

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [ ] Form 5558 [ ] automatic extension... 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 LUKE KRUMNOW, INC. EMPLOYEES PROFIT SHARING PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 05/29/2009
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address... LUKE KRUMNOW, INC.
2b Employer Identification Number (EIN) 27-0231462
2c Plan Sponsor's telephone number 281-855-6664
2d Business code (see instructions) 236110

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for plan administrator and employer/plan sponsor.

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

Form 5500 (2023) v. 230707

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	<b>4</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	<b>1</b>
	<b>6a(2)</b>	<b>1</b>
	<b>6b</b>	<b>2</b>
	<b>6c</b>	<b>1</b>
	<b>6d</b>	<b>4</b>
	<b>6e</b>	<b>0</b>
	<b>6f</b>	<b>4</b>
	<b>6g(1)</b>	<b>3</b>
<b>6g(2)</b>	<b>3</b>	
<b>6h</b>	<b>0</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
**2E 2T 3D**

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input checked="" type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

<b>A</b> Name of plan <b>LUKE KRUMNOW, INC. EMPLOYEES PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LUKE KRUMNOW, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>27-0231462</b>	

**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

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

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

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

ROBERT W. POWELL & ASSOC., INC.

11510 CHEVY CHASE DR  
HOUSTON, TX 77077

74-2057249

(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 11 12 13 14 15 16 17 20 25 34 37 38	COMMON EMPLOYEE	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

**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.

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

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

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

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

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<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE I</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information—Small Plan</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

<b>A</b> Name of plan <u>LUKE KRUMNOW, INC. EMPLOYEES PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>LUKE KRUMNOW, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>27-0231462</u>

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

**Part I Small Plan Financial Information**

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

		(a) Beginning of Year	(b) End of Year
<b>1 Plan Assets and Liabilities:</b>			
<b>a</b> Total plan assets .....	<b>1a</b>	271795	417616
<b>b</b> Total plan liabilities .....	<b>1b</b>	0	3658
<b>c</b> Net plan assets (subtract line 1b from line 1a) .....	<b>1c</b>	271795	413958
<b>2 Income, Expenses, and Transfers for this Plan Year:</b>		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable:			
<b>(1)</b> Employers .....	<b>2a(1)</b>	0	
<b>(2)</b> Participants .....	<b>2a(2)</b>	0	
<b>(3)</b> Others (including rollovers) .....	<b>2a(3)</b>	0	
<b>b</b> Noncash contributions .....	<b>2b</b>	0	
<b>c</b> Other income .....	<b>2c</b>	149796	
<b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) .....	<b>2d</b>		149796
<b>e</b> Benefits paid (including direct rollovers) .....	<b>2e</b>	7368	
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>	0	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>	0	
<b>h</b> Administrative service providers (salaries, fees, and commissions) .....	<b>2h</b>	0	
<b>i</b> Other expenses .....	<b>2i</b>	265	
<b>j</b> Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) .....	<b>2j</b>		7633
<b>k</b> Net income (loss) (subtract line 2j from line 2d) .....	<b>2k</b>		142163
<b>l</b> Transfers to (from) the plan (see instructions) .....	<b>2l</b>		

**3 Specific Assets:** If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
<b>a</b> Partnership/joint venture interests .....	<b>3a</b>		X	
<b>b</b> Employer real property .....	<b>3b</b>		X	
<b>c</b> Real estate (other than employer real property) .....	<b>3c</b>	X		403250
<b>d</b> Employer securities .....	<b>3d</b>		X	
<b>e</b> Participant loans .....	<b>3e</b>		X	
<b>f</b> Loans (other than to participants) .....	<b>3f</b>	X		3658
<b>g</b> Tangible personal property .....	<b>3g</b>		X	

**Part II Compliance Questions**

		Yes	No	Amount
<b>4</b> During the plan year:				
<b>a</b> 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.) .....	<b>4a</b>		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. ....	<b>4b</b>		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....	<b>4c</b>		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....	<b>4d</b>		X	
<b>e</b> Was the plan covered by a fidelity bond? .....	<b>4e</b>		X	
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>4f</b>		X	
<b>g</b> 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? .....	<b>4g</b>		X	
<b>h</b> 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? .....	<b>4h</b>		X	
<b>i</b> Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?.....	<b>4i</b>	X		403250
<b>j</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<b>4j</b>		X	
<b>k</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....	<b>4k</b>	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>4m</b>		X	
<b>n</b> 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 .....	<b>4n</b>			

**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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

<b>A</b> Name of plan <u>LUKE KRUMNOW, INC. EMPLOYEES PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>LUKE KRUMNOW, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>27-0231462</u>	

<b>Part I</b>	<b>Distributions</b>
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**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
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**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): 27-0231462 27-2491102

**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		0
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<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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.
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**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

**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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**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.....

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

ATTACHMENT TO THE FORM 5500 PREPARED AND FILED FOR  
LUKE KRUMNOW, INC.  
EMPLOYEES PROFIT SHARING PLAN  
PLAN YEAR ENDING DECEMBER 31, 2023  
UPDATED FROM 2018 FILING

FORM 5500  
SCHEDULE I  
PART II - COMPLIANCE QUESTIONS  
QUESTION 4 K

ARE YOU CLAIMING A WAIVER OF THE ANNUAL EXAMINATION AND REPORT OF AN INDEPENDENT QUALIFIED PUBLIC ACCOUNTANT UNDER 29 CFR 2520.104-46

THE FOLLOWING STATEMENT WAS ATTACHED TO THE SCHEDULE I FOR THE PLAN YEAR ENDING DECEMBER 31, 2011.

ADDITIONAL COMMENTS WERE ADDED FOR THE PLAN YEAR ENDING DECEMBER 31, 2012.

ADDITIONAL COMMENTS WERE ADDED FOR THE PLAN YEAR ENDING DECEMBER 31, 2013.

ADDITIONAL COMMENTS WERE ADDED FOR THE PLAN YEAR ENDING DECEMBER 31, 2014.

THE PLAN WAS ESTABLISHED FOR THE SPECIFIC PURPOSE OF ALLOWING FOR THE ORDERLY DISTRIBUTION OF BENEFITS ACCRUED PURSUANT TO THE PHIL KRUMNOW, INC. EMPLOYEES PENSION PLAN IN THE FORM OF PROPERTY ACQUIRED BY THE PLAN AND STILL EXISTING IN THE NAME OF THE PLAN AND TRUST IN A MANNER THAT WOULD NOT RESULT IN THE PARTICIPANTS BEING REQUIRED TO DISPOSE OF THEIR PORTION OF THE PROPERTY IN ORDER TO PAY REQUIRED TAXES DUE. THE PROPERTY CANNOT BE EFFECTIVELY SOLD IN THAT A CLEAR TITLE CANNOT BE OBTAINED AT THIS TIME DUE TO:

(1) THE ESTATE OF CORI SNOWBERGER CONTINUES TO CLAIM A TAX LIEN DESPITE A DISTRIBUTION OF 32 ACRES PRIOR TO HER DEATH WHICH SHOULD HAVE BEEN ADEQUATE TO PAY THE LIEN.

A RECORDED DEED WAS DELIVERED TO THE EXECUTOR OF THE ESTATE OF CORI SNOWBERGER IN 2010 FOLLOWING HER DEATH IN DECEMBER, 2009. SAID EXECUTOR, ROBERT SNOWBERGER WAS ALSO THE BENEFICIARY OF HER ESTATE. A LETTER WAS ALSO SENT INDICATING THAT IF THE VALUE OF THIS PROPERTY WAS NOT ACCEPTABLE TO PLEASE SO INDICATE TO ROBERT W. POWELL AND AN ADDITIONAL

ACREAGE WOULD BE ALLOCATED SUBJECT TO IT BEING A REASONABLE AMOUNT. MR. SNOWBERGER INDICATED VERBALLY THAT ALL HE WISHED WAS TO PUT THE KRUMNOW MATTER BEHIND HIM. HOWEVER, MR. SNOWBERGER BECAME ILL AND HIS PRIMARY CARETAKER AT THAT TIME WAS DONALD HERBERT KRUMNOW, THE BROTHER OF PHILLIP KRUMNOW, SR., WHO HAD CAUSED THE PROBLEM IN THE FIRST PLACE. TO DATE THE RELEASE OF LIENS HAS NOT BEEN FURNISHED BY THE ESTATE. AS OF AUGUST, 2013, AN INVENTORY OF THE ESTATE HAS NOT BEEN FILED WITH THE POLK COUNTY TEXAS COURT.

(2) THE ESTATE OF PHILLIP M. KRUMNOW CONTINUES TO CLAIM AN EQUITY DESPITE THE OBVIOUS MISSING PROPERTIES, THE TAKING OF INCOME FROM THE PROPERTY, THE USE OF THE PROPERTY WITHOUT COMPENSATION, THE DIVERSION OF MONEY ASSETS DURING HIS LIFE, AND THE CERTIFICATION BY AN ACTUARY THAT HE HAS RECEIVED ALL OF HIS BENEFITS, EITHER DIRECTLY OR INDIRECTLY. WE HAVE BEEN VERBALLY TOLD THAT THE ESTATE WILL NO LONGER PURSUE THE MATTER. HOWEVER, AT LAST CHECKING WITH THE COURT, AN INVENTORY HAD NOT BEEN FILED INDICATING SAME.

(3) THE KRUMNOW FAMILY TRUST CONTINUES TO CLAIM ALL THE PROPERTY IN THAT 3 HEIRS OF THE DECEASED WILL RECEIVE LITTLE OR NOTHING FROM THE TRUST UNLESS THE PLAN IS DESTROYED. WE HAVE BEEN VERBALLY TOLD THAT THE TRUST WILL NO LONGER PURSUE A CLAIM. HOWEVER, THE ASSETS OF THE TRUST HAVE NOT YET BEEN DISTRIBUTED NOR HAS ANY LEGAL ACTION BEEN TAKEN THAT WE ARE AWARE OF TO INDICATE SAME.

(4) THE "ASSUMED" PRIOR ATTORNEYS FOR THE PLAN CLAIM REASONABLE FEES FOR REPRESENTING THE PLAN THOUGH THE SOLE SOURCE OF SAME APPEARS TO BE A SINGLE LETTER WRITTEN DURING THE ENTIRE 9 YEAR PERIOD. WE WERE NOT AWARE UNTIL 2011 THAT THESE SAME ATTORNEYS HAD GONE TO COURT IN MONTGOMERY COUNTY, TEXAS, REPRESENTED BY THEIR COUNSEL WHILE PURSUANT TO THEIR ADVICE THE TRUSTEE OF THE PLAN AT THAT TIME APPEARED AS HIS OWN COUNSEL AND GIVING THEM AN AGREED JUDGMENT AGAINST ALL OF THE PLAN ASSETS.

ALL EXISTING KNOWN LEGAL ISSUES ARE CURRENTLY IN THE FALLS COUNTY COURTS. CONSEQUENTLY, ALL QUALIFIED ACCOUNTING PEOPLE WOULD AT SOME POINT IN TIME BE REQUIRED TO TESTIFY IN SAID COURT. UPON REVIEW AND WITH KNOWLEDGE THAT THESE ISSUES AROSE IN 2002, THE EXPENSE OF ENGAGING A QUALIFIED PERSON WAS JUDGED TO BE EXCESSIVE, PARTICULARLY IN VIEW OF THE FACT THAT EVERYTHING WAS ALREADY UNDER REVIEW BY THE VARIOUS LEGAL ENTITIES.

A NUMBER OF REQUESTS WERE MADE OF THE VARIOUS COMPANIES THAT PROVIDE FOR COVERAGE. IN VIEW OF THE NUMEROUS LITIGATIONS, COVERAGE WAS DECLINED UNTIL SUCH TIME AS SAID WAS RESOLVED.

IN 2011, THE ENTIRE PROCESS CAME UNDER REVIEW BY THE DEPARTMENT OF LABOR WHICH HAD BEEN REQUESTED NUMEROUS TIMES SINCE 2006 OR 2007. ALL OF THE ACCOUNTING DOCUMENTS AND PLAN DOCUMENTS HAVE BEEN FURNISHED TO THE DEPARTMENT OF LABOR.

DESPITE FURNISHING SOME 10,000 ESTIMATED PAGES, THE DEPARTMENT OF LABOR REQUIRED FURNISHING EVERY PAGE KNOWN REGARDING ANY ASPECT OF THE PHIL KRUMNOW, INC. EMPLOYEES PENSION PLAN. THE SECOND TRANSMISSION OF PERHAPS 150,000 ESTIMATED PAGES WAS RETURNED WITHOUT COMMENT SOME MONTHS FOLLOWING.

AT THIS TIME THE DEPARTMENT OF LABOR HAS COPIES OF ALL RELEVANT DOCUMENTS REGARDING THE VARIOUS PLANS, INCLUDING DEEDS, APPRAISAL VALUES ISSUED BY THE FALLS COUNTY APPRAISAL DISTRICT, CHECKING ACCOUNT STATEMENTS, PLAN DOCUMENTS, COMMUNICATIONS WITH PARTICIPANTS, AND ATTORNEYS. FURTHER IN THE SECOND TRANSMISSION WAS INFORMATION REGARDING DISBURSEMENTS FROM THE PLANS ASSETS TO VARIOUS BILLS AND LIVING EXPENSES OF THE ORIGINAL PLAN TRUSTEE.

IT IS OUR CONSIDERED OPINION THAT IN VIEW OF ALL OF THE REVIEWS BY NUMEROUS ATTORNEYS, COURTS AND GOVERNMENT ENTITIES THAT ADDITIONAL EXPENSE IS AND OF A RIGHT OUGHT TO BE WAIVED IN VIEW OF SAID REVIEWS.

SUPPLEMENTAL TO DECEMBER 31, 2012, FILING FOR ATTACHMENT TO DECEMBER 31, 2013 FILING WITH ADDITIONS TO THE DECEMBER 31, 2014, FILING.

DURING A ROUTINE QUESTION REGARDING THE TAX LIENS, IT WAS DISCOVERED THAT THE MONTGOMERY COUNTY ATTORNEYS THAT HAD ORIGINALLY BEEN THOUGHT TO BE REPRESENTING THE PHIL KRUMNOW, INC. RETIREMENT PLAN HAD ATTEMPTED A TRANSFER OF THE TAX LIEN WHICH THE CORI SNOWBERGER ESTATE HAD NEVER RELEASED INDIRECTLY TO THEMSELVES VIA A "SHADOW CORPORATION" WITH OFFICES IN THE SAME LOCATION AS THE ATTORNEYS. SAID TRANSFER ATTEMPT WAS MADE SHORTLY BEFORE THE DEATH OF ROBERT SNOWBERGER, AND WELL BEYOND HIS 90<sup>TH</sup> BIRTHDAY.

A LEGAL ACTION IS CURRENTLY IN PROCESS TO ELIMINATE THIS TRANSFER OF A TAX LIEN THAT HAD BEEN PAID BY THE TRUST AND ACCEPTED VERBALLY BY THE NAMED EXECUTOR OF THE ESTATE OF CORI SNOWBERGER, ROBERT SNOWBERGER. WRITTEN CONFIRMATION HAD NEVER BEEN GIVEN

APPARENTLY DUE TO THE UNDUE INFLUENCE EXERCISED BY THE BROTHER OF PHILLIP KRUMNOW, SR., DECEASED OVER THE WELFARE AND AFFAIRS OF ROBERT SNOWBERGER, NOW DECEASED. DONALD HERBERT KRUMNOW BECAME THE SOLE BENEFICIARY OF THE ESTATE OF ROBERT SNOWBERGER VIA A MODIFICATION OF THE WILL OF ROBERT SNOWBERGER IN THE MONTH FOLLOWING THE DEATH OF CORI SNOWBERGER. SAID ESTATE WAS IN AN AMOUNT IN EXCESS OF FOUR (4) MILLION DOLLARS NET.

QUESTIONS HAVE BEEN RAISED AS TO WHY ROBERT SNOWBERGER WAS NOT SUED PRIOR TO HIS DEATH TO FORCE RELEASE OF THE LEINS AGAINST THE PROPERTY. THE PRIMARY REASON WAS THAT ROBERT SNOWBERGER WAS THE STEP-GRANDFATHER OF PHILLIP KRUMNOW, JR. AND IN FAILING HEALTH. HOWEVER, THE OVER-RIDING REASON THE ESTATE WAS NOT TAKEN TO COURT WAS THAT THE EXECUTOR OF THE ESTATE OF CORI SNOWBERGER NEVER ESTABLISHED HIMSELF AS THE EXECUTOR OF THE ESTATE, QUALIFYING HIM TO TRANSACT BUSINESS ON BEHALF OF THE ESTATE OF CORI SNOWBERGER. THE ASSETS OF THE CORI SNOWBERGER ESTATE HAVE NEVER BEEN FILED IN POLK COUNTY, TEXAS.

UPDATE TO 2018 FORM 5500 FILING

I HAVE RESOLVED SOME OF THE ABOVE ISSUES. HOWEVER, IN DOING SO MY ATTORNEY AND FRIEND FOR 40 YEARS BEGAN FILING LEGAL FEE BILLINGS IN 2018, DATING THEM IN PRIOR YEARS AND EXCEEDING THE AMOUNTS THAT I THOUGHT WERE REASONABLE AND CUSTOMARY. I HAD BEEN PAYING THE FEES VIA LOANS TO LUKE KRUMNOW, INC. EMPLOYEES PENSION PLAN SINCE INCEPTION THINKING THAT I WAS KEEPING FAIRLY EVEN WITH THE AMOUNT OF HIS FEES ADDED UP. FOR YEARS WE HAD OPERATED WITHOUT CHARGING EACH OTHER FEES FOR OUR SERVICES DIRECTLY. WHEN I WAS PRESENTED WITH THE BILLING THAT WAS FOR THE PERIOD JANUARY, 2017 TO MAY 31, 2018, I DETERMINED THAT PAYING SAID FEE WAS IN EXCESS OF THE REASONAL FEE FOR SERVICES RENDERED. THEREFORE, I REFUSED TO PAY SAME. I AM NOW IN THE COURT OF HARRIS COUNTY WITH JERRY NEAGLE REQUESTING \$100,000 PLUS AND EXPENSES GOING BACK TO 2010. THE FILING IS FOR ME PERSONALLY AND MY DAUGHTER WHO IS CO-TRUSTEE OF MY PERSONAL TRUSTS.

I HAVE REPEATEDLY INQUIRED OF INSURANCE COMPANIES FOR COVERAGE WHICH IS NORMALLY \$300 OR SO.

THE PLAN HAS NO CASH, ALTHOUGH I ADMIT PAYING A PARTICIPANT IN EXCESS OF \$100,000 TO SETTLE HER ACCOUNT WITHIN THE LAST 30 DAYS. SHE WAS THE WIDOW OF A PARTICIPANT WHO NEVER SIGNED HIS PAPERS TO TRANSFER BUT HAD INDICATED THAT HE WOULD AND DIES BEFORE HIS ATTORNEY FINISHED REVIEWING THE PAPERS. SHE IS IN ILL HEALTH AND LIKELY WOULD HAVE DIED BEFORE RECEIVING THE FIRST ANNUITY PAYMENT.

ALL OF THE PROCEEDS OF THE PARCEL ALLOCATED TO DONNA HOGG WERE PAID TO ROLLOVER ANNUITY.

THE ONLY PARTICIPANTS REMAINING IN THE PLAN ARE MEMBERS OF THE KRUMNOW FAMILY.

#### DECEMBER 31, 2020 UPDATE

TO DATE I HAVE EXPENDED \$65,000 OF MY PERSONAL FUNDS FIGHTING A SUIT BROUGHT BY JERRY W. NEAGLE, ATTORNEY AT LAW, PROFESSIONAL CORPORATION ATTEMPTING TO COLLECT OVER \$110,000 PLUS ATTORNEY FEES AGAINST ROBERT W. POWELL, INDIVIDUALLY, ROBERT W. POWELL AS TRUSTEE OR CO-TRUSTEE OF THE LUKE KRUMNOW, INC. EMPLOYEES PENSION PLAN AND TRUST, TRUSTEE OR CO-TRUSTEE OF THE LUKE KRUMNOW, INC. EMPLOYEES PROFIT SHARING PLAN AND TRUST, TRUSTEE OR CO-TRUSTEE OF THE ROBERT W. POWELL & ASSOCIATES, INC. RETIREMENT PLAN AND TRUST, TRUSTEE OR CO-TRUSTEE OF THE ANB, RDB, BWB, ET AL TRUST, AND CAROL ANGELIQUE BURNSIDE IN THE SAME CAPACITIES.

I HAVE EXPENDED THESE FUNDS BECAUSE IT IS MY OPINION THAT AND ATTORNEY WHO CHARGES ALMOST \$200,000 TO SOLVE A \$31,000 TAX LIEN HAS VIOLATED HIS FIDUCIARY RESPONSIBILITY TO THE PLAN PARTICIPANTS, THE EMPLOYER, AND THE TRUSTEES, AND ROBERT W. POWELL AND CAROL ANGELIQUE BURNSIDE.

ROBERT W. POWELL HAS TO THE BEST OF HIS KNOWLEDGE AND ABILITY SERVED THE QUALIFIED PLANS WITH HONESTY, HONOR, AND OUTSTANDING CHARACTER SINCE ASSUMING THE ASSETS OF THE PLANS NOVEMBER 1, 2009.

THE FOLLOWING ARE EXAMPLES OF HIS SERVICE:

- (1) BILLIE KRUMNOW – BILLIE WAS THE STEPMOTHER OF PHILLIP KRUMNOW, SR. PHILLIP KRUMNOW, SR. PAID HIS STEPMOTHER A MONTHLY INCOME UNTIL HIS FATHER DIED. UPON THE DEATH OF HIS FATHER, HE CEASED PAYMENTS.

UPON ASSUMING THE PLAN ASSETS, ROBERT POWELL DETERMINED BASED UPON THE INFORMATION THAT WAS AVAILABLE TO HIM THAT

- (A) PAYMENTS HAD NOT BEEN MADE FOR A NUMBER OF MONTHS. THE VALUE OF THE UNPAID PAYMENTS WAS DETERMINED
- (B) BASED UPON THE FACT THAT THE PAYMENTS WERE FOR A LIFE ANNUITY AND WITHOUT KNOWLEDGE OF HER HEALTH ROBERT POWELL DETERMINED THAT IF IT WERE HIM, HE WOULD CONVERT THE AMOUNTS TO AN EQUIVALENT CASH AND ELECT TO TRANSFER THE VALUE TO PROPERTY WHICH WOULD INSURE THAT THE BENEFICIARY NAMED BY BILLIE WOULD RECEIVE THE VALUE. AFTER MUCH DISCUSSION WITH THE POTENTIAL HEIRS, BILLIE MADE THE ELECTION TO CONVERT PROVIDED THE PROPERTY COULD BE SOLD.
- (C) AT THAT TIME THE PROPERTY COULD NOT BE SOLD BECAUSE THERE WERE NUMEROUS LIENS AGAINST THE PROPERTY THAT NO ONE WOULD CHANCE A PURCHASE
- (D) ROBERT W. POWELL AGREED TO PURCHASE THE PROPERTY BASED UPON THE COUNTY APPRAISAL DISTRICT VALUES THROUGH HIS PERSONAL RETIRMENT PLAN.
- (E) BILLIE DIED BUT A FEW MONTHS AFTER SIGNING THE PURCHASE
- (F) IF ROBERT POWELL HAD TREATED BILLIE KRUMNOW AS PURELY A PARTICIPANT TO BE PAID, IN EXCESS OF \$50,000 WOULD HAVE REMAINED IN THE PLAN

(2) JACK HOGG HAD A BENEFIT. INDICATED THAT HE WANTED TO EXCHANGE HIS VALUE FOR PROPERTY. NEVER DID EXECUTE A SINGLE DOCUMENT. JACK HOGG PASSED BEFORE REACHING AGE 65 LEAVING A WIDOW WITH LIMITED MENTAL CAPACITY AND A RETARDED SON.

- (A) DONNA HOGG'S SISTER AND HER HUSBAND DISCOVERED THE CONDITIONS THAT DONNA AND HER SON WERE SURVIVING IN AND DETERMINED TO ASSIST HER AS BEST THEY COULD.
- (B) IN SPITE OF THE FACT THAT JACK HAD NEVER EXECUTED ANY PAPERS, ROBERT W. POWELL HAD ALLOCATED PROPERTY FOR HIS BENEFIT.
- (C) BASED UPON THE SIGNATURES OF THE SISTER AND HER HUSBAND ALONG WITH DONNA HOGG, THE ALLOCATED PROPERTY WAS LISTED AND SOLD AND DONNA PAID \$102,707.09. JACK'S VALUE IN 2009 WAS \$29,000.
- (D) DONNA WAS ABLE TO ROLL THE MONIES INTO AN IRA ROLLOVER FROM WHICH SHE CAN WITHDRAW AS NEEDED. HER SON WILL RECEIVE THE REMAINDER.

- (3) HERBERT EVANS – ROBERT POWELL DETERMINED THAT IF HE TOOK DISTRIBUTIONS OF PROPERTY OVER 10 YEARS, HE WOULD RECEIVE HIS \$70,000 WITHOUT PAYING TAXES AS HIS TAXABLE INCOME WAS BELOW THE TAX RATES – BEING SOCIAL SECURITY ONLY.

THE DISTRIBUTED PROPERTY IS NOW WORTH IN EXCESS OF \$280,000 BECAUSE OF SUBSTANTIAL APPRECIATION THE LAST 2 YEARS.

ROBERT POWELL DESIGNED, WROTE, AND EXECUTED THE BENEFIT PAYMENT ELECTION.

HERBERT EVANS CAN NEITHER READ NOR WRITE.

- (4) SUSIE BAXTER – SUSIE WAS NOT INCLUDED IN THE PARTICIPANTS LUKE KRUMNOW, INC. EMPLOYEES PENSION PLAN AND TRUST AGREED TO PAY, HOWEVER, IN LOOKING AT THE RECORDS ROBERT W. POWELL DETERMINED AS FOLLOWS:

(A) SUSIE HAD BREAKS IN SERVICE ACCORDING TO THE RECORDS WHICH CAUSED HER TO FORFEIT HER ACCRUED BENEFITS WITH EACH BREAK.

(B) FURTHER PHILLIP KRUMNOW, SR. HAD A PROCEDURE WHEREBY HE PAID WIVES OF EMPLOYEES SMALLER SALARIES AND OFTEN DID NOT INCLUDE THEM IN THE PLAN.

(C) BASED UPON BENEFIT STATEMENTS FOUND AND IN CONJUNCTION WITH THE INFORMATION OF HER SPOUSE RODNEY BAXTER, ROBERT POWELL MADE A PLAN ADMINISTRATOR DECISION TO AWARD HER BENEFITS.

- (5) RODNEY BAXTER – RODNEY HAD SEVERAL “BREAKS IN SERVICE” BASED AT LEAST PARTLY ON INJURIES SUSTAINED ON THE JOB. IN CONJUNCTION WITH HIS WIFE, ROBERT POWELL MADE AN ADMINISTRATIVE DECISION TO AWARD THE COMBINED COUPLE 25 ACRES WHICH AT THE TIME WAS A LITTLE OVER \$30,000. THE PROPERTY WAS SOLD IN 2020 AND PAYMENTS MADE OF \$37,761 AND \$47,286.29.

- (6) R. A. KRUMNOW – WAS NOT SHOWN AS A PARTICIPANT WITH ACCRUED BENEFITS. BASED UPON FINDING PARTICIPANT STATEMENTS WITH THE ACCRUED BENEFIT SHOWN R. A. KRUMNOW HAS RECEIVED BENEFIT PAYMENTS THAT TOTAL OVER \$86,000.

- (7) PHILLIP KRUMNOW, JR – ROBERT W. POWELL MADE AN ERROR IN

COMPUTING THE BOUNDARIES OF HIS 44 ACRES. AS A RESULT ANB, RDB, BWB, ET AL TRUST HAS TRANSFERRED A LITTLE OVER 5 ACRES AND ROBERT W. POWELL & ASSOCIATES, INC. IS IN PROCESS OF TRANSFERRING APPROXIMATELY 1 ACRE.

IN ADDITION, BECAUSE THE HOME WAS BEING VANDALIZED, ROBERT W. POWELL CONVINCED PHIL, JR. AND TAMMY TO PURCHASE THE HOME AS THEIR HOMESTEAD. THEY WERE TO PAY MONTHLY PAYMENTS. HOWEVER, THEY FAILED TO DO SO, BUT HAVE MADE ANNUAL PAYMENTS. PHIL, JR. WAS LIVING A WONDERFUL LIFE BEFORE HIS FATHER DIED. HAD THE GOVERNMENT STEPPED IN AS THE LAW SAYS THAT IT SHOULD, PHIL WOULD NOT HAVE LOST NEARLY EVERYTHING THAT HE OWNED.

ROBERT W. POWELL HAS NOT REPOSSESSED THE HOUSE AND HAS NO INTENTION OF DOING SO. THE PAYMENTS WILL PAY FOR HIS SISTERS MONTHLY PAYMENTS APPROXIMATELY.

IT IS NOW JANUARY 2024. JERRY NEAGLE HAS DIED, BUT HIS WIDOW THINKS THE PLANS OWE HIM \$110,000 PLUS ANOTHER \$200,000 ATTORNEY FEES.

PRIOR TO HIS DEATH IN NUMEROUS DEPOSITION STATEMENTS MR. NEAGLE ADMITTED THAT THE LEGAL FEES THAT HE HAD CHARGED TO THE PLANS, ALTHOUGH APPROPRIATE IN HIS MIND, VIOLATED NUMEROUS LEGAL PROCEDURES. THE LEGAL ACTION WAS TO REMOVE SOME \$32,000 IN TAX LIENS. NEAGLE'S FEES TOTALLED OVER \$200,000, WHICH IN THE OPINION OF THE TRUSTEE, PLAN ADMINISTRATOR OF THE PLANS WAS EXCESSIVE.

AT PRESENT ROBERT W. POWELL HAS EXPENDED OVER \$150,000 IN LEGAL FEES TO PREVENT ANY PARTICIPANT FROM HAVING A REDUCTION IN HIS BENEFITS.

NO INSURER WILL INSURE A PLAN WITH THIS SORT OF ISSUES AND REQUIRING THE PLAN PARTICIPANTS TO PAY CPA FEES TO REVIEW SOMETHING THAT NUMEROUS PROFESSIONALS HAVE REVIEWED DOES NOT SEEM APPROPRIATE.

OBVIOUSLY, ROBERT W. POWELL HAS DONE A FINE JOB FOR THE PARTICIPANTS. PHILLIP KRUMNOW, JR. ALONE HAD INVESTMENT GAINS IN EXCESS OF \$350,000 OVER THE PERIOD OF 2010 TO 2013 ON AN INVESTMENT OF \$44000.