

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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
1a	Name of plan XENIUM 401(K) RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 006
1c	Effective date of plan 01/01/2009
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) XENIUM RESOURCES, INC. 7401 SW WASHO COURT, STE. 200 TUALATIN, OR 97062
2b	Employer Identification Number (EIN) 93-1277996
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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	JOSEPH BURT
	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 ☒ 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 3069
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) 2541 6a(2) 3063 6b 12 6c 637 6d 3712 6e 1 6f 3713 6g(1) 1813 6g(2) 2050 6h 23
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2E 2F 2G 2J 2K 2R 3H 3B 2T 3D 2S 2V

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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 1
- (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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan XENIUM 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 XENIUM RESOURCES, INC.	D Employer Identification Number (EIN) 93-1277996	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	516617	4712	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	1704392
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	28847300

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
 (3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE INVESTMENT ANNUITY

b Balance at the end of the previous year**7b**

1661552

c Additions: (1) Contributions deposited during the year**7c(1)**

49928

(2) Dividends and credits.....

7c(2)

0

(3) Interest credited during the year.....

7c(3)

66716

(4) Transferred from separate account

7c(4)

90458

(5) Other (specify below).....

7c(5)

12459

▶ LOAN PAYMENT, CORRECTION

(6) Total additions

7c(6)

219561

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

1881113

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

55753

(2) Administration charge made by carrier.....

7e(2)

9408

(3) Transferred to separate account

7e(3)

4047

(4) Other (specify below).....

7e(4)

92827

▶ LOAN WITHDRAWAL, SPINOFF

(5) Total deductions

7e(5)

162035

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

1719078

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

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

A Name of plan XENIUM 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 XENIUM RESOURCES, INC.	D Employer Identification Number (EIN) 93-1277996

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

Yes

☒

No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 64 37 50	CONTRACT ADMINISTRATOR	681415	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PENSION PLAN SPECIALISTS, PC

26-1570786

(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?
13 50 99 49	TPA	77441	Yes ☒ No ☐	Yes ☐ No ☒	315427	Yes ☐ No ☒

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

OPPORTUNUS WEALTH MANAGEMENT, LLC

83-2752253

(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?
27 99	INVESTMENT ADVISORY	0	Yes ☒ No ☐	Yes ☐ No ☒	117921	Yes ☐ No ☒

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

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

HOWELL STRACZEK LLC

85-2477767

(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 99	AUDITOR	0	Yes ☒ No ☐	Yes ☐ No ☒	24000	Yes ☐ No ☒

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

XENIUM RESOURCES, INC.

93-1277996

(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?
13 49 50 99	CONTRACT ADMINISTRATOR	5936	Yes ☒ No ☐	Yes ☐ No ☒	1466	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PENSION PLAN SPECIALISTS, PC	13 50 99 49	315427
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	REFERRAL/SERVICE FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OPPORTUNUS WEALTH MANAGEMENT, LLC	27 99	117921
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY (PLAN)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HOWELL STRACZEK LLC	10 99	24000
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	AUDITOR	

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
XENIUM RESOURCES, INC.	13 49 50 99	1466

(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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	OTHER SERVICES

(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
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(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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan XENIUM 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 006	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 XENIUM RESOURCES, INC.	D Employer Identification Number (EIN) 93-1277996	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL U.S. PROPERTY SA-Z			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	797184
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE PLUS BOND SEP ACCT-Z			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-005	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	945826
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-Z			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12586592
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 INDEX SA-Z			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-028	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2634241
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 INDEX SA-Z			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-023	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2392619
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGE CAP GROWTH I SA-Z			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-066	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9485668
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN FIN GRP, INC. STOCK SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5170

a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE FUND		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 93-6274329-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2466681
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2020 CIT X		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2534505
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2030 CIT X		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17656623
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2040 CIT X		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21313044
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2050 CIT X		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20030568
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR INC CIT X		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1117130
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VALUE INST		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 93-6274328-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38741
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HBR 2060 CIT X		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8279683
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2070 CIT X		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 581089
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH II R1 FD		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4139842-619	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3286038

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE FUND II CLASS R1**b** Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY**c** EIN-PN 38-7312964-001**d** Entity
code C**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

1064368

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan XENIUM 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) 006
C Plan sponsor's name as shown on line 2a of Form 5500 XENIUM RESOURCES, INC.	D Employer Identification Number (EIN) 93-1277996

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)	510560	321537
(2) Participant contributions.....	1b(2)	236730	153158
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	1466697	1685059
(9) Value of interest in common/collective trusts	1c(9)	64903387	78368470
(10) Value of interest in pooled separate accounts	1c(10)	24791462	28847300
(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)	20045396	14386047
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1629379	1704392
(15) Other.....	1c(15)	4382547	6009198

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	117966158	131475161
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	44928	28866
k Total liabilities (add all amounts in lines 1g through 1j)	1k	44928	28866
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	117921230	131446295

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)	4465801	
(B) Participants	2a(1)(B)	10092934	
(C) Others (including rollovers)	2a(1)(C)	2754048	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		17312783
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	122989	
(F) Other	2b(1)(F)	84203	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		207192
(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)	297539	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		297539
(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)		8757986
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		5134484
(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)		710260
c Other income	2c		656667
d Total income. Add all income amounts in column (b) and enter total	2d		33076911

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17338593	
(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)		17338593
f Corrective distributions (see instructions)	2f		28866
g Certain deemed distributions of participant loans (see instructions)	2g		-3921
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	746302	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		746302
j Total expenses. Add all expense amounts in column (b) and enter total	2j		18109840

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14967071
l Transfers of assets:			
(1) To this plan	2l(1)		7100260
(2) From this plan	2l(2)		8542266

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: **HOWELL STRACZEK LLC**

(2) EIN: **85-2477767**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.)	☒	☐	22001
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
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.	☐	☐	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ASC SUNSTONE CIRCUITS, LLC 401(K) PLAN	92-3635048	001
EVEREST GROUP, LLC 401(K) PLAN	27-4290976	001
INVEST WEST MANAGEMENT LLC 401(K) PLAN	20-4049836	001
PORTLAND PRODUCT WERKS, LLC 401(K) PLAN	46-1338492	001

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 _____.

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)
SAM MEDICAL 401(K) PLAN	93-0901131	001
401(K) PLAN FOR EMPLOYEES OF RUSTYZIPPER.COM	54-9133334	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan XENIUM 401(K) RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 XENIUM RESOURCES, INC.		D Employer Identification Number (EIN) 93-1277996
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): 42-0127290		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No	
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
☐ Yes.	
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.	
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.	
☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☒ Design-based safe harbor method	
☒ "Prior year" ADP test	
☒ "Current year" ADP test	
☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702842A</u> .	

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ► File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan XENIUM 401(K) RETIREMENT SAVINGS PLAN	B Three-digit Plan number (PN)..... ►	006
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF XENIUM RESOURCES, INC.	D Administrator's EIN 93-1277996	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

a ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b ☒ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer XENIUM RESOURCES, INC	2b EIN 93-1277996	2c Percentage of Total Contributions for the Plan Year 5.55	2d Aggregate Account Balances Attributable to Participating Employer 9223125
2a Name of Participating Employer AT ONCE	2b EIN 93-1326555	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 69386

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
4-TELL, INC.	27-0758768	0.00	73677
2a Name of Participating Employer 24 COMMUNICATIONS LLC	27-3780054	0.42	12221
2a Name of Participating Employer AIR ADVICE, INC.	93-1275225	0.00	94200
2a Name of Participating Employer ALBA WORLDWIDE, INC.	81-2311820	0.09	41774
2a Name of Participating Employer ARM VENTURES, INC.	93-1280687	0.00	782525
2a Name of Participating Employer ASC SUNSTONE CIRCUITS, LLC	92-3635048	0.98	560278
2a Name of Participating Employer ASSIST SERVICES, LLC	83-3111108	0.16	40847
2a Name of Participating Employer POWERMAX, INC.	71-0876332	0.00	783231
2a Name of Participating Employer BS2 GROUP, LLC	93-1307584	0.18	104100

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PCBJMB, INC.	84-4658941	0.14	527805
BUILDSKAPE, LLC	85-4144353	0.74	212889
CALIFORNIA CLOSETS	93-1082450	0.00	139321
CARL GREVE, INC.	93-0567817	0.00	89425
CENTER FOR CHIROPRACTIC & PAIN REHABILITATION	93-1219801	0.00	163648
CHARACTER, LLC	71-0865518	0.18	2118
CHOWN, INC.	93-0139540	3.02	6434777
CLEARLYRATED, LLC	93-1439930	1.96	2120158
COLUMBIA CONSTRUCTION SERVICES, INC.	93-1213831	0.81	1109369

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONCIERGE HEALTH, LLC	68-0637824	0.18	51933
CONSULTECH NW, LLC	93-1300767	0.00	14705
COURT STREET CONSULTING, LLC	26-0711239	0.04	27531
CREATIVE PERFORMANCE, INC.	27-1888394	0.02	108256
CREDENCE SYSTEMS	94-2878499	0.00	13285
CRISP THINKING US, INC.	98-0566465	0.00	60390
CRISTO REY JESUIT SEATTLE HIGH SCHOOL	87-4002665	0.73	152950
CROSBY HOP FARM, LLC	46-0801216	1.20	1512225
KW CROSBY, INC.	93-0589463	0.21	132220

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LUPULO, LLC DBA TOPWIRE HOP PROJECT	84-1772723	0.00	0
CU 20 CONSULTING, LLC	86-1183296	0.35	232185
DENTON PLASTICS, INC.	93-0852298	0.55	1411163
DEVELOPMENTNOW, INC.	26-1208897	0.60	1135379
DSP CONNECTIONS, INC.	85-1378835	3.60	1466895
DUNDEE HILLS INVESTORS, LLC	83-2453775	0.08	43245
EAS2 GROUP, LLC	20-4305849	0.00	22828
J STORK ENTERPRISES, LLC	82-4170725	0.00	0
ELLIOTT PROPERTIES, INC. DBA EDGE DEVELOPMENT	93-1315835	0.52	556518

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Part II Participating Employer Information (Continued).

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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EL PROGRAMA HISPANO CATOLICO	47-2845537	1.03	532200
ELECTRONIC CONTROLS DESIGN, INC.	93-0564165	0.39	1913395
EPS2 GROUP, LLC	26-1620881	0.11	208416
DELA VENTURES, LLC	81-0944510	0.18	234558
ES2 GROUP, LLC	83-0368730	0.03	4661
DTMB VENTURES, INC.	81-0945777	0.18	150045
ESS2 GROUP, LLC	20-3981320	0.20	159210
LUMA KD, LLC	84-1745262	0.18	384056
EXPRESS HEALTHCARE PROFESSIONALS, LLC	46-3726589	0.18	114377

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
14 BRIDGES HEALTHCARE, LLC	82-1195688	0.18	261469
EXPRESS HEALTHCARE STAFFING CO., LLC	99-2800173	0.00	0
FACTEUS, INC.	27-3009463	3.93	3594832
FARMINGTON MOBILE CRUSHING, LLC	26-2074348	0.19	363295
CFA 3, INC.	82-0659468	0.00	226290
FLEET CONCEPTS, INC.	93-1031015	0.10	335226
FLUENT ENGINEERING, INC.	26-1946865	0.39	146013
FULCRUM PRODUCTS, INC.	16-1641226	0.05	51641
GEARHART GOLF LINKS, LLC	93-1326302	0.52	612241

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TJM2 PEARL, LLC	56-2531233	0.75	1832552
GILBERTS2, LLC	83-1421714	0.05	13258
GLENDAL, LLC	47-3259853	0.00	109271
GRS2 GROUP, LLC	26-1620866	0.03	20070
MONFILS VENTURES, LLC	82-4171441	0.08	127912
GSL PROPERTIES, INC.	85-0325420	3.33	8251947
HARVEST FOOD SOLUTIONS	46-0958902	0.34	1255335
HEALTH REPUBLIC INSURANCE COMPANY	45-3261827	0.00	160572
HS2 GROUP, LLC	92-0183410	0.02	1438

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Part II Participating Employer Information (Continued).

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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MCLELAND HOLDINGS, LLC	88-0591868	0.08	52200
IMMIGRATION COUNSELING SERVICE	93-0696480	0.71	306215
IMMUNOLOGY CONSULTANTS LABORATORY, INC.	93-0741188	1.18	1827001
YEAST CRAFT, LLC DBA IMPERIAL YEAST	47-1546152	0.42	976159
INDEPENDENCE LANDING I, LLC	82-3554405	0.16	89136
INSPIRATION SOFTWARE, INC.	93-0820230	0.00	1508472
INVEST WEST MANAGEMENT	20-4049836	0.39	23258
JACOBSEN, LLC	81-4580975	1.22	866675
JACTO, INC.	93-1247861	0.26	1169751

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
J.T. SMITH COMPANIES	93-1237624	0.65	999110
KGS2 GROUP, LLC	11-3736458	0.04	77674
J LOVELESS ENTERPRISES, LLC	84-1745299	0.18	283971
LFGC, LLC DBA LANGDON FARMS GOLF CLUB	93-1328266	0.68	344818
LINED VALVE COMPANY, INC.	93-1144692	0.00	28067
LITERARY ARTS	93-0909494	0.74	1044727
LMS2 GROUP, LLC	20-4305968	0.14	180643
LM VENTURES, INC.	26-2540414	0.15	714397
LOGIC GENERAL, INC.	93-0976022	0.00	185049

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LSS2 GROUP, LLC	20-3981399	0.05	42819
LSS2 VENTURES, LLC	82-4164568	0.02	252872
LYTICS, INC.	46-1135238	3.01	6105361
MAD HIPPIE, LLC	46-5657129	1.58	1334523
R. MAHLER HOLDINGS, LLC DBA MAHLER JEWELERS	27-2133195	0.67	1072132
MCCALL OIL & CHEMICAL CORPORATION, INC.	93-0847365	0.97	1448321
MERGERTECH, LLC	26-0565961	0.00	302019
MERRITT #1, INC.	93-0869164	0.00	523776
MES2 GROUP, LLC	45-5332522	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STARK STAFFING, LLC	88-0592124	0.00	0
2a Name of Participating Employer MICHAEL'S MESSENGER SERVICE, INC. DBA MMS COURIER	46-1621409	0.19	105323
2a Name of Participating Employer NEWPORT PACIFIC CORPORATION (MO'S CHOWDER)	93-0630764	2.89	3299095
2a Name of Participating Employer MS2 GROUP, LLC	93-1329443	0.00	0
2a Name of Participating Employer ABREGO G, LLC	85-1483559	0.02	65129
2a Name of Participating Employer NORTHWEST ADHD TREATMENT CENTER, INC.	46-4417346	2.35	558906
2a Name of Participating Employer NWCARE, INC.	86-2206974	0.00	0
2a Name of Participating Employer NW PROCESSING SOLAR & MICROELECTRONICS LLC	90-1006999	0.00	0
2a Name of Participating Employer OBILITY CONSULTING, INC.	45-5244711	1.90	1653061

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OREGON ATHLETIC CLUB	93-1262280	0.00	69127
OREGON BUSINESS ASSOCIATION	93-1280673	0.00	0
OREGON FRUIT PRODUCTS, LLC	45-3451032	4.25	4278457
OREGON LATINO HEALTH COALITION	26-1530127	0.09	19902
ORPET, INC.	27-3072868	0.23	195429
OSPREY NEST RESTAURANT, LLC	83-4370179	0.01	8612
OUR VILLAGE GARDENS	85-3985259	0.05	59788
PACIFICAP PROPERTIES GROUP, LLC	93-1261794	2.52	2324137
PARKWOOD CLINIC, LLC	46-1719674	0.75	386851

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARTNERS ON DEMAND, INC	20-0487224	0.00	194946
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PASSPORT ONLINE, INC.	93-1192251	1.27	2047388
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PIXELSPOKE	47-2145033	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PORTLAND PRODUCT WERKS, LLC	46-1338492	0.19	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRINTONIA, LLC DBA EXPRESSCOPY.COM	27-4361579	0.00	4496
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PULL-IT CORP	93-0569214	0.24	849647
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PULSE HEALTH, LLC	26-1856393	0.00	267888
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RADHA CONSULTING	20-3593474	0.00	19277
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RELIANT SOLUTIONS, LLC	99-0397003	0.19	73928

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RENOS2 GROUP, LLC	21-0517510	0.04	22485
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RENO VISIONARIES, LLC	81-3519634	0.22	397635
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REVOLT TECHNOLOGY, LLC	27-0783286	0.00	50311
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RKS2 GROUP, LLC	20-3981216	0.20	128795
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RWK & SON, INC.	46-4652013	0.11	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RMJS2 GROUP, LLC	90-0146640	0.15	55058
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RUDOM, LLC	47-5534371	1.19	1174434
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RUSTY ZIPPER DBA RUSTYZIPPER.COM	54-9133334	0.01	7
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE SEABERG COMPANY, INC. DBA SAM MEDICAL	93-0901131	4.37	4445

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCOTTSDALE S2, LLC	84-2264616	0.00	26628
SETPATH	85-3466555	0.00	0
SIC PROCESSING USA, LLC	20-4253217	0.00	25241
SOLEA SOFTWARE SOLUTIONS CONSULTING, LLC	45-3673353	0.00	8563
HUMAN IT LLC DBA SOLUTIONS IT	82-4423476	0.19	112847
SOMNIQUE HEALTH PC	45-4801614	0.38	427452
SS2 GROUP, LLC	93-1331866	0.03	16554
DREAM STRONG, LLC	85-4010025	0.18	178409
STAFFORD HILLS MANAGEMENT CO., LLC	27-4198620	0.48	458123

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STATE INVESTMENTS, LLC	93-1133358	0.92	2204609
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STOLOWITZ FORD COWGER, LLP	35-2304534	0.00	81838
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUSTAINABLE HARVEST, INC.	93-3263948	0.32	909529
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TAZS2 GROUP, LLC	27-3088935	0.03	22506
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YOUNG STAFFING, LLC	84-2812192	0.04	104570
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE ASSOCIATION FOR PLASTIC RECYCLERS	52-1779031	1.16	442993
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RESOURCE RECYCLING, INC.	97-0877657	0.17	1148752
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE FIRSTENBURG FOUNDATION	68-0525464	0.12	727526
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE BROKER KNOWLEDGE GROUP, INC. DBA THE KNOWLEDGE COOP	91-2183766	0.00	65774

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE PARK ACADEMY	20-2381913	1.35	991450
THE PROVENANCE CHAIN NETWORK, INC.	84-2454114	0.36	405974
THE STOLLER GROUP	93-0843891	2.37	6894940
BENDS2, LLC	85-3997732	0.38	226380
EXPRESS PROFESSIONAL SERVICES	47-2956894	0.00	156585
LAKEWOODS2 GROUP, LLC	81-1924158	0.00	0
MCMINNVILLE PROPERTIES, LLC	38-4123002	0.40	143133
PHOENIX CENTRAL S2, LLC	84-2072437	0.00	0
PORTLAND S2, LLC	86-1968666	0.25	504812

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SDS2 GROUP, LLC	27-3089020	0.00	0
2a Name of Participating Employer SE PHOENIXS2, LLC	85-1410018	0.04	0
2a Name of Participating Employer STOLLER VINEYARDS	93-1166609	5.78	6055149
2a Name of Participating Employer YS2 GROUP, LLC	93-1307625	0.08	41565
2a Name of Participating Employer THE WIRELESS SOURCE, LLC	93-1275615	0.01	165769
2a Name of Participating Employer TT NGUYEN DMD LLC DBA TRUDENTISTRY OF TIGARD	84-2443088	0.20	209355
2a Name of Participating Employer TURTLEDOVE CLEMENS, INC.	93-0493444	0.00	1124682
2a Name of Participating Employer UNITED FUND ADVISORS, LLC	46-2785253	2.67	5885226
2a Name of Participating Employer GREYHOUND CHANNEL, LLC DBA US OFF TRACK	59-3523118	0.11	1152081

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WB CREATIONS, LLC DBA WATSON CREATIVE	26-2247066	0.32	283479
WCS2 GROUP, LLC	20-8284566	0.16	253187
COOKSEL CORPORATION	46-4308383	0.35	720098
WILBERTON, LLC	83-3630680	0.72	279666
WILLAMETTE HEALTH COUNCIL	84-2658002	0.96	318001
WOODBURN COMMUNITY DENTAL AND ORTHODONTICS	83-2503348	0.34	442346
WHITED VENTURES, INC	26-2540356	0.18	208661
WS2 GROUP, LLC	52-2420798	0.19	324914
MCKEE ENTERPRISES, INC., DBA WUNDERLAND	93-0594202	0.99	329490

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2a Name of Participating Employer WW GROUP, INC.	2b EIN 27-1770684	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 545047
2a Name of Participating Employer YAMHILL COUNTY CARE ORGANIZATION	2b EIN 36-4742731	2c Percentage of Total Contributions for the Plan Year 6.29	2d Aggregate Account Balances Attributable to Participating Employer 6443036
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

**XENIUM 401(K) RETIREMENT SAVINGS PLAN
FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION
Years Ended December 31, 2024 and 2023**

October 7, 2025

Board of Trustees
Xenium 401(k) Retirement Savings Plan
Tualatin, Oregon

INDEPENDENT AUDITORS' REPORT

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

We have performed audits of the financial statements of the Xenium 401(k) Retirement Savings 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 as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Xenium 401(k) Retirement Savings 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, 2024, and 2023, and for the years ended December 31, 2024, stating that the certified investment information, as described in Note 3 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 accompanying financial statements, 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 accompanying financial statements related to assets held by and certified to by Principal Life Insurance Company 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 (GAAS). 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.

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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

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 GAAS 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 could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, 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.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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.

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules of assets held at end of year for the year ended December 31, 2024 and schedule of delinquent participant contributions 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 GAAS. 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.

Board of Trustees
Xenium 401(k) Retirement Savings Plan
October 7, 2025
Page 4

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).

HOWELL STRACZEK LLC

HOWELL STRACZEK LLC
Certified Public Accountants

Beaverton, Oregon

XENIUM 401(K) RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments at fair value:		
Self-directed brokerage accounts	\$ 6,009,198	\$ 4,382,547
Mutual funds	14,386,047	20,045,396
Pooled separate accounts	28,847,300	24,791,462
Common-collective trusts	<u>75,863,048</u>	<u>62,167,598</u>
	125,105,593	111,387,003
Investments at contract value:		
Common-collective trusts	2,670,450	2,905,352
Guaranteed interest funds	<u>1,719,078</u>	<u>1,661,552</u>
	4,389,528	4,566,904
	129,495,121	115,953,907
Receivables:		
Participant contributions	153,158	236,730
Employer contributions	321,537	510,560
Notes receivable from participants	<u>1,685,059</u>	<u>1,466,697</u>
	2,159,754	2,213,987
TOTAL ASSETS	131,654,875	118,167,894
LIABILITIES		
Excess contributions payable	<u>28,866</u>	<u>44,928</u>
TOTAL LIABILITIES	<u>28,866</u>	<u>44,928</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 131,626,009</u>	<u>\$ 118,122,966</u>

See accountants' report and notes to financial statements.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
CONTRIBUTIONS		
Participants	\$ 10,092,934	\$ 9,164,920
Rollovers	2,754,048	2,053,478
Employers	<u>4,465,801</u>	<u>3,989,365</u>
	17,312,783	15,207,763
INVESTMENT INCOME		
Net increase in fair value of investments	15,237,375	16,148,822
Dividends	<u>297,539</u>	<u>339,845</u>
	15,534,914	16,488,667
OTHER INCOME		
Interest income – notes receivable from participants	122,989	82,844
Interest income – insurance contracts	<u>84,203</u>	<u>49,793</u>
	207,192	132,637
Transfers from other plans	<u>7,100,260</u>	<u>5,216,068</u>
TOTAL ADDITIONS	40,155,149	37,045,135
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Transfers to other plans	8,542,266	2,040,951
Benefits paid to participants	17,334,672	10,555,606
Corrective distributions	28,866	44,631
Administrative expenses	<u>746,302</u>	<u>616,093</u>
TOTAL DEDUCTIONS	<u>26,652,106</u>	<u>13,257,281</u>
NET INCREASE	13,503,043	23,787,854
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>118,122,966</u>	<u>94,335,112</u>
END OF YEAR	<u>\$ 131,626,009</u>	<u>\$ 118,122,966</u>

See accountants' report and notes to financial statements.

XENIUM 401(K) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1. DESCRIPTION OF PLAN

The following description of the Xenium 401(k) Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan was established January 1, 2009 and is a multiple-employer defined contribution plan sponsored by Xenium Resources, Inc. (the Company). The Company is a Professional Employer Organization (PEO) providing human resources outsourcing, consulting and services. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Amendments and Restatements

As of January 1, 2022, the plan adopted the June 30, 2020 version of the volume submitter plan provided by the Plan's third party administrator, Pension Plan Specialists, PC.

Contributions

Participants may contribute up to 100 percent of their annual compensation to the Plan, but not to exceed \$23,000 and \$22,500, per year, for the years ended December 31, 2024 and 2023, respectively. Participants age 50 and over may contribute up to an additional \$7,500 catch-up contributions, per year, for the years ended December 31, 2024 and 2023, respectively. The Plan permits rollover contributions from other qualified plans established under Sec. 401(a), 403(a), 403(b), and certain IRA accounts. Each participating client company may make Safe-Harbor, discretionary matching or discretionary profit sharing (non-elective) contributions to the Plan on behalf of eligible participants. Total employer contributions were \$4,465,801 and \$3,989,365 for the years ended December 31, 2024 and 2023, respectively.

Participant Accounts

Each participant's account is credited with the participant's contribution, an allocation of the Company's matching contributions, an allocation of the Company's discretionary contributions and Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participants' elective deferrals, earnings, and account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investment of their account balances into various investment options offered by the plan.

Eligibility

Employees become eligible to participate in the Plan ranging from three months of service to completion of one year of service, and from attainment of 18 to 21 years of age, as specified in their participating employer's adoption agreement. Entry is on the first day of the plan year quarter coinciding with or following completion of the eligibility requirement.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1. DESCRIPTION OF PLAN (Continued)

Vesting

Participants are immediately vested in their voluntary contributions, rollover contributions and employer Safe-harbor contributions plus earnings thereon. Certain employers' discretionary matching and profit-sharing contributions vest at a rate of 20% per year of service, commencing with either the first or second year of service. All such contributions are fully vested upon completion of 5 or 6 years of service, as specified in each participating employer's adoption agreement.

Employees working at least 1,000 hours in a plan year earn a year of service. Employees become 100% vested on death, disability, or normal retirement at age 65.

Payment of Benefits

On termination of employment or termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account either in annuity payments, a lump-sum amount, or in equal installments over a fixed period of time. If the participant's vested account balance is less than \$5,000, the Plan must distribute the entire account balance. If the participant does not make timely distribution election then the plan will distribute the entire vested account balance in either a lump sum for balances of \$1,000 or less or an automatic distribution to an Individual Retirement Account (IRA) for balances less than \$5,000 but more than \$1,000.

Participants may elect to take a partial or total distribution when they reach age 59 ½ or at any time thereafter, even if they have not terminated employment with the Company.

In-Service Withdrawals

Hardship distributions are permitted from participants deferral contribution accounts based on certain specific financial needs. Participants who are active or reserve military are permitted in-service distributions if they meet certain requirements.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of \$50,000. Loans may not exceed 50 percent of the participant's vested account balance. The loans are secured by the vested balance in the participant's account and bear interest at a rate equal to one percent above the prime rate. Principal and interest is paid ratably through payroll deductions. Loan terms may not exceed five years except for loan proceeds used to purchase a primary residence. As of December 31, 2024, the rates of interest on outstanding loans range from 3.25% to 9.50% with various maturities through 2052.

Forfeitures

Forfeitures of unvested benefits are available to pay plan expenses or are used to offset employer contributions to the Plan. The non-vested forfeiture account balance as of December 31, 2024, and 2023 was \$105,501 and \$17,238, respectively.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements, in conformity with accounting principles generally accepted in the United States of America, requires the use of estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are participant-directed. All plan investments are stated at fair value as determined by Principal Life Insurance Company. Fair value is the price that would be received if an asset were sold or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See further discussion in the accompanying notes for fair value measurements.

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

Notes Receivable from Participants

Loans to participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. All loans are current and adequately secured, and accordingly, no valuation allowance is required for the years ended December 31, 2024 and 2023. Loans are fully secured by participant account balances and are treated as taxable distributions from the participant's account in the event of default, typically following termination of employment.

Administrative Expenses

As provided in the plan agreement, administrative expenses of the Plan may be paid by the Plan or the Company. Certain expenses of the plan administration, including computer services, office supplies and payroll expenses of administration and clerical personnel are provided by the Company without charge to the Plan. Loan administration fee(s) for noted receivable from participants' loan proceeds. In addition, certain investment related expenses in net appreciation (depreciation) of fair value of investments.

Benefit Payments

Benefits are recorded when paid. Corrective distributions are accrued in the period to which they relate.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Subsequent Events

The Company has evaluated all subsequent events through October 7, 2025, the date the financial statements were available to be issued.

NOTE 3. INFORMATION CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of compliance permitted by Section 2520.203-8 of the Department of Labor Rules and Regulations for Reporting and Disclosures under ERISA. The Plan administrator has obtained a certification from Principal Life Insurance Company, the trustee of the Plan, as of December 31, 2024 and 2023 and for the years then ended December 31 2024 and 2023 that the following information provided to the Plan administrator by the Trustee is complete and accurate.

- Investments, at fair value
- Investments, at contract value
- Notes receivable from participants
- Net depreciation in fair value of investments
- Interest and dividends
- Interest income on notes receivable from participants

NOTE 4. FAIR VALUE MEASUREMENTS

The Plan uses fair value measurements to record certain assets and liabilities at fair value on a recurring basis, such as investments. The Plan uses the fair value hierarchy established in accounting literature that consists of three levels. These levels are based on the markets in which assets and liabilities are traded and the reliability of the assumptions used to determine fair value. These levels are:

Level 1: Prices determined using unadjusted, quoted prices in active markets for identical assets or liabilities.

Level 2: Prices determined using significant other observable inputs. The observable inputs valuation methodology include:

- 1) Quoted prices for similar assets or liabilities in active markets.
- 2) Quoted prices for identical or similar assets or liabilities in inactive markets.
- 3) Inputs other than quoted prices that are observable for the asset or liability.
- 4) Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Prices determined using significant unobservable inputs. In situations where quoted prices or observable inputs are unavailable (for example, when there is little or no market activity), unobservable inputs may be used. Unobservable inputs reflect the Plan's own assumptions about the factors that market participants would use in pricing the asset or liability, and are based on the best information available in the circumstances.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4. FAIR VALUE MEASUREMENTS (continued)

Level 1 Investments at Fair Value

Self-directed brokerage: The investment consist of mutual funds (see below) and common stocks. The fair values of common stocks are based on the closing price reported on the active market where the individual securities are traded.

Mutual Funds: The fair value of mutual funds is based on quoted net asset values of shares as reported by the fund. The mutual funds held by the Plan are open-ended mutual funds registered with the U.S. Securities and Exchange Commission (SEC). The funds must publish their daily net asset value and transact at the prices. The mutual funds held by the Plan are considered to be actively traded.

Pooled Separate Accounts (PSA): The investments are measured at net asset value (NAV) which are investments where each plan shares in a pooled fund on a participant unit basis. The plan's interest in the account is cumulative record of the number of participation units credited to the account and the number of units allocated or withdrawn from the account. The participation unit value is adjusted periodically to reflect investment results under the separate account. Since NAV and the basis for current transactions is available to current investors, the fair value is readily determinable. NAV is the practical expedient of fair market value for these funds.

Common Collective Trust (CCT): The investment is valued at net asset value (NAV) which is composed of primarily target date funds. Since NAV and the basis for current transactions is available to current investors, the fair value is readily determinable. NAV is the practical expedient of fair market value for these funds.

Level 2 Investments at Fair Value

There are no plan assets requiring the use of Level 2 inputs for the periods presented.

Level 3 Investments at Fair Value

There are no plan assets requiring the use of Level 3 inputs for the periods presented.

Investments Measured at NAV

Pooled Separate Accounts (PSA): The investments are measured at net asset value (NAV) which are investments where each plan shares in a pooled fund on a participant unit basis. One of the funds, Principal U.S. Property Separate Account, is in a non-registered audited investment. The valuation is not a practical expedient to fair market value and will be reported at NAV.

Common Collective Trust (CCT): The investment is valued at net asset value (NAV) which is composed of primarily target date funds. The net asset value is used as a practical expedient to estimate fair value. This practical expedient will not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business matter.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4. FAIR VALUE MEASUREMENTS (continued)

The following are the major categories of assets and liabilities measured at fair value on a recurring basis as of December 31, 2024 and 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>December 31, 2024</u>				
Self-directed brokerage account	\$ 6,009,198	\$ --	\$ --	\$ 6,009,198
Mutual Funds	14,386,047	--	--	14,386,047
Pooled separate accounts	28,050,116	--	--	28,050,116
Common-collective trusts	<u>75,863,048</u>	<u>--</u>	<u>--</u>	<u>75,863,048</u>
Total investments in the fair value levels	<u>\$ 124,308,409</u>	<u>\$ --</u>	<u>\$ --</u>	<u>124,308,409</u>
Investments measured at NAV				<u>797,184</u>
Total investments at fair value				<u>\$ 125,105,593</u>

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>December 31, 2023</u>				
Self-directed brokerage account	\$ 4,382,547	\$ --	\$ --	\$ 4,382,547
Mutual Funds	20,045,396	--	--	20,045,396
Pooled separate accounts	23,572,713	--	--	23,572,713
Common-collective trusts	<u>62,167,598</u>	<u>--</u>	<u>--</u>	<u>62,167,598</u>
Total investments in the fair value levels	<u>\$ 110,168,254</u>	<u>--</u>	<u>--</u>	<u>110,168,254</u>
Investments measured at NAV				<u>1,218,749</u>
Total investments at fair value				<u>\$ 111,387,003</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2024, and 2023 are reported in net increase or decrease in fair value of investments. The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

XENIUM 401(K) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 4. FAIR VALUE MEASUREMENTS (continued)

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
<u>December 31, 2024</u>				
Pooled separate accounts	\$ 797,184	N/A	Daily	1 Day
<u>December 31, 2023</u>				
Pooled separate accounts	\$ 1,218,749	N/A	Daily	1 Day

NOTE 5. INVESTMENTS AT CONTRACT VALUE

Common Collective Trust (CCT): The Plan holds investments in Morley Stable Value Fund and Principal Stable Value Institutional Fund, which is measured at Net Asset Value (NAV) and invested in various investment contracts. These investments are fully benefit responsive and are reported at contract value. The value of these investments were \$2,670,450 and \$2,905,352 as of December 31, 2024 and 2023, respectively.

Guaranteed Investment Contract (GIC): The plan holds numerous Guaranteed Investment Contracts with three-, five-, and seven-year options and various maturities. These contracts are fully benefit responsive and are reported at contract value. The value of these contracts held by the plan was \$1,719,078 and \$1,661,552 as of December 31, 2024 and 2023, respectively.

The CCT and GIC fully benefit-responsive investment contracts with Principal Life Insurance Company maintain the contributions in general accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contracts issuer is contractually obligated to repay the principal and a special interest rate that is guaranteed to the Plan.

Because the investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to these investment contracts. The investment contracts are presented on the face of the statement of net assets available for benefits at contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by Principal Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 5. INVESTMENTS AT CONTRACT VALUE (continued)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction under ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

The average yields earned by the investment contract are as follows:

	<u>2024</u>	<u>2023</u>
Blended net credit rating:		
Morley Stable Value Fund	2.84%	2.86%
Principal Stable Value Institutional Fund	3.00%	2.86%
Guaranteed Investment Contracts (average of all contracts held)		
3 years	5.31%	5.80%
5 years	7.44%	4.60%
7 years	4.80%	2.71%
	<u>2024</u>	<u>2023</u>
Spot yield to maturity:		
Morley Stable Value Fund	2.60%	2.52%
Principal Stable Value Institutional Fund	2.61%	2.51%
Guaranteed Investment Contracts (contracts mature between 2024-2029)		
3 years	1.61-5.56%	0.62-5.14%
5 years	0.81-5.09%	0.81-4.99%
7 years	0.94-5.36%	0.94-5.30%

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 6. PARTY IN INTEREST TRANSACTIONS

The following transactions qualify as party-in-interest transactions. Principal Life Insurance Company manages certain Plan investments, maintains individual account records and is the custodian of the Plan. Pension Plan Specialists provide third-party administration services for the Plan. Direct compensation paid to these service providers were as follows:

	<u>2024</u>	<u>2023</u>
Principal Life Insurance Company	\$ 668,861	\$ 547,757
Pension Plan Specialists	<u>77,441</u>	<u>68,336</u>
	<u>\$ 746,302</u>	<u>\$ 616,093</u>

Principal Life Insurance Company provides an annual reimbursement allowance to cover outside administration costs, legal fees and mailing costs. Howell Straczek LLC provides audit services the Plan. Opportunus Wealth Management LLC serves as the broker/dealer for brokerage accounts. Indirect compensation paid to these service providers from the reimbursement allowance were as follows:

	<u>2024</u>	<u>2023</u>
Principal Life Insurance Company	\$ 1,466	\$ 21,729
Pension Plan Specialists	315,427	393,089
Opportunus Wealth Management LLC	117,921	98,003
Howell Straczek LLC	<u>24,000</u>	<u>22,500</u>
	<u>\$ 458,814</u>	<u>\$ 535,321</u>

NOTE 7. PLAN TRANSFERS

During the 2024 plan year, eleven employers adopted the plan and transferred in total assets of \$7,100,260. In addition, eight participating employers elected to adopt their own plans and transferred out total assets of \$8,542,266 to other plans.

During the 2023 plan year, five employers adopted the plan and transferred in total assets of \$5,216,068. In addition, five participating employers elected to adopt their own plan and transferred out total assets of \$2,040,951 to other plans.

NOTE 8. CONCENTRATIONS OF CREDIT RISK

The Plan has placed its investments with Principal Life Insurance Company. This institution has professionally managed money market funds and investment funds whose investments consist of a very numerous and diverse product mix. As part of the Plan's investment strategy, the trustees perform periodic evaluations of the relative credit standing and investment performance of financial institutions.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 9. TAX STATUS

The Plan uses an individually designed document. The Plan obtained its latest opinion letter, dated June 30, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC).

NOTE 10. RISKS 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 changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances, and the amounts reported in the statement of net assets available for benefits.

NOTE 11. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

A technical termination can occur when an employer in the Plan disposes of a segment, involuntary terminates more than 20% of eligible employees without replacement or the employer leaves the plan. Affected participants also become 100% vested in their employer contributions.

NOTE 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Net assets on Form 5500 are reported on fair value. The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2024 and 2023.

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per financial statements	\$ 131,626,009	\$ 118,122,966
Current year adjustment of contract value investments to fair value	<u>(179,714)</u>	<u>(201,736)</u>
Net assets per Form 5500	<u>\$ 131,446,295</u>	<u>\$ 117,921,230</u>

SUPPLEMENTARY INFORMATION

XENIUM 401(K) RETIREMENT SAVINGS PLAN
EIN NO. 93-1277996, PN 006
SUPPLEMENTARY INFORMATION
December 31, 2024

SCHEDULE I: SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT END OF YEAR

(a) Party In Interest	(b) Identity of Issuer	(c) Description of Investment	(d) Cost**	(e) Current Value***
*	Principal	Guaranteed Interest Acct (Interest rates up to 5.56%; maturing 2024 - 2030)	\$ --	\$ 1,704,392
*	Principal	Morley Stable Value VI Fund	--	2,466,681
*	Principal	Lifetime Hybrid Target 2020	--	2,534,505
*	Principal	Lifetime Hybrid Target 2030	--	17,656,623
*	Principal	Lifetime Hybrid Target 2040	--	21,313,044
*	Principal	Lifetime Hybrid Target 2050	--	20,030,568
*	Principal	Lifetime Hybrid Target 2060	--	8,279,683
*	Principal	Lifetime Hybrid Target 2070	--	581,089
*	Principal	Lifetime Hybrid Income	--	1,117,130
*	Principal	Stable Value Fund	--	38,741
*	Principal	Large Cap Growth I	--	9,485,668
*	Principal	Core Plus Bond	--	945,826
*	Principal	Financial Group, Inc Stock	--	5,169
*	Principal	Large Cap S&P 500 Index	--	12,586,592
*	Principal	Mid Cap S&P 400 Index	--	2,392,619
*	Principal	Small Cap S&P 600 Index	--	2,634,241
*	Principal	US Property	--	797,184
	American Century	American Century Small Cap Value Fund R6	--	794,352
	Conestoga Capital	Small Cap Investors Fund	--	1,218,996
	Dimensional Fund Adv	DFA International Sustainability Core 1 Portfolio	--	375,539
	Fidelity Advisors	Government Income Fund	--	608,102
	Great Gray Trust Co	Mid Cap Value Fund II Class R1	--	1,064,368
	Great Gray Trust Co	International Growth Fund II Class R1	--	3,286,038
	Ivy Investments	Delaware Ivy Mid Cap Growth Fund Class R6	--	1,489,028
	MFS	MFS Value R6 Fund	--	1,368,715
	MFS	MFS International New Discovery Fund R6	--	839,651
	PGIM	PGIM Total Return Bond R6 Fund	--	841,575
	TIAA Investments	Nuveen Core Impact Bond R6 Fund	--	26,736
	TIAA Investments	Nuveen Large Cap Responsible Equity R6	--	184,454
	Vanguard	Target Retirement 2020 Inv Fund	--	1,769
	Vanguard	Target Retirement 2025 Inv Fund	--	1,078,625
	Vanguard	Target Retirement 2030 Inv Fund	--	557,779
	Vanguard	Target Retirement 2035 Inv Fund	--	1,329,418
	Vanguard	Target Retirement 2040 Inv Fund	--	853,881
	Vanguard	Target Retirement 2045 Inv Fund	--	661,090
	Vanguard	Target Retirement 2050 Inv Fund	--	442,527
	Vanguard	Target Retirement 2055 Inv Fund	--	513,732
	Vanguard	Target Retirement 2060 Inv Fund	--	454,521
	Vanguard	Target Retirement 2065 Inv Fund	--	374,655
	Vanguard	Target Retirement 2070 Inv Fund	--	141,740
	Vanguard	Target Retirement Inc Inv Fund	--	229,164
	Schwab Funds	Self-Directed Brokerage Accounts	--	6,009,198
		Subtotal	--	\$ 129,315,408
		Participant Loans rates from 3.25% to 9.50%, maturing 2025-2052	--	1,685,059
			\$ --	\$ 131,000,467

* Party in interest

** Cost information is omitted under ERISA regulation, as these investments are participant directed.

See accountants' report.

XENIUM 401(K) RETIREMENT SAVINGS PLAN

EIN NO. 93-1277996, PN 006

SUPPLEMENTARY INFORMATION

December 31, 2024

SCHEDULE II: SCHEDULE H, PART IV, LINE 4A

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: No ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 22,001	\$ --	\$ 22,001	\$ --	\$ --

See accountants' report.

Name of Plan:

Employer Identification No.: ► 93-1277996

Plan year (beginning/ending):▶ 01/01/2024-12/31/2024 Plan number:▶ 006

[illegible]

XENIUM 401(K) RETIREMENT SAVINGS PLAN
EIN 93-1277996 PLAN 006
SCHEDULE OF ASSETS HELD AT YEAREND 12/31/24
SCHEDULE H, PART IV, LINE 4i

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost**	(e) Current Value
*	Principal Life Insurance	Guaranteed Interest - at interest rates of .81% to 5.56%, maturing 12/31/24 to 12/31/30	\$ 0	\$ 1,704,392
	Great Gray Trust Company	International Growth II R1 Fund	0	3,286,038
*	Principal Global Inv Trust	Morley Stable Value Fund	0	2,466,681
*	Principal Global Inv Trust	Principal Lifetime Hybrid 2040 Cit U	0	21,313,044
*	Principal Global Inv Trust	Principal Lifetime Hybrid 2050 Cit U	0	20,030,568
*	Principal Global Inv Trust	Principal Lifetime Hybrid 2060 Cit U	0	8,279,683
*	Principal Global Inv Trust	Principal Lifetime Hybrid Inc. Cit X	0	1,117,130
*	Principal Global Inv Trust	Principal Stable Value Inst	0	38,741
	Great Gray Trust Company	Mid Cap Value Fund II Class R1	0	1,064,368
*	Principal Global Inv Trust	Principal Lifetime Hybrid 2020 Cit X	0	2,534,505
*	Principal Global Inv Trust	Principal Lifetime Hybrid 2030 Cit X	0	17,656,623
*	Principal Global Inv Trust	Principal Lifetime Hybrid 2070 Cit X	0	581,089
*	Principal Life Insurance	Prin LargeCap Growth I Separate Account-Z	0	9,485,668
*	Principal Life Insurance	Principal LgCap S&P 500 Index Separate Account-Z	0	12,586,592
*	Principal Life Insurance	Principal MidCap S&P 400 Index Separate Account-Z	0	2,392,619
*	Principal Life Insurance	Principal US Property Separate Account-Z	0	797,184
*	Principal Life Insurance	Principal Core Plus Bond Separate Account-Z	0	945,826
*	Principal Life Insurance	Principal Fin Group, Inc. Stock Separate Account-R6	0	5,170
*	Principal Life Insurance	Principal SmCap S&P 600 Index Separate Account-Z	0	2,634,241
	American Century	Am Cent Sm Cap Val R6 Fund	0	794,352
	Conestoga Capital	Conestoga Small Cap Inv Fund	0	1,218,996
	Dimensional Fund Adv	DFA International Sustainability Core 1 Fund	0	375,539
	Fidelity Investments	Fidelity Advisor Govt Income Z Fund	0	608,102
	Ivy Investment Mgt	Macquarie MidCap Growth R6 Fund	0	1,489,028
	MFS Inv Mgt	MFS Value R6 Fund	0	1,368,715
	MFS Inv Mgt	MFS International New Discovery R6 Fund	0	839,650
	PGIM Investments	PGIM Total Return Bond R6 Fund	0	841,575
	TIAA Investments	Nuveen Core Impact Bd R6 Fund	0	26,736
	TIAA Investments	Nuveen Lg Cp Res Eq R6	0	184,454
	Vanguard Group	Vanguard Tgt Rmt 2020 Inv Fund	0	1,769
	Vanguard Group	Vanguard Tgt Rmt 2025 Inv Fund	0	1,078,625
	Vanguard Group	Vanguard Tgt Rmt 2030 Inv Fund	0	557,779
	Vanguard Group	Vanguard Tgt Rmt 2035 Inv Fund	0	1,329,418
	Vanguard Group	Vanguard Tgt Rmt 2040 Inv Fund	0	853,881
	Vanguard Group	Vanguard Tgt Rmt 2045 Inv Fund	0	661,090
	Vanguard Group	Vanguard Tgt Rmt 2050 Inv Fund	0	442,527
	Vanguard Group	Vanguard Tgt Rmt 2055 Inv Fund	0	513,732
	Vanguard Group	Vanguard Tgt Rmt 2060 Inv Fund	0	454,521
	Vanguard Group	Vanguard Tgt Rmt 2065 Inv Fund	0	374,655
	Vanguard Group	Vanguard Tgt Rmt 2070 Inv Fund	0	141,740
	Vanguard Group	Vanguard Tgt Rmt Inc Inv Fund	0	229,164
	Schwab Funds	Self-Directed Brokerage Acct	0	6,009,198
		Subtotal	\$ 0	\$ 129,315,408
*	Principal	Participant Loans - at interest rates ranging from 3.25%-9.50%, maturing 2025 - 2052	0	1,685,059
		Total	\$ 0	\$ 131,000,466

* Party-in-interest

** Cost information is omitted under ERISA as these investments are participant directed.