

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A	This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B	This return/report is: <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report
	<input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/>

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>THE LUCKS COMPANY PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>12/31/1973</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CRKLE, INC. F/K/A THE LUCKS COMPANY</u>	2b Employer Identification Number (EIN) <u>91-0612901</u>
	2c Plan Sponsor's telephone number <u>253-383-4815</u>
<u>3213 W. WHEELER ST. BOX 724 SEATTLE, WA 98199</u>	2d Business code (see instructions) <u>424990</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/29/2025	CARL LUCKS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>THE LUCKS COMPANY</p> <p>3213 W. WHEELER ST. SEATTLE, WA 98199</p>	<p>3b Administrator's EIN 91-0612901</p> <p>3c Administrator's telephone number 253-383-4815</p>																		
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>																		
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 102</p>																		
<p>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).</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:75%;">6a(1) Total number of active participants at the beginning of the plan year</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6a(2) Total number of active participants at the end of the plan year</td> <td style="text-align: right;">0</td> </tr> <tr> <td>b Retired or separated participants receiving benefits</td> <td style="text-align: right;">42</td> </tr> <tr> <td>c Other retired or separated participants entitled to future benefits.....</td> <td style="text-align: right;">58</td> </tr> <tr> <td>d Subtotal. Add lines 6a(2), 6b, and 6c.....</td> <td style="text-align: right;">100</td> </tr> <tr> <td>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>f Total. Add lines 6d and 6e.....</td> <td style="text-align: right;">100</td> </tr> <tr> <td>g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....</td> <td></td> </tr> <tr> <td>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</td> <td style="text-align: right;">0</td> </tr> </table>	6a(1) Total number of active participants at the beginning of the plan year	0	6a(2) Total number of active participants at the end of the plan year	0	b Retired or separated participants receiving benefits	42	c Other retired or separated participants entitled to future benefits.....	58	d Subtotal. Add lines 6a(2) , 6b , and 6c	100	e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	0	f Total. Add lines 6d and 6e	100	g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	0
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f Total. Add lines 6d and 6e	100																		
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....																			
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	0																		
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>																		
<p>8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I</p> <p>b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:</p>																			
<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>																		
<p>10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)</p>																			
<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> 0 A (Insurance Information)</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>																		

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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>THE LUCKS COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CRKLE, INC. F/K/A THE LUCKS COMPANY</u>		
D Employer Identification Number (EIN) <u>91-0612901</u>		
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>2942437</u>	
b Actuarial value.....	2b	<u>3236681</u>	
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>44</u>	<u>2740466</u>	<u>2740466</u>
b For terminated vested participants.....	<u>58</u>	<u>1194241</u>	<u>1194241</u>
c For active participants.....	<u>0</u>	<u>0</u>	<u>0</u>
d Total.....	<u>102</u>	<u>3934707</u>	<u>3934707</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....			4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....			4b
5 Effective interest rate.....			5 <u>5.31 %</u>
6 Target normal cost.....			
a Present value of current plan year accruals.....			6a <u>0</u>
b Expected plan-related expenses.....			6b <u>0</u>
c Total (line 6a + line 6b).....			6c <u>0</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>10/16/2023</u>
	<u>NANCY TEAGUE LEE</u>	Date
	Type or print name of actuary	<u>23-07500</u>
	<u>NWPS</u>	Most recent enrollment number
	Firm name	<u>650-960-5700</u>
	<u>160 W SANTA CLARA STE 1550 SAN JOSE, CA 95113</u>	Telephone number (including area code)
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>4.42</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.52</u> %.....		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	82.25 %
15	Adjusted funding target attainment percentage	15	82.25 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	102.70 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	0
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	698026	64506
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	64506
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 64506

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	64506
40 Unpaid minimum required contributions for all years.....	40	64506

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>THE LUCKS COMPANY PENSION 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>CRKLE, INC. F/K/A THE LUCKS COMPANY</u>	D Employer Identification Number (EIN) <u>91-0612901</u>	

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

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)

NWPS

04-3721424

(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?
11	NONE	19925	Yes <input type="checkbox"/> No <input checked="" 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)

PRINCIPAL CUSTODY SOLUTIONS

51-0099493

(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?
21	NONE	13284	Yes <input type="checkbox"/> No <input checked="" 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)

DP&C

91-1503183

(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	NONE	5050	Yes <input type="checkbox"/> No <input checked="" 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.

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

A Name of plan THE LUCKS COMPANY PENSION PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 CRKLE, INC. F/K/A THE LUCKS COMPANY	D Employer Identification Number (EIN) 91-0612901	

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)	0
(2) Participant contributions.....	1b(2)	0
(3) Other.....	1b(3)	0
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2942437
(2) U.S. Government securities.....	1c(2)	2609067
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests.....	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants).....	1c(7)	
(8) Participant loans.....	1c(8)	
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

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	2942437	2609067

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	2942437	2609067
---	----	---------	---------

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	27258	
(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)		
(F) Other.....	2b(1)(F)	11282	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		38540
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		38540
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	263679	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		263679
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)	24975	
(2) Contract administrator fees.....	2i(2)	13284	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	69972	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		108231
j Total expenses. Add all expense amounts in column (b) and enter total	2j		371910
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-333370
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: DWYER, PEMBERTON & COULSON, P.C

(2) EIN: 91-1503183

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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 0.

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 480098.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>THE LUCKS COMPANY PENSION 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>CRKLE, INC. F/K/A THE LUCKS COMPANY</u>	D Employer Identification Number (EIN) <u>91-0612901</u>	

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): 51-0099493

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
---	---

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

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
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)	14b	
c 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).....	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 _____

THE LUCKS COMPANY PENSION PLAN

FINANCIAL STATEMENTS IN LIQUIDATION

For the year ended December 31, 2022

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INDEPENDENT AUDITOR'S REPORT

To the Trustees
The Lucks Company Pension Plan
Tacoma, Washington

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

We have performed audits of the accompanying financial statements of The Lucks Company Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits in liquidation as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits in liquidation for the year ended December 31, 2022, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits 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 the 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 ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter - Basis of Accounting

As described in Note 1 to the financial statements, the trustees of The Lucks Company Pension Plan notified the participants of their proposed intent to terminate the Plan with a proposed termination date of August 15, 2019, and management determined liquidation is imminent. In addition, the Plan was notified on April 4, 2023, by the Pension Benefit Guaranty Corporation (PBGC) that the PBGC will proceed to have the Plan terminated as of December 31, 2022 and will be appointed as the statutory trustee. As a result of these events, the Plan has presented its basis of accounting on the liquidation basis in presenting the 2022 and 2021 financial statements. 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules as noted in the Table of Contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

DP&C

Tacoma, Washington
October 22, 2023

THE LUCKS COMPANY PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION
December 31, 2022 and 2021

	2022	2021
ASSETS		
Investments, at fair value	<u>\$ 2,609,067</u>	<u>\$ 2,942,437</u>
Receivables:		
Employer contributions	20,000	---
Estimated interest to be earned during liquidation	<u>54,823</u>	<u>30,086</u>
TOTAL RECEIVABLES	<u>74,823</u>	<u>30,086</u>
TOTAL ASSETS	<u>2,683,890</u>	<u>2,972,523</u>
LIABILITIES		
Estimated administrative expenses to be incurred during liquidation	<u>67,750</u>	<u>107,725</u>
TOTAL LIABILITIES	<u>67,750</u>	<u>107,725</u>
NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION	<u><u>\$ 2,616,140</u></u>	<u><u>\$ 2,864,798</u></u>

See accompanying notes.

THE LUCKS COMPANY PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION
For the year ended December 31, 2022

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:	
Interest	\$ 8,454
Estimated interest to be earned during liquidation	54,823
TOTAL INVESTMENT INCOME	63,277
Employer contributions	20,000
TOTAL ADDITIONS	83,277

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	263,679
Administrative expenses	506
Estimated administrative expenses to be incurred during liquidation	67,750
TOTAL DEDUCTIONS	331,935
NET DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION	(248,658)

NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION, Beginning	2,864,798
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NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION, Ending	\$ 2,616,140
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See accompanying notes.

THE LUCKS COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
For the year ended December 31, 2022

NOTE 1. Description of Plan

The following description of The Lucks Company Pension Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 (ERISA).

General:

The Lucks Company Pension Plan (the Plan) was established to provide retirement benefits to employees of The Lucks Company (the Sponsor) who are not covered by a collective bargaining agreement.

Plan Termination:

Effective April 30, 2002, the Plan was amended so participants will not accrue any additional benefits after that date. A participant's accrued benefit upon normal retirement, death, or permanent disability will be the amount of accrued benefit earned as of April 30, 2002. On May 31, 2019 the Sponsor sold substantially all of the assets of its business to an outside party, DecoPac, Inc. After the sale, the Plan gave notice to the participants of the intent to terminate with a proposed date of August 15, 2019. Effective January 1, 2019 the Plan was amended to allow for lump sum distributions during a payout window of June 15, 2019 through November 15, 2019 and November 16, 2020 and December 31, 2020. The Plan received notification from the Internal Revenue Service on May 5, 2020 to approve the termination of the Plan, including allowing for lump sum payouts within the specified window.

Subsequent to year end, the Plan received Notice of Determination from Pension Benefit Guaranty Corporation (PBGC) that the Plan will be unable to pay benefits when due and the PBGC will be appointed as statutory trustee and established December 31, 2022 as the Plan's termination date. The transfer of funds to the PBGC is expected to happen in December 2023. The Plan uses the liquidation basis of accounting which includes estimated interest to be earned and administrative expenses to be incurred during liquidation through the date the financial statements are available to be issued.

Upon termination, the fully vested accrued benefits of each participant, to the extent funded, and the net assets of the Plan will be allocated, as prescribed by the terms and provisions of the Plan in accordance with ERISA and its related regulations, generally, to provide the following benefits in the order indicated, subject to any required approval of the IRS and the Pension Benefit Guaranty Corporation (PBGC):

- a. Deductible voluntary account, nondeductible voluntary account or rollover account;

THE LUCKS COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
For the year ended December 31, 2022

NOTE 1. (Continued)

- b. Participant's accrued benefit which is derived from the participant's mandatory contributions;
- c. Retirement benefits which were in pay status or were available to participant three years before the date of termination of the Plan based on Plan provision in effect five years before the date of termination;
- d. All other benefits guaranteed by the PBGC, up to the applicable limitations (discussed below)
- e. All other vested benefits; and
- f. All other nonvested benefits.

If Plan assets are not sufficient to provide the total amount required in any classification, the allocation will be proportionately reduced for all participants for benefits in such classification. Any part of a vested benefit not guaranteed by PBGC will take precedence after all benefits which are guaranteed. The allocation procedure and methods used will be subject to requirements of law and to any modification required by either PBGC or the IRS. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions upon termination of the Plan.

Eligibility, Vesting and Benefits:

Employees became eligible to participate in the Plan after completion of one year of service as defined in the Plan. Subsequent to April 30, 2002, the Plan is no longer open for new participants. As of December 31, 2022 and 2021, all accrued benefits earned and provided by employer contributions are 100 percent vested to the participant. Participants receive their benefits as a life annuity, payable monthly from retirement and may elect to receive their pension benefits in the form of a joint and 50 percent survivor annuity, joint and 75 percent survivor annuity, joint and 100 percent survivor annuity, or life annuity, or as of January 1, 2019, in a lump sum payment within the specified windows.

Death and Disability Benefits:

No death benefits other than those specified under the joint and survivor election made by the participant are allowed under the Plan. Vested terminated participants who become totally disabled receive annual disability benefits that are equal to their vested accrued benefit subject to various incremental actuarial reductions. Benefits are paid until normal retirement age.

THE LUCKS COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
For the year ended December 31, 2022

NOTE 1. (Continued)

Funding:

The Plan has \$64,506 and \$19,172 minimum funding requirements or other ERISA obligations for the years ended December 31, 2022 and 2021, respectively. However, only \$20,000 was funded by the Employer subsequent to December 31, 2022 which is recorded as a receivable on the statements of net assets available for benefits in liquidation.

NOTE 2. Summary of Significant Accounting Policies

Basis of Presentation:

Due to the termination of the Plan (discussed in Note 1), the accompanying financial statements have been prepared on the liquidation basis of accounting. That basis does not significantly differ from the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, except the disclosure of estimated interest to be earned and estimated administrative expenses to be incurred during liquidation.

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosures of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results may differ from those estimates.

Investment Valuation and Income Recognition:

At December 31, 2022 and 2021, the Plan's investments are held in nonparticipant directed accounts at Principal Bank. The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation, if any, includes the Plan's gains and losses on investments bought and sold as well as held during the year.

THE LUCKS COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
For the year ended December 31, 2022

NOTE 2. (Continued)

Payment of Benefits:

Benefits are recorded when paid.

Administrative and Investment Management Expenses:

The Plan's expenses are paid either by the Plan or Plan Sponsor, as determined by the trustees, plan document, or service provider agreements. Expenses that are paid directly by the Plan Sponsor are excluded from these financial statements and are not intended to be reimbursed by the Plan. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of net assets available for benefits in liquidation. In addition, certain investment related expenses included in net appreciation or depreciation of fair value of investments are presented in the accompanying statement of changes in net assets available for benefits in liquidation.

Date Through Which Subsequent Events Evaluated:

The date to which events occurring after December 31, 2022, the date of the most recent statement of net assets available for benefits in liquidation, have been evaluated for possible adjustment to the financial statements or disclosure is October 22, 2023, which is the date on which the financial statements were available to be issued.

NOTE 3. Risk and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

THE LUCKS COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
For the year ended December 31, 2022

NOTE 4. Information Certified by Custodian

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, was obtained by management and agreed to or derived from information certified as complete and accurate as of December 31, 2022 and 2021 by Principal Bank and Wells Fargo Bank, N.A, respectively, and for the year ended December 31, 2022 by Principal Bank as follows:

- Investments reflected on the accompanying statements of net assets available for benefits in liquidation as of December 31, 2022 and 2021.
- Interest reflected on the accompanying statement of changes in net assets available for benefits in liquidation for the year ended December 31, 2022.
- Investments reflected on the supplementary schedule of assets (held at end of year) in liquidation as of December 31, 2022.
- Reportable transactions reflected on the supplementary schedule of reportable transactions in liquidation for the year ended December 31, 2022.

NOTE 5. Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosure*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- | | |
|---------|--|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that are accessible at the measurement date for identical assets or liabilities that the Plan has the ability to access. |
| Level 2 | Inputs to valuation methodology other than Level 1 inputs that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, 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 assets or liabilities. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

THE LUCKS COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
For the year ended December 31, 2022

NOTE 5. (Continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Investments: Composed of a money market fund which is classified as Level 1 in the fair value hierarchy. The money market fund is valued at the closing Net Asset Value on the active market on which the individual fund is traded, totaling \$2,609,067 and \$2,942,437 at December 31, 2022 and 2021, respectively.

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

NOTE 6. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, which are attributable to services participants have rendered. They include payments expected to be made to participants or their beneficiaries according to Plan provisions.

The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2022 and 2021. Had the valuations been performed as of December 31, there would be no material differences.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount resulting from applying actuarial assumptions to compute the value of the plan benefits accumulated by participants as of the valuation date. The actuarial assumptions used to compute the accumulated plan benefits reflect the expected rate of return on the Plan's investments in the future and the probability of benefit payments subsequent to the valuation date based on anticipated mortality, termination, form of pay-out of benefits, and retirement rates.

THE LUCKS COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
For the year ended December 31, 2022

NOTE 6. (Continued)

The actuarial present value of accumulated plan benefits as of January 1, 2022 and 2021 as provided by the Plan's actuary, are as follows:

	2022	2021
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 3,277,975	\$ 4,194,455
Other participants	1,685,490	3,483,654
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	\$ 4,963,465	\$ 7,678,109

Changes in actuarial present value of accumulated plan benefits for the Plan year beginning January 1, 2022:

Increase (decrease) during the year attributable to:	
Benefits paid	\$ (2,523,912)
Change in actuarial assumptions	(326,754)
Increase in discount period	136,022
NET DECREASE	(2,714,644)

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, Beginning	7,678,109
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, Ending	\$ 4,963,465

The accumulated Plan benefits were determined based upon actuarial assumptions that include the following:

Life Expectancy:	RP-2014 (Blue Collar) Mortality Table projected using MP-2021 and MP-2020 projection scales for the Plan years beginning January 1, 2022 and 2021, respectively.
Retirement:	Age 65
Investment Return:	Lesser of the third segment interest rate and anticipated interest rate of 7.0 percent for the Plan years beginning January 1, 2022 and 2021.
Discount Rate:	2.46 and 2.97 percent for the Plan years beginning January 1, 2022 and 2021, respectively.

THE LUCKS COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
For the year ended December 31, 2022

NOTE 7. Party-in-Interest Transactions and Administration of Plan Assets

A party-in-interest is defined as a fiduciary or employee of the Plan, any person who provides service to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee organization, or a relative of such persons mentioned.

The Plan's investment options are held in nonparticipant directed accounts at Principal Bank, the custodian of the Plan; therefore, any transaction executed with Principal Bank qualifies as a party-in-interest transaction.

As described in Note 2, the Plan and Plan sponsor paid certain expenses related to Plan operations and investment activities to various service providers. Pension Benefit Guaranty Corporation (PBGC) expenses of \$69,972 and \$71,024 were paid by the Plan in 2022 and 2021, respectively.

The Plan sponsor, CRKLE, Inc., formerly known as The Lucks Company, is a party-in-interest. Certain administrative functions are performed by employees of the Sponsor. No such employee receives compensation from the Plan. The Sponsor has the discretion to appoint or remove any trustee or agent of the Plan. The Trustees have the full power to administer the Plan and apply all of its provisions on behalf of the Sponsor.

NOTE 8. Tax Status

The Plan received a favorable opinion letter from the Internal Revenue Service (IRS) dated October 9, 2012, which stated the Plan is designed in accordance with applicable sections of the IRC. Once qualified, the Plan is required to operate in conformity with the code to maintain its qualification. On May 5, 2020, the Plan received an updated favorable opinion letter which includes amendments to the Plan in relation to the Plan termination as disclosed in Note 1.

Management evaluated the Plan's tax positions including subsequent amendment to the Plan, and concluded that the Plan has maintained its tax-exempt status and has taken no material uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

THE LUCKS COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
For the year ended December 31, 2022

NOTE 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for Plan benefits per the financial statements to the Form 5500:

	December 31	
	2022	2021
Net assets available for benefits in liquidation per the financial statements	\$ 2,616,140	\$ 2,864,798
Estimated accrued interest income	(54,823)	(30,086)
Estimated accounts payable and other liabilities	67,750	107,725
Accrued employer contribution	(20,000)	---
NET ASSETS AVAILABLE FOR BENEFITS PER THE FORM 5500	\$ 2,609,067	\$ 2,942,437

For the year ended December 31, 2022:

Net decrease in net assets available for benefits in liquidation per the financial statements	\$ (248,658)
Current year estimated accrued interest income	(54,823)
Current year estimated accounts payable and other liabilities	67,750
Current year accrued employer contribution	(20,000)
Prior year estimated accrued interest income	30,086
Prior year estimated accounts payable and other liabilities	(107,725)
NET DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS PER THE FORM 5500	\$ (333,370)

THE LUCKS COMPANY PENSION PLAN
SUPPLEMENTAL SCHEDULE

EIN: 91-0612901
 PLAN #: 001
 PLAN YEAR: 2022

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) in Liquidation

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Allspring 100% Treasury Money Market	Money Market fund	\$ 2,609,067	<u>\$ 2,609,067</u>
		TOTAL		<u><u>\$ 2,609,067</u></u>

* Party-in-interest.

THE LUCKS COMPANY PENSION PLAN
SUPPLEMENTAL SCHEDULE

EIN: 91-0612901
 PLAN #: 001
 PLAN YEAR: 2022

Schedule H, Line 4j - Schedule of Reportable Transactions
 for the Year Ended December 31, 2022 in Liquidation

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Principal Bank	Allspring 100% Treasury Money Market (Series of transactions)	\$ 44,780	\$ ---	\$ 44,780	\$ 44,780	\$ ---
Principal Bank	Allspring 100% Treasury Money Market (Series of transactions)	386,100	386,100	386,100	386,100	---

See Independent Auditor's Report.

**THE LUCKS COMPANY
PENSION PLAN
EIN/PN: 91-0612901/001**

2022 Form 5500 Schedule SB, Part V – Actuarial Method and Assumptions

As prescribed by federal law, the funding method used for this valuation is the "Unit Credit" funding method.

1) INTEREST RATE

2022 adjusted segment rates under the American Rescue Plan Act with no lookback month (4.75%, 5.18%, and 5.92%).

2) MORTALITY

The sex-distinct RP-2014 (Combined) Mortality Table projected using the MP-2020 projection scale was used to estimate participant mortality rates.

3) EXPENSES

All Plan expenses are assumed to be paid by the Trust.

4) VALUATION OF ASSETS

For Funding purposes, Plan assets are valued using a 3-year averaging method. Under this method the market value of assets for the prior plan year and the second prior plan year are brought forward to the current plan year by actual contributions, distributions and expenses plus expected investment earnings, which are determined using the lesser of the third segment interest rate and the anticipated interest rate of 7.00%. The asset value is the average of the current market value and the value of assets brought forward for the two prior years. Plan assets cannot be less than 90% or more than 110% of the Market Value of Assets.

5) RETIREMENT AGE

Participants who are not receiving benefits are assumed to retire at the Normal Retirement Age of 65.

THE LUCKS COMPANY PENSION PLAN
SUPPLEMENTAL SCHEDULE

EIN: 91-0612901
 PLAN #: 001
 PLAN YEAR: 2022

Schedule H, Line 4j - Schedule of Reportable Transactions
 for the Year Ended December 31, 2022 in Liquidation

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Principal Bank	Allspring 100% Treasury Money Market (Series of transactions)	\$ 44,780	\$ ---	\$ 44,780	\$ 44,780	\$ ---
Principal Bank	Allspring 100% Treasury Money Market (Series of transactions)	386,100	386,100	386,100	386,100	---

See Independent Auditor's Report.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THE LUCKS COMPANY PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CRKLE, INC. F/K/A THE LUCKS COMPANY		D Employer Identification Number (EIN) 91-0612901	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value	2a	2,942,437	
b Actuarial value	2b	3,236,681	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	44	2,740,466	2,740,466
b For terminated vested participants.....	58	1,194,241	1,194,241
c For active participants	0	0	0
d Total.....	102	3,934,707	3,934,707
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5	5.31%	
6 Target normal cost.....			
a Present value of current plan year accruals.....	6a	0	
b Expected plan-related expenses	6b	0	
c Total (line 6a + line 6b)	6c	0	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<i>Nancy Teague Lee</i>	<u>10/16/2023</u>
	Signature of actuary	Date
Nancy Teague Lee	Type or print name of actuary	2307500
		Most recent enrollment number
NWPS	Firm name	650-960-5700
		Telephone number (including area code)
160 W SANTA CLARA STE 1550	Address of the firm	
SAN JOSE CA 95113		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

**Schedule SB (Form 5500) 2022
v. 220413**

2021 Form 5500 Schedule SB: Line 22
Plan Name: The Lucks Company Pension Plan
Employer ID Number: 91-0612901
Plan Number: 001

Description of Weighted Average Retirement Age

All participants are assumed to retire at the Plan's Normal Retirement Age of 65.

**THE LUCKS COMPANY
PENSION PLAN
EIN/PN: 91-0612901/001**

2022 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

1) EFFECTIVE DATE OF PLAN

The plan was originally effective on December 31, 1973. The Plan was restated in 2018.

2) FUNDING

The plan is funded by employer contributions to a trust fund.

3) EMPLOYEES INCLUDED

Employees shall be eligible to participate on the first of the month on or following the completion of one year of eligibility service. Employees hired after April 30, 2002 are not eligible to participate.

4) PLAN YEAR

The plan year is the 12-month period from January 1 to December 31.

5) EMPLOYER CONTRIBUTIONS

The employer contributes amounts sufficient to maintain the trust at an adequate level.

6) EMPLOYEE CONTRIBUTIONS

Participants in the plan are neither required nor allowed to make any contributions.

7) YEAR OF SERVICE

For benefit, eligibility and vesting purposes, service is credited for each period of employment (elapsed time method). Benefit service was frozen on April 30, 2002.

**THE LUCKS COMPANY
PENSION PLAN
EIN/PN: 91-0612901/001**

2022 Form 5500 Schedule SB, Part V – Summary of Plan Provisions (continued)

8) COMPENSATION

Compensation is defined as the amount of salary, bonuses, and overtime paid by the employer to the employee before any salary deferral contributions are deducted. Benefits are based on the Average Monthly Compensation for the five consecutive plan years, which produces the highest such average. Compensation was frozen on April 30, 2002.

9) RETIREMENT DATE

The normal retirement date for any participant shall be the first day of the month coincident with or next following their attainment of age 65. An early retirement date is permitted provided the participant has attained age 55 and completed nine years of vesting service. The late retirement date is the date a participant actually retires and begins to receive benefits, provided such date is after the participant's normal retirement date.

10) RETIREMENT BENEFIT

Normal - The monthly normal retirement benefit is payable as a single life annuity and is equal to a participant's accrued benefit which is equal to 1.25% of Average Monthly Compensation plus 0.65% of Average Monthly Compensation in excess of Covered Compensation multiplied by years of benefit service up to a maximum of 30 years. Plan benefits were frozen on April 30, 2002.

Early - The accrued normal retirement benefit multiplied by the early retirement factor. Early retirement factors are one minus 1/180th for each of the first 60 months and 1/360th for each of the next 60 months that the early retirement date precedes the normal retirement date.

Deferred - The monthly deferred retirement benefit is payable as a single life annuity and is equal to the greater of the actuarial equivalent of the accrued benefit at Normal Retirement and the accrued benefit based upon continuous accruals under the Plan to the actual retirement date.

**THE LUCKS COMPANY
PENSION PLAN
EIN/PN: 91-0612901/001**

2022 Form 5500 Schedule SB, Part V – Summary of Plan Provisions (continued)

10) RETIREMENT BENEFIT OPTIONS

The following forms of payment are available to retirees:

- a) Single-Life Annuity
- b) 50% Joint and Survivor Annuity (Spousal benefit only)
- c) 75% Joint and Survivor Annuity (Spousal benefit only)
- d) 100% Joint and Survivor Annuity (Spousal benefit only)

11) DEATH BENEFIT

If death occurs prior to the commencement of benefit payments, a participant's spouse is entitled to the survivor portion of a 50% Joint and Survivor benefit as if the participant had retired the day before death and elected a 50% Joint and Survivor benefit.

12) DISABILITY BENEFIT

Upon disability a Participant is entitled to a reduced normal retirement benefit with a reduction of 1/180th for each of the first 60 months, 1/360th for each of the next 60 months, and actuarial equivalence beyond that.

13) VESTED BENEFIT

If the terminating participant has completed five or more years of service, the participant is fully vested in his accrued benefit. In addition, participants will become 100% vested at their normal retirement date or upon death or disability.

All participants that terminated in 2004 due to the plant sale were made 100% vested in their accrued benefit.

THE LUCKS COMPANY PENSION PLAN
SUPPLEMENTAL SCHEDULE

EIN: 91-0612901
 PLAN #: 001
 PLAN YEAR: 2022

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) in Liquidation

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Allspring 100% Treasury Money Market	Money Market fund	\$ 2,609,067	<u>\$ 2,609,067</u>
		TOTAL		<u><u>\$ 2,609,067</u></u>

* Party-in-interest.

2021 Form 5500 Schedule SB: Line 32
Plan Name: The Lucks Company Pension Plan
Employer ID Number: 91-0612901
Plan Number: 001

Schedule of Amortization Bases

Charge	Date Established	Original Balance	Remaining Balance	Years Remaining	Annual Payment
Shortfall	1/1/2022	698,026	698,026	15	64,506

Net Amount

\$ 698,026

\$ 64,506

2021 Form 5500 Schedule SB: Line 25
Plan Name: The Lucks Company Pension Plan
Employer ID Number: 91-0612901
Plan Number: 001

Change in Method

There was a change in valuation software for the 1/1/2022 actuarial valuation.
This change is automatically approved under Revenue Procedure 2017-56 Section 4.02.