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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input checked="" type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

|         |                                                                                                                                                                                                                                                                                                                               |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                        |
| 1a      | Name of plan<br>HENG Rui USA LTD                                                                                                                                                                                                                                                                                              |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                            |
| 1c      | Effective date of plan<br>01/01/2010                                                                                                                                                                                                                                                                                          |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>HENG Rui USA LTD<br><br>400 ALEXANDER PARK FL 3<br>PRINCETON, NJ 08540 |
| 2b      | Employer Identification Number (EIN)<br>02-0762162                                                                                                                                                                                                                                                                            |
| 2c      | Plan Sponsor's telephone number<br>609-558-2206                                                                                                                                                                                                                                                                               |
| 2d      | Business code (see instructions)<br>551112                                                                                                                                                                                                                                                                                    |

**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. | 04/02/2026 | LINXIA SHARLEEN GU                                           |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                           |
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 123                                                                                                                                                                                                                                                                                                               |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 34<br><b>6a(2)</b> 23<br><b>6b</b> 1<br><b>6c</b> 78<br><b>6d</b> 102<br><b>6e</b> 1<br><b>6f</b> 103<br><b>6g(1)</b> 118<br><b>6g(2)</b> 96<br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                                                                                   |

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

2E 2F 2G 2J 2K 2T 3D 3H

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

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

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

**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 0
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

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

|                                                                           |                                                      |
|---------------------------------------------------------------------------|------------------------------------------------------|
| A Name of plan<br>HENGRUI USA LTD                                         | B Three-digit plan number (PN) ▶<br>001              |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>HENGRUI USA LTD | D Employer Identification Number (EIN)<br>02-0762162 |

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

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

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**(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)

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br>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).<br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      | <b>2023</b>                                   |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                |                                                                    |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b> |                                                |                                                                    |
| <b>A</b> Name of plan<br><b>HENGRUI USA LTD</b>                                                          | <b>B</b> Three-digit plan number (PN) <b>►</b> | <b>001</b>                                                         |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>HENGRUI USA LTD</b>                  |                                                |                                                                    |
|                                                                                                          |                                                | <b>D</b> Employer Identification Number (EIN)<br><b>02-0762162</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 839336                | 900034          |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | 14659                 | 0               |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 7865138               | 9137689         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   | 0                     | 0               |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                          | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 8719133               | 10037723        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    | 0                     | 0               |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 0                     | 0               |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    | 0                     | 0               |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 0                     | 0               |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 8719133               | 10037723        |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 291445     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 570678     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 126273     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 988396    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 43730      |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 305        |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 44035     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 185629     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 185629    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 1228207   |
| c Other income .....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 1228207   |

**Expenses**

|                                                                                      |        |         |         |
|--------------------------------------------------------------------------------------|--------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 1122333 |         |
| (2) To insurance carriers for the provision of benefits.....                         | 2e(2)  | 0       |         |
| (3) Other .....                                                                      | 2e(3)  | 0       |         |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4)  |         | 1122333 |
| f Corrective distributions (see instructions) .....                                  | 2f     |         | 0       |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         | 0       |
| h Interest expense .....                                                             | 2h     |         | 0       |
| i Administrative expenses:                                                           |        |         |         |
| (1) Salaries and allowances .....                                                    | 2i(1)  | 0       |         |
| (2) Contract administrator fees.....                                                 | 2i(2)  | 0       |         |
| (3) Recordkeeping fees.....                                                          | 2i(3)  | 4245    |         |
| (4) IQPA audit fees.....                                                             | 2i(4)  | 0       |         |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 1099    |         |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  | 0       |         |
| (7) Actuarial fees .....                                                             | 2i(7)  | 0       |         |
| (8) Legal fees .....                                                                 | 2i(8)  | 0       |         |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  | 0       |         |
| (10) Other trustee fees and expenses .....                                           | 2i(10) | 0       |         |
| (11) Other expenses .....                                                            | 2i(11) | 0       |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |         | 5344    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 1127677 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 1318590 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan .....                                   | 2l(1) |  | 0       |
| (2) From this plan .....                                 | 2l(2) |  | 0       |

**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: **THE MEGLIO GROUP**

(2) EIN: **81-4660533**

**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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <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.) .....                 |                                     | <input checked="" type="checkbox"/> |        |
| <b>b</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.) ..... |                                     | <input checked="" type="checkbox"/> |        |
| <b>c</b> 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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>d</b> 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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |        |
| <b>j</b> 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.) .....                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |        |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>HENG Rui USA LTD                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>HENG Rui USA LTD                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>02-0762162                                            |
| 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                                                                                               |
| 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):<br><br>EIN(s): 04-6568107                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. .... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2023 v. 230707                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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): \_\_\_\_\_

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

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/> |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):                                                                                                                                                                                                                                                                                                                    |  |
| <b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%                                                                                                                                             |  |
| <b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                  |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.                                                                                                                                                                                                                                                |  |
| <b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                 |  |
| <b>b</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:                                                                                                                                                                                                                                                                     |  |
| <input type="checkbox"/> Yes.                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <input type="checkbox"/> 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.                                                                                                                                                                                                |  |
| <input type="checkbox"/> 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.                                                                                                                                                         |  |
| <input type="checkbox"/> No. Other. Provide explanation: _____                                                                                                                                                                                                                                                                                                                                                 |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                 |  |
| <b>21b</b> 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). |  |
| <input checked="" type="checkbox"/> Design-based safe harbor method                                                                                                                                                                                                                     |  |
| <input type="checkbox"/> "Prior year" ADP test                                                                                                                                                                                                                                          |  |
| <input type="checkbox"/> "Current year" ADP test                                                                                                                                                                                                                                        |  |
| <input type="checkbox"/> N/A                                                                                                                                                                                                                                                            |  |
| <b>22</b> 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>Q702438A</u> .                                         |  |

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN  
FINANCIAL STATEMENTS  
WITH INDEPENDENT AUDITOR'S REPORT  
DECEMBER 31, 2023 AND 2022**

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN  
DECEMBER 31, 2023 AND 2022**

**TABLE OF CONTENTS**

|                                                                    | <u>Page</u> |
|--------------------------------------------------------------------|-------------|
| INDEPENDENT AUDITOR'S REPORT .....                                 | 1-3         |
| FINANCIAL STATEMENTS:                                              |             |
| Statement of Net Assets Available for Benefits .....               | 4           |
| Statement of Changes in Net Assets Available for Benefits .....    | 5           |
| NOTES TO THE FINANCIAL STATEMENTS .....                            | 6-10        |
| SUPPLEMENTAL INFORMATION:                                          |             |
| Schedule of Assets Held at End of Year - Schedule H, Line 4i ..... | 11-12       |
| Schedule of Delinquent Contributions – Schedule H, Line 4a .....   | 13          |



## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Trustees of  
Hengrui USA LTD 401(K) Profit-Sharing Plan  
400 Alexander Park, Floor 3  
Princeton, NJ 08540

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

We have performed an audit of the financial statements of Hengrui USA LTD 401(K) Profit-Sharing 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, 2023 and 2022, and the related statement of changes in net assets available for benefits for the years then ended December 31, 2023 and 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Hengrui USA LTD 401(K) Profit-Sharing 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 audit 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, 2023 and 2022, and for the years ended December 31, 2023 and 2022, 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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

We conducted our audit 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 Hengrui USA LTD 401(K) Profit-Sharing 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 Hengrui USA LTD 401(K) Profit-Sharing 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 Hengrui USA LTD 401(K) Profit-Sharing 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 Hengrui USA LTD 401(K) Profit-Sharing 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 Schedule of Assets Held at Year-End – Schedule H, Line 4i and Schedule of Delinquent Contributions – Schedule H, Line 4a are presented for the purpose 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.

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).

***The Meglio Group, P.C.***

THE MEGLIO GROUP, P.C.  
Certified Public Accountants  
Pine Brook, New Jersey  
October 14, 2024

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN**  
**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2023 and 2022**

|                                                | <b>2023</b>                 | <b>2022</b>                |
|------------------------------------------------|-----------------------------|----------------------------|
| <b>ASSETS</b>                                  |                             |                            |
| Investments, at Fair Value                     | \$ 9,137,689                | \$ 7,865,138               |
| Participant Notes Receivable                   | -                           | 14,659                     |
| Total Investment                               | <u>9,137,689</u>            | <u>7,879,797</u>           |
| Money Market Account                           | 900,035                     | 839,336                    |
| Contributions Receivable                       | <u>6,805</u>                | <u>8,378</u>               |
| <b>Total Assets</b>                            | <u>10,044,529</u>           | <u>8,727,511</u>           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>       |                             |                            |
| <b>Total Net Assets Available For Benefits</b> | <u><u>\$ 10,044,529</u></u> | <u><u>\$ 8,727,511</u></u> |

See accompanying notes to the financial statements.

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEARS ENDED DECEMBER 31, 2023 and 2022**

|                                                              | <b>2023</b>                 | <b>2022</b>                |
|--------------------------------------------------------------|-----------------------------|----------------------------|
| <b>ADDITIONS:</b>                                            |                             |                            |
| INVESTMENT LOSS                                              |                             |                            |
| Net Appreciation (Depreciation) in Fair Value of Investments | \$ 1,228,207                | \$ (2,346,565)             |
| Income from Investment                                       | <u>229,359</u>              | <u>685,813</u>             |
| Total Investment Gain (Loss)                                 | <u>1,457,566</u>            | <u>(1,660,752)</u>         |
| Interest Income from Loan Receivable                         | <u>192</u>                  | <u>652</u>                 |
| CONTRIBUTIONS                                                |                             |                            |
| Participant                                                  | 565,579                     | 1,525,908                  |
| Participant - Rollover                                       | 126,273                     | 132,125                    |
| Employer - Non-Elective Safe Harbor                          | <u>294,970</u>              | <u>727,719</u>             |
| Total Contributions                                          | <u>986,822</u>              | <u>2,385,752</u>           |
| <b>Total Additions</b>                                       | <u>2,444,580</u>            | <u>725,652</u>             |
| <b>DEDUCTIONS:</b>                                           |                             |                            |
| Benefits Paid To Participants                                | 1,122,219                   | 1,451,545                  |
| Administrative Fees                                          | <u>5,343</u>                | <u>7,656</u>               |
| <b>Total Deductions</b>                                      | <u>1,127,562</u>            | <u>1,459,201</u>           |
| <b>Net Increase (Decrease)</b>                               | 1,317,018                   | (733,549)                  |
| Net Assets Available for Benefits, Beginning of Year         | <u>8,727,511</u>            | <u>9,461,060</u>           |
| <b>Net Assets Available for Benefits, End of Year</b>        | <u><u>\$ 10,044,529</u></u> | <u><u>\$ 8,727,511</u></u> |

See accompanying notes to the financial statements.

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2023 and 2022**

**NOTE 1 - DESCRIPTION OF PLAN**

The following description of the Hengrui USA LTD 401(K) Profit-Sharing Plan (the “Plan”) provides general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

**General**

The Plan is a defined contribution plan covering substantially all eligible employees and does not stipulate excluded employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and was established to provide eligible employees, and their beneficiaries, funds for retirement. The Plan effective date is January 1, 2010, and restated on July 21, 2022.

Hengrui USA LTD is the Plan Sponsor. The Plan includes employees from Hengrui USA LTD, Evenus Pharmaceutical Laboratories, Inc and Eternity Bioscience Inc. (“Companies”). The Companies share common ownership. The Plan administrator is responsible for oversight of the Plan and along with the investment adviser determines the appropriateness of the Plan’s investment offerings, and monitors investment performance. The Plan recordkeeper and custodian is Fidelity Investments Institutional Operations Company, LLC. The contract advisor is Strategic Advisors Inc.

**Eligibility**

Employees of the Companies who are eighteen years of age or older and eligible to enter the Plan on the first day of the next month after one month of service. The Plan excludes employees covered by a union, unless the agreement requires employees to be included under the Plan, nonresident aliens who do not receive any US sourced income, and leased employees.

**Participant Contributions**

Eligible employees become a participant in the Plan. Employees may contribute pre-tax or Roth-401K contributions up to the Internal Revenue Service’s contribution limits. Employees may elect to have a portion of their compensation contributed to the Plan.

**Employer Non-Elective Safe Harbor Contributions**

Once eligible the Plan employees will be eligible for employers’ non-elective safe harbor contributions. The employers contribute a safe harbor match equal to 100% of the participant’s elective deferral up to 5% of the participant’s eligible compensation. Employers pay the highly paid employee 5% of the participant’s legal maximum threshold.

Participant will not share in the allocation if not employed on the last day of the Plan year.

**Participant Account and Allocation**

Individual accounts are established for each participant. Each participant’s account is credited with the participant’s contribution, the Companies’ matching contributions and the proportionate share of dividends, interest and investments gains and is reduced by withdrawals, investment losses and forfeitures. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2023 and 2022**

**NOTE 1 - DESCRIPTION OF PLAN (Continued)**

**Vesting**

Employer contributions have the following vesting schedule:

| <u>Years of Vesting Service</u>  | <u>Vested Percentage</u> |
|----------------------------------|--------------------------|
| Less than 1 years of service     | 0%                       |
| One year but less than two years | 50%                      |
| Two years and thereafter         | 100%                     |

Participants will become 100% vested in the Company's matching upon death, disability, or termination of employment after Normal Retirement age.

A participant's "vested percentage" is based on vesting years of service. A participant earns and accumulates a year of vesting for each 12 months of service. A participant is always 100% percent vested in his/her own deferred salary contribution to the Plan, but with respect to the Companies' contributions, any unvested portion of his/her account shall be forfeited at termination.

**Payment of Benefits**

On retirement, death, disability, or termination of service, a participant or participant's beneficiary receives a single lump sum payment equal to the value of the vested portion of his or her account. The Plan also allows for participant withdrawals in the event of financial hardship, limited to the dollar amount of participant elective deferrals.

**Notes Receivable from Participants**

The Plan allows for loans to be extended to active participants for financial hardship or financial needs. The total loan balance should not exceed the lesser of \$50,000 or one half the present value of the participants' vested interest. The interest rate would be the prevailing interest rate charged by normal business lending for loans. All loan terms should not be over 5 years unless it is for purchase of a primary residence. Principal and interest are paid ratably through payroll deductions. As of December 31, 2023 and 2022, \$14,659 and \$ - , respectively, worth of loans have been taken.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

This summary of significant accounting policies of the Plan is presented to assist in understanding the financial statements. The financial statements and notes are representations of the Plan's administrator, who is responsible for their integrity and objectivity. The accounting policies conform to accounting principles generally accepted in the United States of America ("GAAP") and have been consistently applied in the preparation of the financial statements.

**Basis of Accounting**

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

**Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2023 and 2022**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or be paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

**Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks, including, but not limited to exposure to changes in interest rates, market fluctuations, economic conditions, and currency valuation. Due to the level of risk associated with certain investment securities, and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances, and the amounts reported in the statement of net assets available for benefits.

**Contributions and Contributions Receivable**

Contributions from employees are recorded as they are withheld from the participant's wages. Contributions withheld and unpaid are treated as contributions receivable.

**Payment of Benefits**

Benefit payments to participants are recorded when paid.

**Administrative Fees**

The expenses necessary to administer the Plan, including but not limited to, retaining necessary professional assistance from an attorney, an accountant, retirement services or investment advisor are paid by the Sponsor. Certain investment-related expenses have been offset net investment income (loss) and are not readily available. Participants are charged service fees for any distribution transactions they require. The Plan has paid expenses of \$5,343 and \$7,656 for the years ended December 31, 2023 and 2022, respectively.

**Participant Notes Receivable**

Participant Notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative fees and are paid when they are incurred. No allowance for credit losses has been recorded as of December 31, 2023 and 2022. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan document.

**Forfeiture**

Forfeited amounts are used to first pay any administrative fees and any remaining will be used to reduce any employer's contributions. There was \$1,249 and \$9,106 in forfeitures for the years ended December 31, 2023 and 2022.

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2023 and 2022**

**NOTE 3 - INVESTMENTS AND INFORMATION CERTIFIED BY THE CUSTODIAN**

No auditing procedures were performed by the independent public accountants as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA with respect to information certified as complete and accurate by the custodians except for comparing such information with the related information included in the in the financial statements. The Plan's investments were held and administered by the trustees and Fidelity for the period from January 1, 2022 to December 31, 2023. Based on the information provided and certified by the custodian, there are no fixed income obligations, leases, or debt instruments in default or deemed uncollectable as defined by ERISA, as of December 31, 2023 and 2022.

**NOTE 4 - FAIR VALUE MEASUREMENTS**

The Financial Accounting Standards Board ("FASB") established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under Financial Accounting Standards ASC 820-10 are described as follows:

- |                 |                                                                                                                                                                                                                                                           |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Level 1:</u> | Quoted prices in active markets for active securities.                                                                                                                                                                                                    |
| <u>Level 2:</u> | Observable inputs other than Level 1 prices, such as quoted prices for similar assets for liabilities: or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. |
| <u>Level 3:</u> | Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.                                                                                                                                                |

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

The following is a description of the valuation methodologies used for the Plan's assets measured at fair value. There have been no changes in the methodologies for December 31, 2023 and 2022.

*Mutual funds:* Investments in mutual funds consist of registered investment company investments. The registered investment company investments are valued at quoted market prices which represent the net asset values of shares held by the Plan at year reporting date.

*Money market fund:* Investment in Gabelli US Treasury Money Market Account. This money market account is valued at a dollar a share and back by U.S. Treasury obligation, including U.S. Treasury bills, notes, bonds and strips.

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

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2023 and 2022**

**NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)**

The following table sets forth by the level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

**December 31, 2023:**

|                                        | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
|----------------------------------------|---------------------|----------------|----------------|---------------------|
| Mutual Funds                           | \$ 7,865,138        | \$ -           | \$ -           | \$ 7,865,138        |
| <b>Investments at Fair Value Total</b> | <b>\$ 7,865,138</b> | <b>\$ -</b>    | <b>\$ -</b>    | <b>\$ 7,865,138</b> |

**December 31, 2022:**

|                                        | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
|----------------------------------------|---------------------|----------------|----------------|---------------------|
| Mutual Funds                           | \$ 9,137,689        | \$ -           | \$ -           | \$ 9,137,689        |
| <b>Investments at Fair Value Total</b> | <b>\$ 9,137,689</b> | <b>\$ -</b>    | <b>\$ -</b>    | <b>\$ 9,137,689</b> |

**NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS**

The total administrative fees paid by the Plan were \$5,343 and \$7,656 for the years ended December 31, 2023 and 2022. \$4,245 and \$6,339, respectively, was paid to Fidelity Investments Institutional Operations Company, LLC, the Plan administrator, record keeper, and custodian and \$1,098 and \$1,317, respectively, was paid to Strategic Advisors, Inc., an advisor consultant, for the years ended December 31, 2023 and 2022. Both qualify as exempt party-in-interest transactions.

**NOTE 6 - FEDERAL INCOME TAX STATUS**

The Plan received a pre-approved blanket determination letter from Internal Revenue Service (IRS) dated June 30, 2020. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore exempt from federal income taxes. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions however, there are currently no audits for a tax period in progress. In addition, there are no tax related interest or penalties presented in these financial statements. Tax years 2020 through 2023 remain subject to examination by the Internal Revenue Service.

**NOTE 7 - PLAN TERMINATION**

Although it has not been expressed any intent to do so, the Companies have 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 will become 100% vested in their account.

**NOTE 8 - SUBSEQUENT EVENTS**

Subsequent events were evaluated through October 14, 2024 which is the date the financial statements were available to be issued. Based on that evaluation, the Plan has determined that no subsequent events have occurred that require disclosure in the financial statements.

## **SUPPLEMENTAL INFORMATION**

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN**  
**PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 02-0762162, PLAN NUMBER 001**  
**Schedule of Assets Held at End of Year - Schedule H, Line 4i**

| (a)                                              | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value at 12/31/23 |
|--------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------------------|
| Mutual Funds                                     |                                                          |                                                                                                            |          |                               |
| *                                                | Fid Freedom 2015 K6                                      | Registered Investment Company                                                                              | N/A      | 6,479                         |
| *                                                | Fid Freedom 2020 K6                                      | Registered Investment Company                                                                              | N/A      | 170,409                       |
| *                                                | Fid Freedom 2025 K6                                      | Registered Investment Company                                                                              | N/A      | 1,582,418                     |
| *                                                | Fid Freedom 2030 K6                                      | Registered Investment Company                                                                              | N/A      | 2,674,137                     |
| *                                                | Fid Freedom 2035 K6                                      | Registered Investment Company                                                                              | N/A      | 637,278                       |
| *                                                | Fid Freedom 2040 K6                                      | Registered Investment Company                                                                              | N/A      | 624,264                       |
| *                                                | Fid Freedom 2045 K6                                      | Registered Investment Company                                                                              | N/A      | 561,344                       |
| *                                                | Fid Freedom 2050 K6                                      | Registered Investment Company                                                                              | N/A      | 713,036                       |
| *                                                | Fid Freedom 2055 K6                                      | Registered Investment Company                                                                              | N/A      | 189,624                       |
| *                                                | Fid Freedom 2060 K6                                      | Registered Investment Company                                                                              | N/A      | 58,851                        |
| *                                                | Fid Freedom Inc K6                                       | Registered Investment Company                                                                              | N/A      | 916                           |
| *                                                | Fid Mid Cap Gr Idx                                       | Registered Investment Company                                                                              | N/A      | 50,812                        |
| *                                                | Fid Mid Cap Val Idx                                      | Registered Investment Company                                                                              | N/A      | 5,147                         |
| *                                                | Fid Sm Cap Gr Idx                                        | Registered Investment Company                                                                              | N/A      | 18,412                        |
| *                                                | Fid Sm Cap Val Idx                                       | Registered Investment Company                                                                              | N/A      | 19,169                        |
| *                                                | Fid Freedom 2065 K6                                      | Registered Investment Company                                                                              | N/A      | 2,037                         |
|                                                  |                                                          |                                                                                                            |          | 7,314,333                     |
| *                                                | Total transferred from page 12                           |                                                                                                            |          | 1,823,356                     |
|                                                  |                                                          |                                                                                                            |          | \$ 9,137,689                  |
|                                                  |                                                          |                                                                                                            |          | \$ 900,035                    |
| (a) Investments are with party-in-interest." * " |                                                          |                                                                                                            |          | \$ 10,037,724                 |

See independent auditor's report.

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN**  
**PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 02-0762162, PLAN NUMBER 001**  
**Schedule of Assets Held at End of Year - Schedule H, Line 4i (Continued)**

| (a)                                 | (b) Identity of issue, borrower, lessor<br>or similar party | (c) Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value<br>at 12/31/23 |
|-------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------|----------------------------------|
| <b>Mutual Funds</b>                 |                                                             |                                                                                                               |          |                                  |
| *                                   | Fid Asset Mgr 50%                                           | Registered Investment Company                                                                                 | N/A      | 3,070                            |
| *                                   | Fid Asset Mgr 70%                                           | Registered Investment Company                                                                                 | N/A      | 14,257                           |
| *                                   | Fid Multi Asset Idx                                         | Registered Investment Company                                                                                 | N/A      | 21,743                           |
| *                                   | Fid Nasdaq Comp Idx                                         | Registered Investment Company                                                                                 | N/A      | 238,381                          |
| *                                   | Fid Us Bond Idx                                             | Registered Investment Company                                                                                 | N/A      | 174,868                          |
| *                                   | Fid 500 Index                                               | Registered Investment Company                                                                                 | N/A      | 703,198                          |
| *                                   | Fid Emrg Mkts Idx                                           | Registered Investment Company                                                                                 | N/A      | 13,112                           |
| *                                   | Fid Glb Ex Us Idx                                           | Registered Investment Company                                                                                 | N/A      | 10,636                           |
| *                                   | Fid Mid Cap Idx                                             | Registered Investment Company                                                                                 | N/A      | 47,678                           |
| *                                   | Fid Real Estate Idx                                         | Registered Investment Company                                                                                 | N/A      | 11,309                           |
| *                                   | Fid Sm Cap Idx                                              | Registered Investment Company                                                                                 | N/A      | 33,926                           |
| *                                   | Fid Total Mkt Idx                                           | Registered Investment Company                                                                                 | N/A      | 113,580                          |
| *                                   | Fid Extd Mkt Idx                                            | Registered Investment Company                                                                                 | N/A      | 2,602                            |
| *                                   | Fid Lg Cap Gr Idx                                           | Registered Investment Company                                                                                 | N/A      | 178,382                          |
| *                                   | Fid Lg Cap Val Idx                                          | Registered Investment Company                                                                                 | N/A      | 83,315                           |
| *                                   | Fid Total Intl Idx                                          | Registered Investment Company                                                                                 | N/A      | 47,492                           |
| *                                   | Fid Us Sustn Idx                                            | Registered Investment Company                                                                                 | N/A      | 125,807                          |
| <b>Total transferred to page 11</b> |                                                             |                                                                                                               |          | 1,823,356                        |

(a) Investments are with party-in-interest." \* "

See independent auditor's report.

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN**  
**PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 02-0762162, PLAN NUMBER 001**  
**Schedule of Delinquent Contributions - Schedule H, Line 4a**  
**For the Year Ended December 31, 2023**

| Total that Constitutes Non-Exempt Prohibited Transactions   |                                |                                               |                                                  |    | Total Fully<br>Corrected<br>Under<br>VFCP or<br>PTE 2002-51 |
|-------------------------------------------------------------|--------------------------------|-----------------------------------------------|--------------------------------------------------|----|-------------------------------------------------------------|
| Participant<br>Contributions<br>Transferred Late<br>to Plan | Contributions<br>Not Corrected | Contributions<br>Corrected<br>Outside<br>VFCP | Contribution<br>Pending<br>Correction<br>in VFCP |    |                                                             |
| 2023    \$268,485                                           | \$268,485                      | \$                                            | -                                                | \$ | -                                                           |

There are payments consisting of deferrals of employees and employer, and loans were not remitted to the Plan within the timeframe required by the Department of Labor. The Companies remitted lost earnings to the affected participants into the Plan.

See independent auditor's report.

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN  
FINANCIAL STATEMENTS  
WITH INDEPENDENT AUDITOR'S REPORT  
DECEMBER 31, 2023 AND 2022**

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN  
DECEMBER 31, 2023 AND 2022**

**TABLE OF CONTENTS**

|                                                                    | <u>Page</u> |
|--------------------------------------------------------------------|-------------|
| INDEPENDENT AUDITOR'S REPORT .....                                 | 1-3         |
| FINANCIAL STATEMENTS:                                              |             |
| Statement of Net Assets Available for Benefits .....               | 4           |
| Statement of Changes in Net Assets Available for Benefits .....    | 5           |
| NOTES TO THE FINANCIAL STATEMENTS .....                            | 6-10        |
| SUPPLEMENTAL INFORMATION:                                          |             |
| Schedule of Assets Held at End of Year - Schedule H, Line 4i ..... | 11-12       |
| Schedule of Delinquent Contributions – Schedule H, Line 4a .....   | 13          |



## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Trustees of  
Hengrui USA LTD 401(K) Profit-Sharing Plan  
400 Alexander Park, Floor 3  
Princeton, NJ 08540

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

We have performed an audit of the financial statements of Hengrui USA LTD 401(K) Profit-Sharing 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, 2023 and 2022, and the related statement of changes in net assets available for benefits for the years then ended December 31, 2023 and 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Hengrui USA LTD 401(K) Profit-Sharing 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 audit 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, 2023 and 2022, and for the years ended December 31, 2023 and 2022, 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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

We conducted our audit 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 Hengrui USA LTD 401(K) Profit-Sharing 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 Hengrui USA LTD 401(K) Profit-Sharing 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 Hengrui USA LTD 401(K) Profit-Sharing 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 Hengrui USA LTD 401(K) Profit-Sharing 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 Schedule of Assets Held at Year-End – Schedule H, Line 4i and Schedule of Delinquent Contributions – Schedule H, Line 4a are presented for the purpose 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.

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).

***The Meglio Group, P.C.***

THE MEGLIO GROUP, P.C.  
Certified Public Accountants  
Pine Brook, New Jersey  
October 14, 2024

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN**  
**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2023 and 2022**

|                                                | <b>2023</b>                 | <b>2022</b>                |
|------------------------------------------------|-----------------------------|----------------------------|
| <b>ASSETS</b>                                  |                             |                            |
| Investments, at Fair Value                     | \$ 9,137,689                | \$ 7,865,138               |
| Participant Notes Receivable                   | -                           | 14,659                     |
| Total Investment                               | <u>9,137,689</u>            | <u>7,879,797</u>           |
| Money Market Account                           | 900,035                     | 839,336                    |
| Contributions Receivable                       | <u>6,805</u>                | <u>8,378</u>               |
| <b>Total Assets</b>                            | <u>10,044,529</u>           | <u>8,727,511</u>           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>       |                             |                            |
| <b>Total Net Assets Available For Benefits</b> | <u><u>\$ 10,044,529</u></u> | <u><u>\$ 8,727,511</u></u> |

See accompanying notes to the financial statements.

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEARS ENDED DECEMBER 31, 2023 and 2022**

|                                                              | <b>2023</b>                 | <b>2022</b>                |
|--------------------------------------------------------------|-----------------------------|----------------------------|
| <b>ADDITIONS:</b>                                            |                             |                            |
| INVESTMENT LOSS                                              |                             |                            |
| Net Appreciation (Depreciation) in Fair Value of Investments | \$ 1,228,207                | \$ (2,346,565)             |
| Income from Investment                                       | <u>229,359</u>              | <u>685,813</u>             |
| Total Investment Gain (Loss)                                 | <u>1,457,566</u>            | <u>(1,660,752)</u>         |
| Interest Income from Loan Receivable                         | <u>192</u>                  | <u>652</u>                 |
| CONTRIBUTIONS                                                |                             |                            |
| Participant                                                  | 565,579                     | 1,525,908                  |
| Participant - Rollover                                       | 126,273                     | 132,125                    |
| Employer - Non-Elective Safe Harbor                          | <u>294,970</u>              | <u>727,719</u>             |
| Total Contributions                                          | <u>986,822</u>              | <u>2,385,752</u>           |
| <b>Total Additions</b>                                       | <u>2,444,580</u>            | <u>725,652</u>             |
| <b>DEDUCTIONS:</b>                                           |                             |                            |
| Benefits Paid To Participants                                | 1,122,219                   | 1,451,545                  |
| Administrative Fees                                          | <u>5,343</u>                | <u>7,656</u>               |
| <b>Total Deductions</b>                                      | <u>1,127,562</u>            | <u>1,459,201</u>           |
| <b>Net Increase (Decrease)</b>                               | 1,317,018                   | (733,549)                  |
| Net Assets Available for Benefits, Beginning of Year         | <u>8,727,511</u>            | <u>9,461,060</u>           |
| <b>Net Assets Available for Benefits, End of Year</b>        | <u><u>\$ 10,044,529</u></u> | <u><u>\$ 8,727,511</u></u> |

See accompanying notes to the financial statements.

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2023 and 2022**

**NOTE 1 - DESCRIPTION OF PLAN**

The following description of the Hengrui USA LTD 401(K) Profit-Sharing Plan (the “Plan”) provides general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

**General**

The Plan is a defined contribution plan covering substantially all eligible employees and does not stipulate excluded employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and was established to provide eligible employees, and their beneficiaries, funds for retirement. The Plan effective date is January 1, 2010, and restated on July 21, 2022.

Hengrui USA LTD is the Plan Sponsor. The Plan includes employees from Hengrui USA LTD, Evenus Pharmaceutical Laboratories, Inc and Eternity Bioscience Inc. (“Companies”). The Companies share common ownership. The Plan administrator is responsible for oversight of the Plan and along with the investment adviser determines the appropriateness of the Plan’s investment offerings, and monitors investment performance. The Plan recordkeeper and custodian is Fidelity Investments Institutional Operations Company, LLC. The contract advisor is Strategic Advisors Inc.

**Eligibility**

Employees of the Companies who are eighteen years of age or older and eligible to enter the Plan on the first day of the next month after one month of service. The Plan excludes employees covered by a union, unless the agreement requires employees to be included under the Plan, nonresident aliens who do not receive any US sourced income, and leased employees.

**Participant Contributions**

Eligible employees become a participant in the Plan. Employees may contribute pre-tax or Roth-401K contributions up to the Internal Revenue Service’s contribution limits. Employees may elect to have a portion of their compensation contributed to the Plan.

**Employer Non-Elective Safe Harbor Contributions**

Once eligible the Plan employees will be eligible for employers’ non-elective safe harbor contributions. The employers contribute a safe harbor match equal to 100% of the participant’s elective deferral up to 5% of the participant’s eligible compensation. Employers pay the highly paid employee 5% of the participant’s legal maximum threshold.

Participant will not share in the allocation if not employed on the last day of the Plan year.

**Participant Account and Allocation**

Individual accounts are established for each participant. Each participant’s account is credited with the participant’s contribution, the Companies’ matching contributions and the proportionate share of dividends, interest and investments gains and is reduced by withdrawals, investment losses and forfeitures. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2023 and 2022**

**NOTE 1 - DESCRIPTION OF PLAN (Continued)**

**Vesting**

Employer contributions have the following vesting schedule:

| <u>Years of Vesting Service</u>  | <u>Vested Percentage</u> |
|----------------------------------|--------------------------|
| Less than 1 years of service     | 0%                       |
| One year but less than two years | 50%                      |
| Two years and thereafter         | 100%                     |

Participants will become 100% vested in the Company's matching upon death, disability, or termination of employment after Normal Retirement age.

A participant's "vested percentage" is based on vesting years of service. A participant earns and accumulates a year of vesting for each 12 months of service. A participant is always 100% percent vested in his/her own deferred salary contribution to the Plan, but with respect to the Companies' contributions, any unvested portion of his/her account shall be forfeited at termination.

**Payment of Benefits**

On retirement, death, disability, or termination of service, a participant or participant's beneficiary receives a single lump sum payment equal to the value of the vested portion of his or her account. The Plan also allows for participant withdrawals in the event of financial hardship, limited to the dollar amount of participant elective deferrals.

**Notes Receivable from Participants**

The Plan allows for loans to be extended to active participants for financial hardship or financial needs. The total loan balance should not exceed the lesser of \$50,000 or one half the present value of the participants' vested interest. The interest rate would be the prevailing interest rate charged by normal business lending for loans. All loan terms should not be over 5 years unless it is for purchase of a primary residence. Principal and interest are paid ratably through payroll deductions. As of December 31, 2023 and 2022, \$14,659 and \$ - , respectively, worth of loans have been taken.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

This summary of significant accounting policies of the Plan is presented to assist in understanding the financial statements. The financial statements and notes are representations of the Plan's administrator, who is responsible for their integrity and objectivity. The accounting policies conform to accounting principles generally accepted in the United States of America ("GAAP") and have been consistently applied in the preparation of the financial statements.

**Basis of Accounting**

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

**Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2023 and 2022**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or be paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

**Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks, including, but not limited to exposure to changes in interest rates, market fluctuations, economic conditions, and currency valuation. Due to the level of risk associated with certain investment securities, and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances, and the amounts reported in the statement of net assets available for benefits.

**Contributions and Contributions Receivable**

Contributions from employees are recorded as they are withheld from the participant's wages. Contributions withheld and unpaid are treated as contributions receivable.

**Payment of Benefits**

Benefit payments to participants are recorded when paid.

**Administrative Fees**

The expenses necessary to administer the Plan, including but not limited to, retaining necessary professional assistance from an attorney, an accountant, retirement services or investment advisor are paid by the Sponsor. Certain investment-related expenses have been offset net investment income (loss) and are not readily available. Participants are charged service fees for any distribution transactions they require. The Plan has paid expenses of \$5,343 and \$7,656 for the years ended December 31, 2023 and 2022, respectively.

**Participant Notes Receivable**

Participant Notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative fees and are paid when they are incurred. No allowance for credit losses has been recorded as of December 31, 2023 and 2022. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan document.

**Forfeiture**

Forfeited amounts are used to first pay any administrative fees and any remaining will be used to reduce any employer's contributions. There was \$1,249 and \$9,106 in forfeitures for the years ended December 31, 2023 and 2022.

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2023 and 2022**

**NOTE 3 - INVESTMENTS AND INFORMATION CERTIFIED BY THE CUSTODIAN**

No auditing procedures were performed by the independent public accountants as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA with respect to information certified as complete and accurate by the custodians except for comparing such information with the related information included in the in the financial statements. The Plan's investments were held and administered by the trustees and Fidelity for the period from January 1, 2022 to December 31, 2023. Based on the information provided and certified by the custodian, there are no fixed income obligations, leases, or debt instruments in default or deemed uncollectable as defined by ERISA, as of December 31, 2023 and 2022.

**NOTE 4 - FAIR VALUE MEASUREMENTS**

The Financial Accounting Standards Board ("FASB") established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under Financial Accounting Standards ASC 820-10 are described as follows:

- |                 |                                                                                                                                                                                                                                                           |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Level 1:</u> | Quoted prices in active markets for active securities.                                                                                                                                                                                                    |
| <u>Level 2:</u> | Observable inputs other than Level 1 prices, such as quoted prices for similar assets for liabilities: or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. |
| <u>Level 3:</u> | Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.                                                                                                                                                |

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

The following is a description of the valuation methodologies used for the Plan's assets measured at fair value. There have been no changes in the methodologies for December 31, 2023 and 2022.

*Mutual funds:* Investments in mutual funds consist of registered investment company investments. The registered investment company investments are valued at quoted market prices which represent the net asset values of shares held by the Plan at year reporting date.

*Money market fund:* Investment in Gabelli US Treasury Money Market Account. This money market account is valued at a dollar a share and back by U.S. Treasury obligation, including U.S. Treasury bills, notes, bonds and strips.

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

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2023 and 2022**

**NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)**

The following table sets forth by the level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

**December 31, 2023:**

|                                        | <u>Level 1</u>             | <u>Level 2</u>     | <u>Level 3</u>     | <u>Total</u>               |
|----------------------------------------|----------------------------|--------------------|--------------------|----------------------------|
| Mutual Funds                           | \$ 7,865,138               | \$ -               | \$ -               | \$ 7,865,138               |
| <b>Investments at Fair Value Total</b> | <b><u>\$ 7,865,138</u></b> | <b><u>\$ -</u></b> | <b><u>\$ -</u></b> | <b><u>\$ 7,865,138</u></b> |

**December 31, 2022:**

|                                        | <u>Level 1</u>             | <u>Level 2</u>     | <u>Level 3</u>     | <u>Total</u>               |
|----------------------------------------|----------------------------|--------------------|--------------------|----------------------------|
| Mutual Funds                           | \$ 9,137,689               | \$ -               | \$ -               | \$ 9,137,689               |
| <b>Investments at Fair Value Total</b> | <b><u>\$ 9,137,689</u></b> | <b><u>\$ -</u></b> | <b><u>\$ -</u></b> | <b><u>\$ 9,137,689</u></b> |

**NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS**

The total administrative fees paid by the Plan were \$5,343 and \$7,656 for the years ended December 31, 2023 and 2022. \$4,245 and \$6,339, respectively, was paid to Fidelity Investments Institutional Operations Company, LLC, the Plan administrator, record keeper, and custodian and \$1,098 and \$1,317, respectively, was paid to Strategic Advisors, Inc., an advisor consultant, for the years ended December 31, 2023 and 2022. Both qualify as exempt party-in-interest transactions.

**NOTE 6 - FEDERAL INCOME TAX STATUS**

The Plan received a pre-approved blanket determination letter from Internal Revenue Service (IRS) dated June 30, 2020. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore exempt from federal income taxes. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions however, there are currently no audits for a tax period in progress. In addition, there are no tax related interest or penalties presented in these financial statements. Tax years 2020 through 2023 remain subject to examination by the Internal Revenue Service.

**NOTE 7 - PLAN TERMINATION**

Although it has not been expressed any intent to do so, the Companies have 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 will become 100% vested in their account.

**NOTE 8 - SUBSEQUENT EVENTS**

Subsequent events were evaluated through October 14, 2024 which is the date the financial statements were available to be issued. Based on that evaluation, the Plan has determined that no subsequent events have occurred that require disclosure in the financial statements.

## **SUPPLEMENTAL INFORMATION**

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN**  
**PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 02-0762162, PLAN NUMBER 001**  
**Schedule of Assets Held at End of Year - Schedule H, Line 4i**

| (a)                                              | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value at 12/31/23 |
|--------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------------------|
| Mutual Funds                                     |                                                          |                                                                                                            |          |                               |
| *                                                | Fid Freedom 2015 K6                                      | Registered Investment Company                                                                              | N/A      | 6,479                         |
| *                                                | Fid Freedom 2020 K6                                      | Registered Investment Company                                                                              | N/A      | 170,409                       |
| *                                                | Fid Freedom 2025 K6                                      | Registered Investment Company                                                                              | N/A      | 1,582,418                     |
| *                                                | Fid Freedom 2030 K6                                      | Registered Investment Company                                                                              | N/A      | 2,674,137                     |
| *                                                | Fid Freedom 2035 K6                                      | Registered Investment Company                                                                              | N/A      | 637,278                       |
| *                                                | Fid Freedom 2040 K6                                      | Registered Investment Company                                                                              | N/A      | 624,264                       |
| *                                                | Fid Freedom 2045 K6                                      | Registered Investment Company                                                                              | N/A      | 561,344                       |
| *                                                | Fid Freedom 2050 K6                                      | Registered Investment Company                                                                              | N/A      | 713,036                       |
| *                                                | Fid Freedom 2055 K6                                      | Registered Investment Company                                                                              | N/A      | 189,624                       |
| *                                                | Fid Freedom 2060 K6                                      | Registered Investment Company                                                                              | N/A      | 58,851                        |
| *                                                | Fid Freedom Inc K6                                       | Registered Investment Company                                                                              | N/A      | 916                           |
| *                                                | Fid Mid Cap Gr Idx                                       | Registered Investment Company                                                                              | N/A      | 50,812                        |
| *                                                | Fid Mid Cap Val Idx                                      | Registered Investment Company                                                                              | N/A      | 5,147                         |
| *                                                | Fid Sm Cap Gr Idx                                        | Registered Investment Company                                                                              | N/A      | 18,412                        |
| *                                                | Fid Sm Cap Val Idx                                       | Registered Investment Company                                                                              | N/A      | 19,169                        |
| *                                                | Fid Freedom 2065 K6                                      | Registered Investment Company                                                                              | N/A      | 2,037                         |
|                                                  |                                                          |                                                                                                            |          | 7,314,333                     |
| *                                                | Total transferred from page 12                           |                                                                                                            |          | 1,823,356                     |
|                                                  |                                                          |                                                                                                            |          | \$ 9,137,689                  |
|                                                  |                                                          |                                                                                                            |          | \$ 900,035                    |
| (a) Investments are with party-in-interest." * " |                                                          |                                                                                                            |          | \$ 10,037,724                 |

See independent auditor's report.

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN**  
**PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 02-0762162, PLAN NUMBER 001**  
**Schedule of Assets Held at End of Year - Schedule H, Line 4i (Continued)**

| (a)                                 | (b) Identity of issue, borrower, lessor<br>or similar party | (c) Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value<br>at 12/31/23 |
|-------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------|----------------------------------|
| <b>Mutual Funds</b>                 |                                                             |                                                                                                               |          |                                  |
| *                                   | Fid Asset Mgr 50%                                           | Registered Investment Company                                                                                 | N/A      | 3,070                            |
| *                                   | Fid Asset Mgr 70%                                           | Registered Investment Company                                                                                 | N/A      | 14,257                           |
| *                                   | Fid Multi Asset Idx                                         | Registered Investment Company                                                                                 | N/A      | 21,743                           |
| *                                   | Fid Nasdaq Comp Idx                                         | Registered Investment Company                                                                                 | N/A      | 238,381                          |
| *                                   | Fid Us Bond Idx                                             | Registered Investment Company                                                                                 | N/A      | 174,868                          |
| *                                   | Fid 500 Index                                               | Registered Investment Company                                                                                 | N/A      | 703,198                          |
| *                                   | Fid Emrg Mkts Idx                                           | Registered Investment Company                                                                                 | N/A      | 13,112                           |
| *                                   | Fid Glb Ex Us Idx                                           | Registered Investment Company                                                                                 | N/A      | 10,636                           |
| *                                   | Fid Mid Cap Idx                                             | Registered Investment Company                                                                                 | N/A      | 47,678                           |
| *                                   | Fid Real Estate Idx                                         | Registered Investment Company                                                                                 | N/A      | 11,309                           |
| *                                   | Fid Sm Cap Idx                                              | Registered Investment Company                                                                                 | N/A      | 33,926                           |
| *                                   | Fid Total Mkt Idx                                           | Registered Investment Company                                                                                 | N/A      | 113,580                          |
| *                                   | Fid Extd Mkt Idx                                            | Registered Investment Company                                                                                 | N/A      | 2,602                            |
| *                                   | Fid Lg Cap Gr Idx                                           | Registered Investment Company                                                                                 | N/A      | 178,382                          |
| *                                   | Fid Lg Cap Val Idx                                          | Registered Investment Company                                                                                 | N/A      | 83,315                           |
| *                                   | Fid Total Intl Idx                                          | Registered Investment Company                                                                                 | N/A      | 47,492                           |
| *                                   | Fid Us Sustn Idx                                            | Registered Investment Company                                                                                 | N/A      | 125,807                          |
| <b>Total transferred to page 11</b> |                                                             |                                                                                                               |          | <b>1,823,356</b>                 |

(a) Investments are with party-in-interest." \* "

See independent auditor's report.

**HENGRUI USA LTD 401(K) PROFIT-SHARING PLAN**  
**PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 02-0762162, PLAN NUMBER 001**  
**Schedule of Delinquent Contributions - Schedule H, Line 4a**  
**For the Year Ended December 31, 2023**

| Total that Constitutes Non-Exempt Prohibited Transactions   |                                |                                               |                                                  |    | Total Fully<br>Corrected<br>Under<br>VFCP or<br>PTE 2002-51 |
|-------------------------------------------------------------|--------------------------------|-----------------------------------------------|--------------------------------------------------|----|-------------------------------------------------------------|
| Participant<br>Contributions<br>Transferred Late<br>to Plan | Contributions<br>Not Corrected | Contributions<br>Corrected<br>Outside<br>VFCP | Contribution<br>Pending<br>Correction<br>in VFCP |    |                                                             |
| 2023    \$268,485                                           | \$268,485                      | \$                                            | -                                                | \$ | -                                                           |

There are payments consisting of deferrals of employees and employer, and loans were not remitted to the Plan within the timeframe required by the Department of Labor. The Companies remitted lost earnings to the affected participants into the Plan.

See independent auditor's report.