

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: XEN 2 FSA
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/2000
2a Plan sponsor's name (employer, if for a single-employer plan): XEN 2, INC.
2b Employer Identification Number (EIN): 93-0953051
2c Plan Sponsor's telephone number: 503-612-1555
2d Business code (see instructions): 561300

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	177
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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.....	6a(1)	177
	6a(2)	169
	6b	0
	6c	0
	6d	169
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	0

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 166191775

<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;">2024</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 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>XEN 2 FSA</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>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>XEN 2, INC.</u></p> <p><u>7401 SW WASHO COURT</u> <u>SUITE 200</u> <u>TUALATIN, OR 97062</u></p>	<p>1c Effective date of plan <u>01/01/2000</u></p> <p>2b Employer Identification Number (EIN) <u>93-0953051</u></p> <p>2c Plan Sponsor's telephone number <u>503-612-1555</u></p> <p>2d Business code (see instructions) <u>561300</u></p>

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	<p style="font-size: 8pt;">DocuSigned by:</p> <p style="font-size: 8pt;">F47E61E107A54D2...</p>	7/28/2025	Anne Donovan
	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
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	6e	
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	6g(1)	
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6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 000166191775

2024 Form 5500 – Attachment for Multiple Employer Plans

Multiple Employer Plan Participating Employer Information

Name of Plan: XEN 2 FSA

EIN/PN: 93-0953051 / 501

XEN2

Client Name	Client Legal Name	Federal Tax ID Number
BENDS2 LLC	BENDS2 LLC	85-3997732
BETTER WORLD HOLDINGS, INC.	BETTER WORLD HOLDINGS, INC	99-0690885
CALBAG METALS INC.	CALBAG METALS INC.	93-0466199
CALBAG TACOMA, LLC	CALBAG TACOMA, LLC	91-2080830
CLEARLYRATED, LLC	CLEARLYRATED, LLC	93-1439930
COLUMBIA LAND TRUST	COLUMBIA LAND TRUST	94-3140861
EAS2 GROUP, LLC	EAS2 GROUP, LLC	20-4305849
ELECTRONIC CONTROLS DESIGN	ELECTRONIC CONTROLS DESIGN	93-0564165
EPS2 GROUP, LLC	EPS2 GROUP, LLC	26-1620881
ES2 GROUP, LLC	ES2 GROUP LLC	83-0368730
ESS2 GROUP, LLC	ESS2 GROUP, LLC	20-3981320
FARMINGTON MOBILE CRUSHING EXPRESS	FARMINGTON MOBILE CRUSHING EXPRESS	26-2074348
HEALTHCARE PROFESSIONALS	HEALTHCARE PROFESSIONALS	46-3726589
EXPRESS HEALTHCARE STAFFING	EXPRESS HEALTHCARE STAFFING	99-2800173

GILBERT S2 FE BENNETT	GILBERT S2 FE BENNETT	83-1421714 93-0675777
CHARACTER, LLC GRS2 GROUP, LLC	CHARACTER, LLC GRS2 GROUP, LLC	71-0865518 26-1620866
HS2 GROUP, LLC JACTO, INC JS2 GROUP, LLC KGS2 GROUP, LLC LAKEWOOD S2 GROUP LLC	HS2 GROUP, LLC JACTO, INC JS2 GROUP, LLC KGS2 GROUP, LLC LAKEWOOD S2 GROUP LLC	92-0183410 93-1247861 93-1194740 11-3736458 81-1924158
LMS2 GROUP, LLC	LMS2 GROUP, LLC	20-4305968
LSS2 GROUP, LLC LSS2 VENTURES, LLC	LSS2 GROUP, LLC LSS2 VENTURES, LLC	20-3981399 82-4164568
MES2 GROUP, LLC	MES2 GROUP, LLC	45-5332522
MS2 GROUP, LLC OREGON IMPACT	MS2 GROUP, LLC OREGON IMPACT	93-1329433 93-1258474
PHOENIX CENTRAL S2 LLC	PHOENIX CENTRAL S2 LLC	84-2072437
PULL-IT CORP. RENOS2, LLC RKS2 GROUP, LLC RMJS2 GROUP, LLC SCOTTSDALE S2, LLC	PULL-IT CORP. RENOS2, LLC RKS2 GROUP, LLC RMJS2 GROUP, LLC SCOTTSDALE S2, LLC	93-0569214 27-0517510 20-3981216 90-0146640 84-2264616
SE PHOENIXS2, LLC	SE PHOENIXS2, LLC	85-1410018
SS2 GROUP, LLC SUNSTONE CIRCUITS, LLC	SS2 GROUP, LLC SUNSTONE CIRCUITS, LLC	93-1331866 20-3088833
TAZS2 GROUP LLC THE STOLLER GROUP	TAZS2 GROUP LLC THE STOLLER GROUP	27-3088935 93-0843891

TRANSFORMER TECHNOLOGIES, LLC	TRANSFORMER TECHNOLOGIES, LLC	91-2171157
UNITED FUND ADVISORS, LLC	UNITED FUND ADVISORS, LLC	46-2785253
US OFF TRACK, LLC	US OFF TRACK, LLC	59-3631572
WCS2 GROUP, LLC	WCS2 GROUP LLC	20-8284566
WJR II, LLC	WJR II, LLC	45-4641115
WS2 GROUP, LLC	WS2 GROUP, LLC	52-2420798
YOERK, INC	YOERK, INC	26-1678872
YOERK-ALTERMAN LLC	YOERK ALTERMAN LLC	85-4397059
YOERK- EVANSVILLE, LLC	YOERK-EVANSVILLE, LLC	92-1372478
YOERK-MESEKE, LLC	YOERK-MESEKE, LLC	37-1869142
YOERK-RISKEN, LLC	YOERK-RISKEN, LLC	461153225
YS2 GROUP, LLC	YS2 GROUP, LLC	93-1307625
BS2 GROUP, LLC	BS2 GROUP, LLC	93-1307584
PORTLAND S2, LLC	PORTLAND S2, LLC	86-1968666
THE ASSOCIATION OF PLASTIC RECYCLERS		52-1779031