

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 2022 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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 ABRASIVE TECHNOLOGY, INC. RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 12/31/1972
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) ABRASIVE TECHNOLOGY, INC. 8400 GREEN MEADOWS DRIVE P.O. BOX 545 LEWIS CENTER, OH 43035	2b Employer Identification Number (EIN) 31-0802865 2c Plan Sponsor's telephone number 740-548-4100 2d Business code (see instructions) 327900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/14/2023	SCOTT NARROL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/14/2023	SCOTT NARROL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

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		5 202
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) 165
a(2) Total number of active participants at the end of the plan year		6a(2) 166
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 38
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 204
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 204
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 204
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 9
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 2G		
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) ☒ 1 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan ABRASIVE TECHNOLOGY, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ABRASIVE TECHNOLOGY, INC.	D Employer Identification Number (EIN) 31-0802865

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.
--------	---	--

1 Coverage Information:

(a) Name of insurance carrier NORTHWESTERN MUTUAL LIFE

(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
39-0509570	67091	07737	0	01/01/2022	12/31/2022

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	(b) Total amount of fees paid
0	0

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
--

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

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

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

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

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

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

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

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

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

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

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

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

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	
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	▶		
	(6) Total additions.....	7c(6)	
d	Total of balance and additions (add lines 7b and 7c(6))	7d	
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	▶		
	(5) Total deductions.....	7e(5)	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan ABRASIVE TECHNOLOGY, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ABRASIVE TECHNOLOGY, INC.	D Employer Identification Number (EIN) 31-0802865

Part I	Service Provider Information (see instructions)
--------	---

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

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

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

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

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

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

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

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

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

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

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

R. MEEDER & ASSOCIATES

6125 MEMORIAL DRIVE
DUBLIN, OH 43017

(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?
51 52 63	FINANCIAL SERVICES	100786	Yes ☐ No ☒	Yes ☒ No ☐		Yes ☒ No ☐

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

MERRILL LYNCH

425 WALNUT STREET
CINCINNATI, OH 45202

13-5670485

(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?
26 28	FINANCIAL SERVICES	50	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

BHM CPA GROUP

31-1413363

(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?
10	AUDITOR	11000	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>ABRASIVE TECHNOLOGY, INC. RETIREMENT PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ABRASIVE TECHNOLOGY, INC.</u>		D Employer Identification Number (EIN) <u>31-0802865</u>

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)	619550	346006
(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)	963599	1411954
(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)	2443854	1739398
(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)	203802	188249
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	18687580	15476214
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	184042	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	23102427	19161821

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	

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	23102427	19161821
---	-----------	----------	----------

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)	346006	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		346006
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	8292	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8292
(2) Dividends: (A) Preferred stock	2b(2)(A)	258226	
(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)		258226
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-2201872
c Other income	2c		-7709
d Total income. Add all income amounts in column (b) and enter total	2d		-1597057
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2231713	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2231713
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)	111836	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		111836
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2343549
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-3940606
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: **BHM CPA GROUP, INC.**

(2) EIN: **31-1413363**

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.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
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 _____.

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan ABRASIVE TECHNOLOGY, INC. RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ABRASIVE TECHNOLOGY, INC.		D Employer Identification Number (EIN) 31-0802865
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): 31-6136560		
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) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 _____

**ABRASIVE TECHNOLOGY, INC.
EMPLOYEES' RETIREMENT PLAN**

FINANCIAL STATEMENTS

* * * * *

December 31, 2022 and 2021

CONTENTS

Independent Auditor's Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits - Modified Cash Basis.....	4
Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis.....	5
Notes to Financial Statements.....	6
Supplementary Schedules:	
Schedule of Assets (Held at Year End).....	13



bhm cpa group, inc.

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Abrasive Technology Inc.
Employees' Retirement Plan
Lewis Center, Ohio

Opinion

We have audited the accompanying financial statements of Abrasive Technology, Inc. Employees' Retirement 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 (modified cash basis) as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits (modified cash basis) for the years ended December 31, 2022 and 2021, 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 (modified cash basis) of Abrasive Technology, Inc. Employees' Retirement Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits (modified cash basis) for the years ended December 31, 2022 and 2021, in accordance with the modified cash basis of accounting described in the Summary of Significant Accounting Policies note.

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 Abrasive Technology, Inc. Employees' Retirement 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.

Basis of Accounting

We draw attention to the Summary of Significant Accounting Policies note of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in the Summary of Significant Accounting Policies note; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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 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

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 Abrasive Technology, Inc. Employees' Retirement 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 Abrasive Technology, Inc. Employees' Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Auditor's Responsibilities for the Audit of the Financial Statements - Continued

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.

Other Matter - 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 (modified cash basis) 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 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 (modified cash basis), we evaluated whether the supplemental schedules (modified cash basis), 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 information in the accompanying schedules (modified cash basis) is 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.

Columbus, Ohio
June 28, 2023

BHM CPA Group, Inc.

**ABRASIVE TECHNOLOGY, INC.
EMPLOYEES' RETIREMENT PLAN**

STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

December 31, 2022 and 2021

	2022			2021		
	General Account Fund	Specific Account Fund	Total	General Account Fund	Specific Account Fund	Total
ASSETS						
Investments:						
Money market funds	\$ 1,411,954	\$ -	\$ 1,411,954	\$ 963,599	\$ -	\$ 963,599
Common and preferred stocks	1,739,398	-	1,739,398	2,443,854	-	2,443,854
Registered investment companies	<u>15,476,214</u>	<u>-</u>	<u>15,476,214</u>	<u>18,686,576</u>	<u>1,004</u>	<u>18,687,580</u>
Total investments	18,627,566	-	18,627,566	22,094,029	1,004	22,095,033
Receivables:						
Employer's contribution	330,164	-	330,164	605,050	14,500	619,550
Notes receivable from participants	<u>188,249</u>	<u>-</u>	<u>188,249</u>	<u>203,802</u>	<u>-</u>	<u>203,802</u>
Total receivables	518,413	-	518,413	808,852	14,500	823,352
Cash surrender value of participant life insurance	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>184,042</u>	<u>184,042</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 19,145,979</u>	 <u>\$ -</u>	 <u>\$ 19,145,979</u>	 <u>\$ 22,902,881</u>	 <u>\$ 199,546</u>	 <u>\$ 23,102,427</u>

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

**ABRASIVE TECHNOLOGY, INC.
EMPLOYEES' RETIREMENT PLAN**

STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

December 31, 2022 and 2021

	2022			2021		
	General Account Fund	Specific Account Fund	Total	General Account Fund	Specific Account Fund	Total
ADDITIONS						
Investment income:						
Net appreciation in fair value of investments	\$ (2,201,872)	\$ -	\$ (2,201,872)	\$ 1,407,128	\$ 68,297	\$ 1,475,425
Interest and dividends	258,226	-	258,226	575,109	78,364	653,473
TOTAL INVESTMENT INCOME	(1,943,646)	-	(1,943,646)	1,982,237	146,661	2,128,898
Contributions - plan sponsor	330,164	-	330,164	605,050	14,500	619,550
Interest - participant loans	8,292	-	8,292	8,512	-	8,512
Transfer of life insurance proceeds	191,787	(191,787)	-	-	-	-
(Decrease) increase in cash surrender value of participants' life insurance	-	(8,663)	(8,663)	-	7,645	7,645
Inter-fund transfers	-	-	-	5,157,766	(5,157,766)	-
Other income	-	954	954	-	-	-
TOTAL ADDITIONS	(1,413,403)	(199,496)	(1,612,899)	7,753,565	(4,988,960)	2,764,605
DEDUCTIONS						
Benefits paid to participants	2,231,713	-	2,231,713	1,438,390	263,270	1,701,660
Administrative and other expenses	111,786	50	111,836	99,736	19,005	118,741
Insurance premiums on participant life insurance	-	-	-	-	591	591
TOTAL DEDUCTIONS	2,343,499	50	2,343,549	1,538,126	282,866	1,820,992
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(3,756,902)	(199,546)	(3,956,448)	6,215,439	(5,271,826)	943,613
NET ASSETS AVAILABLE FOR BENEFITS						
Beginning of year	22,902,881	199,546	23,102,427	16,687,442	5,471,372	22,158,814
End of year	\$ 19,145,979	\$ -	\$ 19,145,979	\$ 22,902,881	\$ 199,546	\$ 23,102,427

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

ABRASIVE TECHNOLOGY, INC. EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

DESCRIPTION OF PLAN

The following brief description of the Abrasive Technology, Inc. Employees' Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined contribution retirement plan covering all eligible employees of Abrasive Technology, Inc. ("Plan Sponsor"), Abrasive Technology France, LLC, Abrasive Technology Mexico II, LLC, Abrasive Technology Mexico, LLC, Abrasive Technology Aerospace, Inc. and Manufacturing with Heart, Inc. (the "Company"). The Plan is funded by discretionary Company contributions, which are subject to the limitations of the Internal Revenue Code. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

An employee shall be eligible to participate and are automatically enrolled in the Plan on the date of hire or attainment of age 20½.

Contributions

Employee contributions are not permitted. The employer may make discretionary profit sharing contributions to the Plan. The profit sharing contribution is based on a percentage of the participant's gross earnings. Employer contributions are 100% vested after 6 years of service in accordance with the following schedule: 0 year – 0%, 1 year – 10%, 2 years – 20%, 3 years – 40%, 4 years – 60%, 5 years – 80%, and 6 years – 100%.

Investment Options

A participant is permitted to control the assets in their own accounts and to determine the investments for all or part of this interest in their accounts. A participant shall exercise this investment right by submitting written investment instructions to the Trustee on a form approved by the Trustee. If this right is not exercised, all contributions credited to a participant's accounts will be invested by the Trustee in the Target Date Retirement Portfolios 1 through 5 (the default investments).

A participant may direct (if he/she is insurable) that a portion of his/her interest in the trust fund be used to purchase and pay premiums for insurance on his/her life, with the proceeds to be paid to his/her spouse or to beneficiaries selected by him/her if he/she has no spouse. There are some limitations upon the amounts of premiums that may be paid.

Investment options available in the Plan consist of the following portfolios:

Meeder Balanced Portfolio	Meeder Money Market Portfolio
Meeder Dividend & Growth Portfolio	Meeder Growth Portfolio
Meeder Aggressive Growth Portfolio	Cardiovascular Systems, Inc.
American Euro Pacific Growth	Metropolitan West Bond
Vanguard 500 Index - Admiral Class	Vanguard Target Retirement 2020
Vanguard Target Retirement 2025	Vanguard Target Retirement 2030
Vanguard Target Retirement 2035	Vanguard Target Retirement 2040
Vanguard Target Retirement 2045	Vanguard Target Retirement 2050
Vanguard Target Retirement 2055	Vanguard Target Retirement 2060
Vanguard Target Retirement Income	Metlife Stable Port

The Plan Sponsor continually monitors the investment options and may make changes from time to time in an effort to provide the best return for the participants.

**ABRASIVE TECHNOLOGY, INC.
EMPLOYEES' RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2022 and 2021

DESCRIPTION OF PLAN - Continued

Account Types

General Account Fund

The General Account Fund is the portion of plan assets that are allocated to all the employees. The employees can direct their retirement funds to any of the investment options listed above.

Specific Account Fund

The Specific Account Fund is the portion of plan assets that are allocated to the owner. These funds are self-directed at his own discretion into any investment option of his choosing.

Payment of Benefits

The form of payment under the Plan may be a lump sum distribution or periodic installment payments over a period not exceeding the normal life expectancy of the participant and their designated beneficiary at the time of commencement of payment. A participant's account shall be payable to him or her, or in the event of death to a beneficiary, upon the earlier of disability, termination of employment, or retirement date. Retirement date is upon attainment of age 59½.

Administrative Expenses

The Plan's administrative expenses are paid by the Plan or Abrasive Technology, Inc., as provided in the plan document. The expenses paid by the Plan are allocated to the Plan participants' accounts based on participant earnings, account balances, or specific transactions, as defined.

Notes Receivable from Participants

Participants may borrow from their fund accounts up to a maximum of \$50,000 or 50% of their vested account balance for a maximum of five years unless for a primary residence, for which the maximum is 15 years. The loans are secured by the balance in the participant's account and bear interest at local prevailing rates as determined by the Plan administrator. Delinquent loans are classified as distributions.

Forfeited Accounts

Forfeitures represent the non-vested portion of employer contributions to accounts of former participants. The balance in the account at December 31, 2022 and 2021 was \$15,822 and \$56,223, respectively. These accounts are non-participant directed and will be reallocated to participants based on their percentage of contribution to the Plan. The amounts reallocated for the years ended December 31, 2022 and 2021, were \$21,128 and \$30,258, respectively.

Plan Amendments or Terminations

The Plan Sponsor reserves the right at any time to amend or terminate the Plan, provided that no such amendment or termination shall have the effect of giving the Plan Sponsor any right, or of reducing the rights of any participant, in the funds then held by the Trustee. No amendment to the Plan shall have the effect of eliminating or reducing a retirement benefit, or eliminating an optional form of benefit with respect to benefits attributable to service before the amendment.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Plan are prepared on the modified cash basis of accounting, which differs from accounting principles generally accepted in the United States of America. Consequently, certain revenues (primarily interest and dividends) and the related assets are recognized when received rather than when earned and certain expenses (primarily administrative expenses) are recorded when paid rather than when the obligation is incurred.

**ABRASIVE TECHNOLOGY, INC.
EMPLOYEES' RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2022 and 2021

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Following are the significant accounting policies adopted by the Plan and used in the preparation of these financial statements:

Investment Valuation and Income Recognition

Investments are recorded at fair value based upon quoted market prices at year end. Transactions are recorded on a trade-date basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. Cost of investments is determined using the average cost basis and is used when determining realized gains and losses upon disposition.

Contributions

Contributions are recorded as earned on the accrual basis when discretionary contributions are allocated by the Plan Sponsor.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of the financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Although these estimates are based on the Plan administrator's knowledge of current events and actions it may undertake in the future, they may ultimately differ from actual results.

Risks and Uncertainties

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate and 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 would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

REPORTABLE TRANSACTIONS

The Plan's assets are participant-directed, and thus, the schedule of reportable transactions is not required.

PARTY-IN-INTEREST TRANSACTIONS

Meeder Asset Management, Inc., Huntington National Bank, and Merrill Lynch provide trustee, investment and record-keeping services to the Plan. BHM CPA Group, Inc. serves as the Plan's auditor. As a result, transactions with these parties qualify as party-in-interest transactions.

Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee received compensation from the Plan. Certain administrative expenses of the Plan are paid directly by the Plan Sponsor and are not charged to the Plan.

**ABRASIVE TECHNOLOGY, INC.
EMPLOYEES' RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2022 and 2021

RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

No reconciliation was necessary for 2022 and 2021.

INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined the Plan meets the requirements of Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the Plan is exempt from federal income tax.

The Plan obtained its latest determination letter on July 14, 2017, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code including all amendments through December 31, 2016. Based on this, the Plan Administrator believes that the Plan is in compliance with the applicable requirements of the Code, is qualified and the related trust is tax-exempt as of the financial statements date.

The modified cash basis of accounting requires plan management to evaluate the 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. Plan administration is not aware of any tax positions taken by the Plan that it considers to be uncertain. Tax returns for the years ended 2019, 2020 and 2021 are open and subject to examination by the IRS.

FAIR VALUE MEASUREMENTS

The Plan complies with Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, to account for and report fair value. ASC 820 provides a single definition of fair value, a framework for measuring fair value and expanded disclosures concerning fair value. It also defines fair value as the price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

Fair value of certain assets and liabilities are determined based on the fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances.

The standard describes three levels within its hierarchy that may be used to measure fair value which are:

Level 1

Values are based on unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2

Values are based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities 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.

ABRASIVE TECHNOLOGY, INC. EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2022 and 2021

FAIR VALUE MEASUREMENTS - Continued

Level 3

Values are generated from unobservable inputs that are supported by little or no market activity and that are a significant component of the fair value of the assets or liabilities. These unobservable inputs would reflect management's estimates of assumptions that market participants would use in pricing related assets or liabilities. Valuation techniques might include the use of pricing models, discounted cash flow models or similar techniques.

A financial asset or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the classification of fair value assets and liabilities within the fair value hierarchy levels.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

Fair Value Measurements at Reporting Date December 31, 2022				
Description	Quoted prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)	Total
Money market accounts	\$ 1,411,954	\$ -	\$ -	\$ 1,411,954
Common and preferred stock	1,739,398	-	-	1,739,398
Registered investment companies	15,476,214	-	-	15,476,214
	<u>\$ 18,627,566</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 18,627,566</u>
Fair Value Measurements at Reporting Date December 31, 2022				
Money market accounts	\$ 963,599	\$ -	\$ -	\$ 963,599
Common and preferred stock	2,443,854	-	-	2,443,854
Registered investment companies	18,687,580	-	-	18,687,580
	<u>\$ 22,095,033</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 22,095,033</u>

The fair value of money market, common and preferred stock are publicly traded and are valued at their listed trading price at year end. As a result, they are considered Level 1. Registered Investment Companies are mutual funds valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

U.S. Government Securities are valued using pricing models maximizing the use of observable inputs for similar securities and as a result are considered Level 2.

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 Plan administration 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.

**ABRASIVE TECHNOLOGY, INC.
EMPLOYEES' RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2022 and 2021

SUBSEQUENT EVENTS

Effective January 23, 2023, all plan assets were transferred from Meeder Asset Management, Inc. to Transamerica Retirement Solutions, LLC. Additionally, the Plan name was changed to the Abrasive Technology, Inc. Retirement Plan. The amended plan allows for employee contributions and an employer match.

Subsequent events were evaluated through June 28, 2023, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

ABRASIVE TECHNOLOGY, INC.
EMPLOYEES' RETIREMENT PLAN
EIN 31-0802865 Plan 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2022

(a)	(b) Borrower, Lessor,	Identity of Issue, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or	(d) Cost	(e) Current Value
			Maturity Value		
	<u>CASH IN TRANSIT</u>		2,388	\$ 2,388	\$ 2,388
	<u>MONEY MARKET AND DEPOSIT ACCOUNTS</u>				
		FEDERATED GOV OBLIGATIONS FND	1,409,566 Shares	1,409,566	1,409,566
		TOTAL CASH IN TRANSIT, MONEY MARKET AND DEPOSIT ACCOUNTS		\$ 1,411,954	\$ 1,411,954
	<u>COMMON AND PREFERRED STOCKS</u>				
		ADVANCE AUTO PARTS INC	55 Shares	\$ 8,712	\$ 8,087
		AES CORP	550 Shares	13,293	15,818
		ALASKA AIR GROUP INC	250 Shares	12,678	10,735
		ALLEGION PUB LTD CO ORD SHS	100 Shares	11,691	10,526
		ALLIANT ENERGY CORP	219 Shares	11,290	12,091
		ALLSTATE CORP	116 Shares	11,659	15,730
		AMERICAN AIRLS GROUP INC	730 Shares	11,406	9,286
		AMERICAN WTR WKS CO INC NEW	87 Shares	11,473	13,261
		AMGEN INC	100 Shares	20,721	26,264
		APACHE CORP	475 Shares	7,109	22,173
		ASSURANT INC	85 Shares	10,346	10,630
		AT&T INC	432 Shares	9,269	7,953
		ATMOS ENERGY CORP	127 Shares	12,232	14,233
		BANK AMER CORP	537 Shares	16,877	17,785
		BANK NEW YORK MELLON CORP	196 Units	9,524	8,922
		BORGWARNER INC	295 Shares	11,292	11,874
		BRISTOL MYERS SQUIBB CO	204 Shares	13,103	14,678
		C H ROBINSON WORLDWIDE INC COM NEW	124 Shares	11,672	11,353
		CAMPBELL SOUP CO	309 Shares	13,380	17,536
		CARDINAL HEALTH INC	252 Shares	13,031	19,371
		CBOE GLOBAL MARKETS INC	102 Shares	9,545	12,798
		CF INDS HLDGS INC	181 Shares	7,332	15,421
		CENTURYLINK INC	1,045 Shares	10,338	5,455
		CERIDIAN HCM HLDG INC	125 Shares	13,030	8,019
		CARTER INC	80 Shares	7,863	5,969
		CISCO SYS INC	315 Shares	13,646	15,007
		CITIZENS FINL GROUP INC	265 Shares	10,162	10,433
		COMERICA INC	151 Shares	8,413	10,094
		CONAGRA BRANDS INC	393 Shares	13,205	15,209
		CONTURA ENERGY INC	660 Shares	11,499	16,216
		CONOCOPHILLIPS	122 Shares	6,697	14,396
		CUMMINS INC	58 Shares	13,112	14,053
		DAVITA INC	117 Shares	13,425	8,736
		DENTSPLY SIRONA INC	234 Shares	12,712	7,451
		DXC TECHNOLOGY CO	404 Shares	8,228	10,706
		EASTMAN CHEM CO	111 Shares	13,333	9,040

See Auditors' Report

ABRASIVE TECHNOLOGY, INC.
EMPLOYEES' RETIREMENT PLAN
EIN 31-0802865 Plan 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2022

(a)	(b) Borrower, Lessor,	Identity of Issue, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
COMMON AND PREFERRED STOCKS - Continued					
	EVERGY INC		194 Shares	\$ 10,592	\$ 12,208
	EVEREST RE GROUP LTD		48 Shares	11,179	15,901
	F5 NETWORKS INC		53 Shares	7,281	7,606
	FEDERAL RLTY INVT TR SH BEN INT NEW		97 Shares	8,173	9,801
	F M C CORP COM NEW		122 Shares	13,495	15,226
	FORTUNE BRANDS INNOVATIONS INC		132 Shares	7,166	7,539
	GAP INC DEL		745 Shares	13,439	8,404
	GENERAL MTRS CO		394 Shares	15,946	13,254
	GEN DIGITAL INC		505 Shares	10,597	10,822
	GLOBE LIFE INC		139 Shares	12,956	16,756
	HASBRO INC		131 Shares	12,297	7,992
	HAWKINS INC		286 Shares	7,780	11,040
	HENRY JACK & ASSOC INC		80 Shares	12,845	14,045
	HONEYWELL INTL INC		148 Shares	24,143	31,716
	HOST HOTELS & RESORTS INC		753 Shares	10,849	12,086
	HOWMET AEROSPACE INC		416 Shares	11,578	16,395
	HP INC		194 Shares	4,520	5,213
	HUNTINGTON INGALLS INDS INC		115 Shares	22,395	26,528
	INCYTE CORP		176 Shares	12,894	14,136
	INTEL CORP		410 Shares	19,974	10,836
	INTERPUBLIC GROUP COS INC		793 Shares	23,442	26,415
	INVESCO LTD		567 Shares	9,338	10,200
	IPG PHOTONICS CORP		75 Shares	12,691	7,100
	IRON MTN INC NEW		250 Shares	7,346	12,463
	JPMORGAN CHASE & CO		161 Shares	18,379	21,590
	JOHNSON & JOHNSON		124 Shares	17,959	21,905
	JUNIPER NETWORKS INC		373 Shares	9,050	11,921
	KIMCO RLTY CORP		545 Shares	8,471	11,543
	LAMB WESTON HLDGS INC		210 Shares	14,788	18,766
	LEIDOS HLDGS INC		150 Shares	13,464	15,779
	LINCOLN NATL CORP IND		191 Shares	9,385	5,868
	LOEWS CORP		228 Shares	10,222	13,299
	LYONDELLBASELL INDUSTRIES N V SHS - A -		93 Shares	8,946	7,722
	MARATHON OIL CORP		796 Shares	5,679	21,548
	MASCO CORP		189 Shares	12,960	8,821
	MASTERBRAND INC COMMON STOCK		132 Shares	1,219	997
	MARKETAXESS HLDGS INC		32 Shares	12,691	8,924
	MCDONALDS CORP		105 Shares	20,250	27,671
	MEDTRONIC PLC		145 Shares	14,651	11,269
	MERCK & CO INC		303 Shares	21,700	33,618
	MICROSOFT CORP		99 Shares	15,623	23,742
	MOHAWK INDS INC		74 Shares	8,661	7,564
	MOLSON COORS BREWING CO CL B		289 Shares	13,278	14,889
	MORGAN STANLEY COM NEW		133 Shares	8,400	11,308
	MOSAIC CO NEW		332 Shares	7,892	14,565
	M & T BK CORP		85 Shares	8,732	12,330

See Auditors' Report

ABRASIVE TECHNOLOGY, INC.
EMPLOYEES' RETIREMENT PLAN
EIN 31-0802865 Plan 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2022

		(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value			
(a)	(b) Borrower, Lessor,	Identity of Issue, or Similar Party	(d) Cost	(e) Current Value	
COMMON AND PREFERRED STOCKS - Continued					
	NEWELL BRANDS INC	609 Shares	\$ 11,899	\$ 7,966	
	NEWS CORP NEW CL A	586 Shares	10,843	10,665	
	NEWS CORP NEW CL B	578 Shares	8,260	10,658	
	NISOURCE INC	479 Shares	11,323	13,134	
	NORWEGIAN CRUISE LINE HLDGS LT	598 Shares	13,987	7,320	
	NRG ENERGY INC COM NEW	310 Shares	11,938	9,864	
	OLD REP INTL CORP	418 Shares	8,760	10,095	
	ONEOK INC NEW	83 Shares	5,053	5,453	
	OMNICOM GROUP INC	179 Shares	13,199	14,601	
	ORGANON & CO COMMON STOCK	435 Shares	13,411	12,150	
	PACKAGING CORP AMER	99 Shares	10,945	12,663	
	PENN NATL GAMING INC	260 Shares	13,426	7,722	
	PENTAIR PLC	181 Shares	7,316	8,141	
	PEPSICO INC	104 Shares	13,343	18,789	
	PFIZER INC	381 Shares	13,600	19,522	
	PINNACLE WEST CAP CORP	189 Shares	14,799	14,372	
	PRUDENTIAL FINL INC	75 Shares	7,101	7,460	
	PTC INC	108 Shares	13,180	12,964	
	PUBLIC SVC ENTERPRISE GROUP	254 Shares	13,528	15,563	
	PULTE GROUP INC	233 Shares	8,234	10,608	
	PVH CORP	124 Shares	12,165	8,753	
	QUANTA SVCS INC	114 Shares	5,132	16,245	
	RALPH LAUREN CORP CL A	112 Shares	11,687	11,835	
	REGENCY CTRS CORP	177 Shares	8,733	11,063	
	RELIANCE STEEL & ALUMINUM CO	88 Shares	10,691	17,815	
	ROBERT HALF INTL INC	118 Shares	7,185	8,712	
	ROLLINS INC	397 Shares	13,284	14,506	
	SOLAREDGE TECHNOLOGIES INC	46 Shares	12,866	13,030	
	SCHEIN HENRY INC	171 Shares	11,675	13,658	
	SEALED AIR CORP NEW	196 Shares	8,875	9,776	
	SL GREEN RLTY CORP	4 Shares	246	135	
	SMITH A O	155 Shares	7,512	8,872	
	SMUCKER J M CO COM NEW	99 Shares	13,335	15,688	
	SNAP ON INC	61 Shares	9,933	13,938	
	TARGET CORP	81 Shares	9,938	12,072	
	TAPESTRY INC	324 Shares	7,729	12,338	
	TELEFLEX INC	39 Shares	13,021	9,736	
	TIMKEN CO	298 Shares	18,790	21,060	
	UNDER ARMOUR INC CL A	626 Shares	11,094	6,360	
	UNDER ARMOUR INC CL C	738 Shares	11,415	6,583	
	UNITED CONTL HLDGS INC	295 Shares	12,641	11,122	
	UNIVERSAL HLTH SVCS INC CL B	101 Shares	13,497	14,230	
	VALERO ENERGY CORP NEW	103 Shares	7,999	13,067	
	VERIZON COMMUNICATIONS INC	303 Shares	16,396	11,938	
	VIATRIS INC	976 Shares	13,780	10,863	
	VORNADO RLTY TR SH BEN INT	314 Shares	11,899	6,534	
	W R BERKLEY CORPORATION	242 Shares	10,627	17,562	
	WALMART INC	180 Shares	20,594	25,522	
	WARNER BROS DISCOVERY INC COM SER A	1,996 Shares	40,672	18,922	

See Auditors' Report

ABRASIVE TECHNOLOGY, INC.
EMPLOYEES' RETIREMENT PLAN
EIN 31-0802865 Plan 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Borrower, Lessor,	Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
COMMON AND PREFERRED STOCKS - Continued				
	WESTROCK CO	296 Shares	\$ 12,708	\$ 10,407
	WHIRLPOOL CORP	56 Shares	8,314	7,922
	WYNN RESORTS LTD	153 Shares	15,066	12,618
	ZIONS BANCORPORATION	207 Shares	8,561	10,176
	TOTAL COMMON AND PREFERRED STOCKS		\$ 1,600,819	\$ 1,739,398
REGISTERED INVESTMENT COMPANIES				
	AMERICAN FDS EUROPACIFIC GR FD	5,295 Units	\$ 353,321	\$ 259,618
	ISHARES SHORT-TERM CORPORATE BOND ETF	5,294 Units	266,115	263,747
	ISHARES CORE 1-5 YEAR USD BO	5,091 Units	239,896	236,426
	ISHARES TR 0-3 MNTH TREASRY	6,989 Units	699,886	699,878
	ISHARES TR CORE MSCI EAFE	7,360 Units	471,742	453,670
	ISHARES INC CORE MSCI EMKT	5,851 Units	332,554	273,242
	ISHARES TR CORE US AGGBD ET	4,902 Units	497,125	475,445
	ISHARES TR EAFE SML CP ETF	4,431 Units	277,784	250,263
	ISHARES TR MSCI EAFE ETF	3,681 Units	255,598	241,621
	ISHARES TR RUS 2000 GRW ETF	7 Units	1,457	1,502
	ISHARES TR RUS 2000 VAL ETF	1,371 Units	205,558	190,117
	ISHARES TR RUS MD CP GR ETF	19 Units	1,697	1,588
	ISHARES TR RUS MDCP VAL ETF	856 Units	89,806	90,171
	METLIFE GAC SERIES STABLE FD	31,432 Units	5,822,250	5,986,901
	METROPOLITAN WEST FDS TTL RET CL I	10,780 Units	107,284	97,451
	SELECT SECTOR SPDR TR ENERGY	956 Units	77,035	83,621
	SELECT SECTOR SPDR TR SBI INT-FINL	2,376 Units	83,662	81,259
	SELECT SECTOR SPDR TR SBI HEALTHCARE	759 Units	100,856	103,110
	VANGUARD INDEX FDS VALUE ETF	7,116 Units	1,011,347	998,873
	VANGUARD INDEX FDS GROWTH ETF	1,135 Units	290,946	241,880
	VANGUARD INDEX FDS TOTAL STK MKT	1,664 Units	265,531	318,140
	VANGUARD 500 INDEX FD ADM	2,411 Units	908,136	853,753
	VANGUARD INDEX FDS S&P 500 ETF SHS	3,512 Units	791,783	1,233,906
	VANGUARD SCOTTSDALE FDS MORTG-BACK SEC	1,744 Units	85,541	79,387
	VANGUARD TARGET RET 2020 FUND	629 Units	19,636	15,955
	VANGUARD TARGET RET 2025 FUND	28,440 Units	510,560	474,378
	VANGUARD TARGET RET 2030 FUND	4,829 Units	169,080	151,489
	VANGUARD TARGET RET 2035 FUND	22,712 Units	470,081	439,469
	VANGUARD TARGET RET 2040 FUND	6,629 Units	253,948	225,385
	VANGUARD TARGET RET 2045 FUND	10,370 Units	247,786	236,645
	VANGUARD TARGET RET 2050 FUND	- Units	78,400	71,225
	VANGUARD TARGET RET 2055 FUND	3,241 Units	146,741	136,664
	VANGUARD TARGET RET 2060 FUND	- Units	98,521	90,229
	VANGUARD TARGET RET INCOME FUND	9,739 Units	142,925	119,206
	TOTAL REGISTERED INVESTMENT COMPANIES		\$ 15,374,588	\$ 15,476,214
LIMITED PARTNERSHIPS				
		Shares	-	-
PARTICIPANT LOANS				
		3.13% - 6.55%	-	188,249
	TOTAL INVESTMENTS		\$ 18,387,361	\$ 18,815,815

See Auditors' Report

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 2022 This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information		
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
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 Abrasive Technology, Inc. Retirement Plan	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan 12/31/1972	
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) Abrasive Technology, Inc. 8400 Green Meadows Drive P.O. Box 545 US Lewis Center OH 43035	2b Employer Identification Number (EIN) 31-0802865	
	2c Plan Sponsor's telephone number (740) 548-4100	
	2d Business code (see instructions) 327900	

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

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

SIGN HERE		9/14/23	SCOTT NARROL, TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9/14/23	SCOTT NARROL, TRUSTEE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report: a Sponsor's name c Plan name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 202
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) 165
a(2) Total number of active participants at the end of the plan year	6a(2) 166
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 38
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 204
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 204
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 204
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 9
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 2G b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

ABRASIVE TECHNOLOGY, INC.
EMPLOYEES' RETIREMENT PLAN
EIN 31-0802865 Plan 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2022

(a)	(b) Borrower, Lessor,	Identity of Issue, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or	(d) Cost	(e) Current Value
			Maturity Value		
	<u>CASH IN TRANSIT</u>		2,388	\$ 2,388	\$ 2,388
	<u>MONEY MARKET AND DEPOSIT ACCOUNTS</u>				
		FEDERATED GOV OBLIGATIONS FND	1,409,566 Shares	1,409,566	1,409,566
		TOTAL CASH IN TRANSIT, MONEY MARKET AND DEPOSIT ACCOUNTS		\$ 1,411,954	\$ 1,411,954
	<u>COMMON AND PREFERRED STOCKS</u>				
		ADVANCE AUTO PARTS INC	55 Shares	\$ 8,712	\$ 8,087
		AES CORP	550 Shares	13,293	15,818
		ALASKA AIR GROUP INC	250 Shares	12,678	10,735
		ALLEGION PUB LTD CO ORD SHS	100 Shares	11,691	10,526
		ALLIANT ENERGY CORP	219 Shares	11,290	12,091
		ALLSTATE CORP	116 Shares	11,659	15,730
		AMERICAN AIRLS GROUP INC	730 Shares	11,406	9,286
		AMERICAN WTR WKS CO INC NEW	87 Shares	11,473	13,261
		AMGEN INC	100 Shares	20,721	26,264
		APACHE CORP	475 Shares	7,109	22,173
		ASSURANT INC	85 Shares	10,346	10,630
		AT&T INC	432 Shares	9,269	7,953
		ATMOS ENERGY CORP	127 Shares	12,232	14,233
		BANK AMER CORP	537 Shares	16,877	17,785
		BANK NEW YORK MELLON CORP	196 Units	9,524	8,922
		BORGWARNER INC	295 Shares	11,292	11,874
		BRISTOL MYERS SQUIBB CO	204 Shares	13,103	14,678
		C H ROBINSON WORLDWIDE INC COM NEW	124 Shares	11,672	11,353
		CAMPBELL SOUP CO	309 Shares	13,380	17,536
		CARDINAL HEALTH INC	252 Shares	13,031	19,371
		CBOE GLOBAL MARKETS INC	102 Shares	9,545	12,798
		CF INDS HLDGS INC	181 Shares	7,332	15,421
		CENTURYLINK INC	1,045 Shares	10,338	5,455
		CERIDIAN HCM HLDG INC	125 Shares	13,030	8,019
		CARTER INC	80 Shares	7,863	5,969
		CISCO SYS INC	315 Shares	13,646	15,007
		CITIZENS FINL GROUP INC	265 Shares	10,162	10,433
		COMERICA INC	151 Shares	8,413	10,094
		CONAGRA BRANDS INC	393 Shares	13,205	15,209
		CONTURA ENERGY INC	660 Shares	11,499	16,216
		CONOCOPHILLIPS	122 Shares	6,697	14,396
		CUMMINS INC	58 Shares	13,112	14,053
		DAVITA INC	117 Shares	13,425	8,736
		DENTSPLY SIRONA INC	234 Shares	12,712	7,451
		DXC TECHNOLOGY CO	404 Shares	8,228	10,706
		EASTMAN CHEM CO	111 Shares	13,333	9,040

See Auditors' Report

ABRASIVE TECHNOLOGY, INC.
EMPLOYEES' RETIREMENT PLAN
EIN 31-0802865 Plan 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2022

(a)	(b) Borrower, Lessor,	Identity of Issue, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
COMMON AND PREFERRED STOCKS - Continued					
	EVERGY INC		194 Shares	\$ 10,592	\$ 12,208
	EVEREST RE GROUP LTD		48 Shares	11,179	15,901
	F5 NETWORKS INC		53 Shares	7,281	7,606
	FEDERAL RLTY INVT TR SH BEN INT NEW		97 Shares	8,173	9,801
	F M C CORP COM NEW		122 Shares	13,495	15,226
	FORTUNE BRANDS INNOVATIONS INC		132 Shares	7,166	7,539
	GAP INC DEL		745 Shares	13,439	8,404
	GENERAL MTRS CO		394 Shares	15,946	13,254
	GEN DIGITAL INC		505 Shares	10,597	10,822
	GLOBE LIFE INC		139 Shares	12,956	16,756
	HASBRO INC		131 Shares	12,297	7,992
	HAWKINS INC		286 Shares	7,780	11,040
	HENRY JACK & ASSOC INC		80 Shares	12,845	14,045
	HONEYWELL INTL INC		148 Shares	24,143	31,716
	HOST HOTELS & RESORTS INC		753 Shares	10,849	12,086
	HOWMET AEROSPACE INC		416 Shares	11,578	16,395
	HP INC		194 Shares	4,520	5,213
	HUNTINGTON INGALLS INDS INC		115 Shares	22,395	26,528
	INCYTE CORP		176 Shares	12,894	14,136
	INTEL CORP		410 Shares	19,974	10,836
	INTERPUBLIC GROUP COS INC		793 Shares	23,442	26,415
	INVESCO LTD		567 Shares	9,338	10,200
	IPG PHOTONICS CORP		75 Shares	12,691	7,100
	IRON MTN INC NEW		250 Shares	7,346	12,463
	JPMORGAN CHASE & CO		161 Shares	18,379	21,590
	JOHNSON & JOHNSON		124 Shares	17,959	21,905
	JUNIPER NETWORKS INC		373 Shares	9,050	11,921
	KIMCO RLTY CORP		545 Shares	8,471	11,543
	LAMB WESTON HLDGS INC		210 Shares	14,788	18,766
	LEIDOS HLDGS INC		150 Shares	13,464	15,779
	LINCOLN NATL CORP IND		191 Shares	9,385	5,868
	LOEWS CORP		228 Shares	10,222	13,299
	LYONDELLBASELL INDUSTRIES N V SHS - A -		93 Shares	8,946	7,722
	MARATHON OIL CORP		796 Shares	5,679	21,548
	MASCO CORP		189 Shares	12,960	8,821
	MASTERBRAND INC COMMON STOCK		132 Shares	1,219	997
	MARKETAXESS HLDGS INC		32 Shares	12,691	8,924
	MCDONALDS CORP		105 Shares	20,250	27,671
	MEDTRONIC PLC		145 Shares	14,651	11,269
	MERCK & CO INC		303 Shares	21,700	33,618
	MICROSOFT CORP		99 Shares	15,623	23,742
	MOHAWK INDS INC		74 Shares	8,661	7,564
	MOLSON COORS BREWING CO CL B		289 Shares	13,278	14,889
	MORGAN STANLEY COM NEW		133 Shares	8,400	11,308
	MOSAIC CO NEW		332 Shares	7,892	14,565
	M & T BK CORP		85 Shares	8,732	12,330

See Auditors' Report

ABRASIVE TECHNOLOGY, INC.
EMPLOYEES' RETIREMENT PLAN
EIN 31-0802865 Plan 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2022

		(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value			
(a)	(b) Borrower, Lessor,	Identity of Issue, or Similar Party	(d) Cost	(e) Current Value	
COMMON AND PREFERRED STOCKS - Continued					
	NEWELL BRANDS INC	609 Shares	\$ 11,899	\$ 7,966	
	NEWS CORP NEW CL A	586 Shares	10,843	10,665	
	NEWS CORP NEW CL B	578 Shares	8,260	10,658	
	NISOURCE INC	479 Shares	11,323	13,134	
	NORWEGIAN CRUISE LINE HLDGS LT	598 Shares	13,987	7,320	
	NRG ENERGY INC COM NEW	310 Shares	11,938	9,864	
	OLD REP INTL CORP	418 Shares	8,760	10,095	
	ONEOK INC NEW	83 Shares	5,053	5,453	
	OMNICOM GROUP INC	179 Shares	13,199	14,601	
	ORGANON & CO COMMON STOCK	435 Shares	13,411	12,150	
	PACKAGING CORP AMER	99 Shares	10,945	12,663	
	PENN NATL GAMING INC	260 Shares	13,426	7,722	
	PENTAIR PLC	181 Shares	7,316	8,141	
	PEPSICO INC	104 Shares	13,343	18,789	
	PFIZER INC	381 Shares	13,600	19,522	
	PINNACLE WEST CAP CORP	189 Shares	14,799	14,372	
	PRUDENTIAL FINL INC	75 Shares	7,101	7,460	
	PTC INC	108 Shares	13,180	12,964	
	PUBLIC SVC ENTERPRISE GROUP	254 Shares	13,528	15,563	
	PULTE GROUP INC	233 Shares	8,234	10,608	
	PVH CORP	124 Shares	12,165	8,753	
	QUANTA SVCS INC	114 Shares	5,132	16,245	
	RALPH LAUREN CORP CL A	112 Shares	11,687	11,835	
	REGENCY CTRS CORP	177 Shares	8,733	11,063	
	RELIANCE STEEL & ALUMINUM CO	88 Shares	10,691	17,815	
	ROBERT HALF INTL INC	118 Shares	7,185	8,712	
	ROLLINS INC	397 Shares	13,284	14,506	
	SOLAREDGE TECHNOLOGIES INC	46 Shares	12,866	13,030	
	SCHEIN HENRY INC	171 Shares	11,675	13,658	
	SEALED AIR CORP NEW	196 Shares	8,875	9,776	
	SL GREEN RLTY CORP	4 Shares	246	135	
	SMITH A O	155 Shares	7,512	8,872	
	SMUCKER J M CO COM NEW	99 Shares	13,335	15,688	
	SNAP ON INC	61 Shares	9,933	13,938	
	TARGET CORP	81 Shares	9,938	12,072	
	TAPESTRY INC	324 Shares	7,729	12,338	
	TELEFLEX INC	39 Shares	13,021	9,736	
	TIMKEN CO	298 Shares	18,790	21,060	
	UNDER ARMOUR INC CL A	626 Shares	11,094	6,360	
	UNDER ARMOUR INC CL C	738 Shares	11,415	6,583	
	UNITED CONTL HLDGS INC	295 Shares	12,641	11,122	
	UNIVERSAL HLTH SVCS INC CL B	101 Shares	13,497	14,230	
	VALERO ENERGY CORP NEW	103 Shares	7,999	13,067	
	VERIZON COMMUNICATIONS INC	303 Shares	16,396	11,938	
	VIATRIS INC	976 Shares	13,780	10,863	
	VORNADO RLTY TR SH BEN INT	314 Shares	11,899	6,534	
	W R BERKLEY CORPORATION	242 Shares	10,627	17,562	
	WALMART INC	180 Shares	20,594	25,522	
	WARNER BROS DISCOVERY INC COM SER A	1,996 Shares	40,672	18,922	

See Auditors' Report

ABRASIVE TECHNOLOGY, INC.
EMPLOYEES' RETIREMENT PLAN
EIN 31-0802865 Plan 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Borrower, Lessor,	Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
COMMON AND PREFERRED STOCKS - Continued				
	WESTROCK CO	296 Shares	\$ 12,708	\$ 10,407
	WHIRLPOOL CORP	56 Shares	8,314	7,922
	WYNN RESORTS LTD	153 Shares	15,066	12,618
	ZIONS BANCORPORATION	207 Shares	8,561	10,176
	TOTAL COMMON AND PREFERRED STOCKS		\$ 1,600,819	\$ 1,739,398
REGISTERED INVESTMENT COMPANIES				
	AMERICAN FDS EUROPACIFIC GR FD	5,295 Units	\$ 353,321	\$ 259,618
	ISHARES SHORT-TERM CORPORATE BOND ETF	5,294 Units	266,115	263,747
	ISHARES CORE 1-5 YEAR USD BO	5,091 Units	239,896	236,426
	ISHARES TR 0-3 MNTH TREASRY	6,989 Units	699,886	699,878
	ISHARES TR CORE MSCI EAFE	7,360 Units	471,742	453,670
	ISHARES INC CORE MSCI EMKT	5,851 Units	332,554	273,242
	ISHARES TR CORE US AGGBD ET	4,902 Units	497,125	475,445
	ISHARES TR EAFE SML CP ETF	4,431 Units	277,784	250,263
	ISHARES TR MSCI EAFE ETF	3,681 Units	255,598	241,621
	ISHARES TR RUS 2000 GRW ETF	7 Units	1,457	1,502
	ISHARES TR RUS 2000 VAL ETF	1,371 Units	205,558	190,117
	ISHARES TR RUS MD CP GR ETF	19 Units	1,697	1,588
	ISHARES TR RUS MDCP VAL ETF	856 Units	89,806	90,171
	METLIFE GAC SERIES STABLE FD	31,432 Units	5,822,250	5,986,901
	METROPOLITAN WEST FDS TTL RET CL I	10,780 Units	107,284	97,451
	SELECT SECTOR SPDR TR ENERGY	956 Units	77,035	83,621
	SELECT SECTOR SPDR TR SBI INT-FINL	2,376 Units	83,662	81,259
	SELECT SECTOR SPDR TR SBI HEALTHCARE	759 Units	100,856	103,110
	VANGUARD INDEX FDS VALUE ETF	7,116 Units	1,011,347	998,873
	VANGUARD INDEX FDS GROWTH ETF	1,135 Units	290,946	241,880
	VANGUARD INDEX FDS TOTAL STK MKT	1,664 Units	265,531	318,140
	VANGUARD 500 INDEX FD ADM	2,411 Units	908,136	853,753
	VANGUARD INDEX FDS S&P 500 ETF SHS	3,512 Units	791,783	1,233,906
	VANGUARD SCOTTSDALE FDS MORTG-BACK SEC	1,744 Units	85,541	79,387
	VANGUARD TARGET RET 2020 FUND	629 Units	19,636	15,955
	VANGUARD TARGET RET 2025 FUND	28,440 Units	510,560	474,378
	VANGUARD TARGET RET 2030 FUND	4,829 Units	169,080	151,489
	VANGUARD TARGET RET 2035 FUND	22,712 Units	470,081	439,469
	VANGUARD TARGET RET 2040 FUND	6,629 Units	253,948	225,385
	VANGUARD TARGET RET 2045 FUND	10,370 Units	247,786	236,645
	VANGUARD TARGET RET 2050 FUND	- Units	78,400	71,225
	VANGUARD TARGET RET 2055 FUND	3,241 Units	146,741	136,664
	VANGUARD TARGET RET 2060 FUND	- Units	98,521	90,229
	VANGUARD TARGET RET INCOME FUND	9,739 Units	142,925	119,206
	TOTAL REGISTERED INVESTMENT COMPANIES		\$ 15,374,588	\$ 15,476,214
LIMITED PARTNERSHIPS				
		Shares	-	-
PARTICIPANT LOANS				
		3.13% - 6.55%	-	188,249
	TOTAL INVESTMENTS		\$ 18,387,361	\$ 18,815,815

See Auditors' Report