

**Form 5500-SF**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee Benefit Plan**

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**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 single-employer plan  a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- 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** Check box if filing under:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here ..... ▶
- 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**

<b>1a</b> Name of plan <u>XS FRANCHISE, LLC</u>	<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>
	<b>1c</b> Effective date of plan	<u>01/01/2023</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>XS FRANCHISE LLC</u>  <u>4325 HUNTER ST APT 3408W</u> <u>LONG ISLAND CITY, NY 11101</u>	<b>2b</b> Employer Identification Number (EIN)	<u>92-1680110</u>
	<b>2c</b> Sponsor's telephone number	<u>412-608-9849</u>
	<b>2d</b> Business code (see instructions)	<u>713900</u>
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5a</b> Total number of participants at the beginning of the plan year .....	<b>5a</b>	<u>11</u>
<b>b</b> Total number of participants at the end of the plan year .....	<b>5b</b>	<u>14</u>
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>5c(1)</b>	<u>1</u>
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>5c(2)</b>	<u>0</u>
<b>d(1)</b> Total number of active participants at the beginning of the plan year .....	<b>5d(1)</b>	<u>11</u>
<b>d(2)</b> Total number of active participants at the end of the plan year .....	<b>5d(2)</b>	<u>14</u>
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>5e</b>	<u>0</u>

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**  
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>02/14/2026</u>	<u>XU SUN</u>
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_ (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b>	Total plan assets .....	38	0
<b>b</b>	Total plan liabilities .....		
<b>c</b>	Net plan assets (subtract line 7b from line 7a) .....	38	0
<b>8</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b>	Contributions received or receivable from:		
	(1) Employers .....		
	(2) Participants .....	31	
	(3) Others (including rollovers) .....		
<b>b</b>	Other income (loss) .....	7	
<b>c</b>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....		38
<b>d</b>	Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	21	
<b>e</b>	Certain deemed and/or corrective distributions (see instructions) .		
<b>f</b>	Administrative service providers (salaries, fees, commissions) .....	55	
<b>g</b>	Other expenses .....		
<b>h</b>	Total expenses (add lines 8d, 8e, 8f, and 8g) .....		76
<b>i</b>	Net income (loss) (subtract line 8h from line 8c) .....		-38
<b>j</b>	Transfers to (from) the plan (see instructions) .....		

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b>		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b>	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) .....		X	
<b>b</b>	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....		X	
<b>c</b>	Was the plan covered by a fidelity bond? .....	X		1000
<b>d</b>	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>e</b>	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....		X	
<b>f</b>	Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>g</b>	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....		X	
<b>h</b>	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>i</b>	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.  Yes  No

**a** 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 letter ruling granting the waiver. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year?  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes  No

**c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

**15** 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 10 / 06 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704162A.

## **XS FRANCHISE L.L.C.**

EIN: 92-1680110  
401(k) Plan #: 049014

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February 5, 2026

U.S. Department of Labor  
Employee Benefits Security Administration  
200 Constitution Avenue, NW, Washington, DC 20210

### **Re: Reasonable Cause Statement for Late Filing of Form 5500 — Plan Year 2024**

Plan Name: XS Franchise LLC 401(k) Plan

Plan Number: 049014

EIN: 92-1680110

Dear Sir or Madam:

I am writing on behalf of XS FRANCHISE L.L.C. (EIN: 92-1680110) to respectfully request a waiver of the penalty assessed for the late filing of Form 5500 for the XS Franchise LLC 401(k) Plan, Plan Number 049014, for the plan year ending December 31, 2024. The Form 5500 was due on July 31, 2025 and was not filed by that deadline. I understand and acknowledge that the filing was late, and I take full responsibility for this oversight. However, I respectfully submit that reasonable cause existed for the failure to file on time, as described below.

#### **Circumstances Leading to the Late Filing**

As a first-time small business owner operating a franchise location in New York City, I was not aware of the annual Form 5500 filing requirement for our 401(k) plan. When I established the 401(k) plan for the benefit of my employees, I relied heavily on our third-party plan administrator, ADP, to guide me through all compliance obligations and filing requirements. At no point during the plan year 2024 did I receive any notification, reminder, or communication from ADP indicating that a Form 5500 filing was due or approaching its deadline. I was under the good-faith belief that ADP, as the professional plan administrator, was either handling the filing on my behalf or would notify me of my obligation to file.

Furthermore, during the 2024 plan year, I was actively engaged in the process of selling the business. The sale of XS Franchise L.L.C. required extensive attention to due diligence, legal negotiations, buyer transition planning, and the resolution of various post-sale matters including contractual obligations and outstanding liabilities. The

complexity and time demands of the business sale further diverted my attention from routine compliance filings, including the Form 5500. Combined with the fact that I had never been made aware of this filing requirement in prior years, the oversight continued into the 2024 plan year.

I want to emphasize that the failure to file was not due to willful neglect or any intent to avoid compliance. Throughout the operation of the business, I consistently acted in good faith to meet all regulatory obligations that I was aware of. The late filing resulted from a genuine lack of knowledge about the Form 5500 requirement, compounded by the absence of any notification from our third-party administrator.

### **Corrective Actions Taken**

Upon becoming aware of the filing requirement, I have taken immediate steps to bring the plan into compliance. I am working with ADP to prepare and submit the delinquent Form 5500 filing for the plan year ending December 31, 2024 as promptly as possible. I am committed to ensuring that all future filings, to the extent applicable, are completed on time.

### **Request for Penalty Abatement**

In light of the circumstances described above, I respectfully request that the Department of Labor exercise its discretion to waive or abate any penalties associated with the late filing of Form 5500 for plan year 2024. The failure to file was the result of reasonable cause — specifically, my lack of awareness of the requirement as a first-time small business owner and the failure of my third-party administrator to notify me of the obligation. There was no willful neglect, and I have taken prompt corrective action upon learning of the requirement.

I appreciate your consideration of this request and am available to provide any additional information or documentation that may be needed. Please do not hesitate to contact me at the information provided below.

Respectfully submitted,

*Xu Sun*

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Xu Sun, Owner / Plan Sponsor  
XS FRANCHISE L.L.C.  
401(k) Plan #: 049014  
EIN: 92-1680110  
Date: February 5, 2026