets Government Fund	\$ -	\$ 639,386.00	\$ 639,386.00	\$ -
2/26/2022	Liquid Assets Government Fund	\$ 1,021,794.00	\$ -	\$ -	\$ -
3/23/2022	Liquid Assets Government Fund	\$ 1,013,422.00	\$ -	\$ -	\$ -
3/29/2022	Liquid Assets Government Fund	\$ -	\$ 651,041.00	\$ 651,041.00	\$ -
3/31/2022	Liquid Assets Government Fund	\$ -	\$ 416,487.00	\$ 416,487.00	\$ -

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

Name of Plan: Aakron Rule Profit Sharing Plan

Employer Identification Number: 16-0919851

For plan year (beginning/ending): December 31, 2021 Plan number: 001

(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Common stocks			
Oshkosh Corp	131 shares	\$ 13,928	\$ 14,765
Booking Hldgs Inc	6 shares	13,380	14,395
Aregenx SE Spon Adr	41 shares	13,782	14,358
Exponent Inc	123 shares	11,551	14,358
Bio Rad Laboratories Inc Cl A	19 shares	13,091	14,356
Nike Inc Cl B	86 shares	12,579	14,334
Paypal Holdings Inc	76 shares	22,652	14,332
Docusign Inc	92 shares	16,994	14,013
Veracyte Inc	338 shares	16,352	13,926
Pacific Biosciences of California	679 shares	17,290	13,892
Iridium Communications Inc Com	328 shares	14,462	13,543
Henry Jack & Assoc Inc	81 shares	11,980	13,526
Thermo Fisher Scientific	20 shares	10,178	13,345
Lauder Estee Cos Cl A	34 shares	9,728	12,587
Stratasys Ltd Ils	503 shares	20,820	12,318
Sun Communities Inc	58 shares	8,642	12,178
Commeerce Bancshares	175 shares	12,340	12,030
Rockwell Automation Inc New	34 shares	8,302	11,861
S&P Global Inc	25 shares	9,478	11,798
Rollins Inc	332 shares	12,478	11,358
Phillips 66 Com	156 shares	10,604	11,304
Fair Isaac Corp	24 shares	11,307	10,408
2U Inc	506 shares	21,976	10,155
Walgreens Boots Alliance Inc	193 shares	9,503	10,067
Equity Lifestyle Properties	114 shares	7,075	9,993
Mitsubishi UFJ Financial Group	1782 shares	9,619	9,730
Remy Cointreau SA	379 shares	7,394	9,369
Epam Systems Inc	14 shares	5,742	9,358
Alibaba Group Hldg Ltd Spon	78 shares	19,921	9,266
Teledyne Technologies Inc	21 shares	8,830	9,175
Compagnie Financiere Richemont	579 shares	8,732	8,656
Editas Medicine Inc	317 shares	16,666	8,416
Brunello Cucinelli Spa	233 shares	5,124	8,365
Duck Creek Technologies Inc.	276 shares	15,881	8,310
Meituan ADR	133 shares	13,962	7,689
Kering S A Un Sponsored ADR	88 shares	6,248	7,085
Icici Bank Ltd Spon ADR	356 shares	6,498	7,045
Dlocal Ltd Cl A	165 shares	8,409	5,889
AIA Group Ltd Spon Adr	131 shares	6,973	5,282
HDFC BANK Ltd ADR	76 shares	6,104	4,945
Ping An Insurance Group Co. of China Ltd	340 shares	7,702	4,876
Nu Holdings Ltd Cl A	507 shares	5,786	4,756
JD Com Inc Cl A Spon ADR	63 shares	6,026	4,414
Cosan S A Spon Adr	272 shares	4,295	4,262
Lukoil PJSC Spon ADR	44 shares	\$ 3,426	\$ 3,951
Pt Bk Rakyat Adr	272 shares	4,602	3,903
China Merchants Bk Co Ltd Un-sponsored	99 shares	4,259	3,831
Sunny Optical Tech Un-sponsored Adr	12 shares	3,438	3,798
Sberbank Spon ADR	236 shares	3,424	3,717
Biontech SE Adr	14 shares	4,150	3,609
Minth Group Ltd Un Spon ADR	36 shares	2,889	3,213
Prosus N V Spon Adr	192 shares	4,338	3,189
Credicorp Ltd	21 shares	3,364	2,563
P.T. Teelekomunikasi Indonesia Spon AD	88 shares	2,069	2,551
Delivery Hero SE Adr	221 shares	3,079	2,502
Xinyi Solar Hldgs Ltd Adr	67 shares	2,316	2,300
Corporate bonds			
SBA Communications Corp	2/15/2027, 3.76%	76,868	76,218
HCA Inc Nts B/E	9/1/2028, 4.81%	74,669	75,952
United Rentals North AM	1/15/2028, 4.64%	75,260	74,612

CDK Glob Inc Nts B/E	6/1/2027, 4.71%	75,834	74,520
Service Corp Intl B/E	12/15/2027, 4.43%	74,113	73,063
CDW LLC/CDW Fin Corp	5/1/2025, 4.01%	74,036	72,953
Century Link Inc Nts B/E	4/1/2024, 6.85%	72,703	71,175
Block Financial Nts B/E	7/15/2028, 2.5%	70,936	70,136
Allegion US Hldg Co Inc	10/1/2027, 3.35%	70,158	70,027
Carrier Glob Corp Nts	2/15/2027, 2.43%	70,884	69,901
QVC Inc Nts B/E	2/15/2027, 4.62%	70,685	68,843
Hewlett Packard Co Nts	6/17/2027, 2.85%	69,601	68,401
Altria Group Inc Nts B/E	2/14/2026, 4%	70,547	68,237
Qorvo Inc Nts B/E	10/15/2029, 4.12%	69,215	67,920
Western Digital Corp Nts	2/15/2026, 4.35%	68,433	67,735
AMC Networks Inc Nts B/E	2/15/2029, 4.28%	66,470	67,575
Discovery Comm Inc Nts	3/20/2028, 3.63%	67,991	67,431
Broadcom Corp Nts B/E	1/15/2027, 3.57%	67,646	67,265
Fiserv Inc Nts B/E	6/1/2027, 2.21%	67,599	67,191
Molson Coors Brewing Co	7/15/2026, 2.86%	68,390	67,027
Kraft Heinz Foods Co Nts	6/1/2026, 2.87%	67,440	66,968
American Tower Corp NTS	6/15/2023, 2.92%	68,468	66,838
Oracle Corp Nts B/E	3/25/2028, 2.31%	67,776	66,838
Verizon Communications	3/16/2027, 3.71%	67,924	66,693
Total Sys Services Inc	4/1/2026, 4.32%	69,393	66,643
AT&T Inc B/E	3/1/2027, 3.83%	67,520	66,593
Steel Dynamics Inc Nts	6/15/2025, 2.34%	68,108	66,529
Motorola Solutions Inc	9/1/2024, 3.76%	68,355	66,045
Fortune Brnds Home & SEC	9/21/2023, 3.82%	67,989	66,008
Willis Group N Amer B/E	9/15/2028, 4.02%	67,430	65,998
Dollar Tree Inc B/E	5/15/2028, 3.77%	\$ 66,913	\$ 65,805
Verisk Analytics Inc B/E	6/15/2025, 3.72%	67,339	65,566
Conagra Brands Inc Nts	5/1/2024, 4.04%	67,403	64,920
Reynolds Amern Inc B/E	6/12/2025, 4.12%	67,046	64,784
Citrix Systems Inc Nts	12/1/2027, 4.14%	67,405	64,088
WABTEC Nts B/E	3/15/2024, 4.16%	59,246	58,183
Tegna Inc Nts B/E	3/15/2028, 4.58%	57,430	54,583
Kla-Tencor Corp Nts B/E	11/1/2024, 4.29%	50,447	48,796
Microchip Technology Inc Nts B/E	9/1/2025, 4.09%	42,050	41,546
Becton Dickinson & Co	12/15/2024, 3.51%	18,576	18,074
Carlisle Cos Inc B/E	12/1/2027, 3.47%	16,262	16,198
Wabtec B/E	9/15/2028, 4.35%	12,704	12,513
AMC Networks Inc Nts B/E	8/1/2025, 4.65%	8,210	8,170
	Government bonds		
US Treasury Note	9/30/2022, 1.73%	2,022	2,021
US Treasury Note	3/31/2026, 0.76%	111,782	110,912