

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>ORIGENE TECHNOLOGIES, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1998</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1998</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ORIGENE TECHNOLOGIES, INC.</u> <u>9620 MEDICAL CENTER DR STE 200</u> <u>ROCKVILLE, MD 20850</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>65-0626270</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>240-620-0249</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>325410</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>65-0626270</u>	2c Plan Sponsor's telephone number <u>240-620-0249</u>	2d Business code (see instructions) <u>325410</u>	
2b Employer Identification Number (EIN) <u>65-0626270</u>					
2c Plan Sponsor's telephone number <u>240-620-0249</u>					
2d Business code (see instructions) <u>325410</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	VANESSA HINDS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	VANESSA HINDS
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	205
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	156
a(2) Total number of active participants at the end of the plan year		6a(2)	151
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	44
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	195
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	195
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	179
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	9
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (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 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>ORIGENE TECHNOLOGIES, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ORIGENE TECHNOLOGIES, INC.</u>	D Employer Identification Number (EIN) <u>65-0626270</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

13-4064930

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

44-0640487

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK INVESTMENTS, INC.

23-2784752

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

DELAWARE INVESTMENTS

2005 MARKET STREET
PHILADELPHIA, PA 19103

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

EAGLE FUND DISTRIBUTORS, INC.

59-2385219

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

FIDELITY DISTRIBUTORS CORP.

500 SALEM STREET
MAIL ZONE O3N
SMITHFIELD, RI 02917

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

FRANKLIN TEMPLETON DISTRIBUTORS, IN

100 FOUNTAIN PARKWAY
ST. PETERSBURG, FL 33716

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

GOLDMAN SACHS

71 SOUTH WACKER DRIVE
SUITE 500
CHICAGO, IL 60606

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

HARTFORD INVESTMENT FINANCIAL SERVI

201 HOPMEADOW STREET
SIMSBURY, CT 06089

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

INVESCO DISTRIBUTORS, INC.

74-1894784

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

JANUS DISTRIBUTORS, LLC

151 DETROIT STREET
DENVER, CO 80206

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

OPPENHEIMER FUNDS INC.

13-2527171

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

PRUDENTIAL INVESTMENTS LLC

22-3468527

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

PUTNAM RETAIL MANAGEMENT

ONE POST OFFICE SQUARE
BOSTON, MA 02109

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

THORNBURG SECURITIES CORPORATION

2300 NORTH RIDGETOP RD.
SANTA FE, NM 87506

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

VICTORY CAPITAL MANAGEMENT

13-2700161

(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

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)

ADP, LLC

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 50 15 64	RECORD KEEPER	2550	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STATE STREET CORPORATION

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 99	DIRECTED TRUSTEE/CUSTODIA	0	Yes ☒ No ☐	Yes ☒ No ☐	500	Yes ☐ No ☒

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

ADP BROKER-DEALER

22-3319984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
63 60 59 49 99	RECORD KEEPER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

UBS 7700 WISCONSIN AVE SUITE 300
BETHESDA, MD 20814

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99	ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UBS	99	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation ADP BROKER-DEALER 22-3319984 </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.005 BASIS POINTS </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 ADP BROKER-DEALER </div> <div style="width: 20%;"> (b) Service Codes (see instructions) 63 60 59 </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation 0 </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation ALLIANCEBERNSTEIN L.P. 13-4064930 </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 ADP BROKER-DEALER </div> <div style="width: 20%;"> (b) Service Codes (see instructions) 63 60 59 </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation 0 </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105 </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS </div> </div>		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
AMERICAN CENTURY INVESTMENT SERVICE 44-0640487	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
DELAWARE INVESTMENTS 2005 MARKET STREET PHILADELPHIA, PA 19103	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
EAGLE FUND DISTRIBUTORS, INC. 59-2385219	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
FIDELITY DISTRIBUTORS CORP. 500 SALEM STREET MAIL ZONE O3N SMITHFIELD, RI 02917	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.
GOLDMAN SACHS 71 SOUTH WACKER DRIVE SUITE 500 CHICAGO, IL 60606	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.
HARTFORD INVESTMENT FINANCIAL SERVI 201 HOPMEADOW STREET SIMSBURY, CT 06089	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.
INVESCO DISTRIBUTORS, INC. 74-1894784	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
JANUS DISTRIBUTORS, LLC 151 DETROIT STREET DENVER, CO 80206	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
PRUDENTIAL INVESTMENTS LLC 22-3468527	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
PUTNAM RETAIL MANAGEMENT ONE POST OFFICE SQUARE BOSTON, MA 02109	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	99	0
(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.	
STATE STREET CORPORATION 04-1867445	ANNUAL RATE 0.00870 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00750 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00004 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00670 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00630 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
T. ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
THORNBURG SECURITIES CORPORATION 2300 NORTH RIDGETOP RD. SANTA FE, NM 87506	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00050 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
VICTORY CAPITAL MANAGEMENT 13-2700161	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2014</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>ORIGENE TECHNOLOGIES, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ORIGENE TECHNOLOGIES, INC.</u>	D Employer Identification Number (EIN) <u>65-0626270</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA CASH SERIES US GOVT L</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST CO</u>			
c EIN-PN <u>90-0337987-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>590462</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA INTL IDX SECLEND SER VIII</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST CO</u>			
c EIN-PN <u>90-0337987-336</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6211</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA RUSS SC IDX VIII</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST CO</u>			
c EIN-PN <u>90-0337987-340</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>120579</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA S&P 500 IDX IX</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST CO</u>			
c EIN-PN <u>90-0337987-344</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>531810</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA S&P MD CP IDX NL J</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST CO</u>			
c EIN-PN <u>90-0337987-347</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>89437</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARG RET INC SL IX</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST CO</u>			
c EIN-PN <u>90-0337987-358</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>48960</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA REIT IDX NLS G</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST CO</u>			
c EIN-PN <u>90-0337987-359</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>223104</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA US BD IDX SL VIII**b** Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN 90-0337987-362	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 209419
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA US INFL PROT BD IDX NLS G**b** Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN 90-0337987-363	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 133024
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>ORIGENE TECHNOLOGIES, INC. 401(K) PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ORIGENE TECHNOLOGIES, INC.</u>		D Employer Identification Number (EIN) <u>65-0626270</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)		
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	581541	590462
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)	68298	65018
	(9) Value of interest in common/collective trusts	1c(9)	1167450	1362543
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	5665725	6605681
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7483014	8623704

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7483014	8623704
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAS, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	163995	
(B) Participants	2a(1)(B)	967959	
(C) Others (including rollovers)	2a(1)(C)	23236	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1155190

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	2508	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2508

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	373687	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		373687

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		138895
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-84593
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1585687

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	442085	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		442085
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		361
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	2551	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2551
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		444997

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1140690
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GRANT THORNTON

(2) EIN: 11-1111111

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

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

Part IV Compliance Questions

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

During the plan year:

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

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.).....

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>ORIGENE TECHNOLOGIES, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ORIGENE TECHNOLOGIES, INC.</u>	D Employer Identification Number (EIN) <u>65-0626270</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>57-1198022</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**ORIGENE TECHNOLOGIES, INC.
401(K) PLAN
FINANCIAL STATEMENTS**

**Years Ended
December 31, 2014 and 2013
AND
INDEPENDENT AUDITORS' REPORT**

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN

Years Ended December 31, 2014 and 2013

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and Maryland
State Societies
National Association of Certified
Valuation Analysts

Independent Auditors' Report

To the Trustees of
Origene Technologies, Inc. 401(K) Plan
Rockville, Maryland 20850

Report on the Financial Statement

We were engaged to audit the accompanying financial statements of Origene Technologies, Inc. 401(K) Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because the matter described in the Basis of Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed the other auditors not to perform, and we did not perform any auditing procedures with respect to the information certified by ADP and State Street Bank, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedules of Assets Held for Investment at the End of the Year, which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Rosenbloom & Butler, CPAs, P.C.

Rockville, Maryland 20850

October 13, 2015

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2014 and 2013

<u>ASSETS</u>		
	<u>2014</u>	<u>2013</u>
Investments	\$ 8,558,686	\$ 7,414,716
Contributions receivable	57,628	5,400
Notes receivable from participants	<u>65,018</u>	<u>68,298</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 8,681,332</u>	<u>\$ 7,488,414</u>

The accompanying notes are an integral part of these financial statements.

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ADDITIONS		
Additions to net assets attributed to:		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ (54,321)	\$ 691,123
Investment income	376,195	212,001
Net realized gain on investments sold	108,624	67,001
	<u>430,498</u>	<u>970,125</u>
Contributions:		
Participants'	1,005,872	780,352
Employer's	178,310	163,054
Rollovers	23,236	1,586,771
	<u>1,207,418</u>	<u>2,530,177</u>
Total Additions	<u>1,637,916</u>	<u>3,500,302</u>
DEDUCTIONS		
Deductions from net assets for:		
Benefits paid to participants	442,446	170,276
Administrative expenses	2,552	750
	<u>444,998</u>	<u>171,026</u>
NET INCREASE IN ASSETS AVAILABLE FOR BENEFITS	1,192,918	3,329,276
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>7,488,414</u>	<u>4,159,138</u>
END OF YEAR	<u><u>\$ 8,681,332</u></u>	<u><u>\$ 7,488,414</u></u>

The accompanying notes are an integral part of these financial statements.

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 2013

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Plan's sponsor is Origene Technologies, Inc. with headquarters in Rockville, Maryland. Accounting policies which affect significant aspects of the Plan's financial statements are summarized herein. These policies have been consistently applied.

Basis of Accounting

The Plan's financial records, except for investments, which are at fair market value, are maintained on the accrual basis of accounting. Increases or decreases in the market value of investments are recognized in the year of the change as appreciation (depreciation) of investments.

Estimates

The preparation of the financial statements, in conformity with generally accepted accounting principles, requires management to make certain estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Plan Administration

The trustees of the Plan have engaged the services of Automatic Data Processing, Inc. (ADP) and State Street Bank & Trust Company to administer, manage, report, as well as execute all of the transactions of the Plan.

Fair Value Measurements

Investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. FASB ASC 820-10 requires valuation of financial assets and liabilities according to fair market value, as well as disclosure of the valuation technique(s) used to determine the fair market value.

The valuation techniques are summarized into a hierarchy of observable inputs:

- Level 1 - Unadjusted quoted prices in active markets.
- Level 2 - Inputs other than quoted market prices in active markets for identical or similar assets or liabilities (i.e. quoted prices for similar or identical assets or liabilities in inactive markets; observable inputs other than quoted prices that are used in the valuation of assets or liabilities; inputs derived principally from or corroborated by observable market data).
- Level 3 - Unobservable inputs (i.e. management's own assumptions about the assumptions that market participants would use in pricing the asset or liability).

**ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 2013**

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Valuation of Investments and Income Recognition

Investments in regulated investment companies, also known as mutual funds, have been unitized by State Street Bank & Trust. They are valued daily for participant account reporting based upon the unitized amount of each fund. The participant accounts are self-directed. Participants may invest in any of the pre-approved investment funds designated by an investment committee of the employer/sponsor.

Purchases and sales of securities are recorded on a trade-date basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. Benefits are recorded when paid.

Subsequent Events

Events that occurred subsequent to December 31, 2014 have been evaluated by the Plan trustees through October 13, 2015, the date these statements were available for issuance. Nothing came to their attention that would require additional disclosure.

NOTE 2. DESCRIPTION OF PLAN

The following brief description of the Origene Technologies, Inc. 401(K) Plan is provided for general information purposes only. Participants should refer to the Plan documents and agreements for more complete information.

401(k) Plan

Employees who have attained the age of 21 are eligible to participate in the Plan. There is no 'years of service' requirement in order to participate. Normal retirement is age 65. Upon retirement, the anticipated retirement benefit amount will be equal to the total value of the participant's account. Each year, eligible employees may reduce their compensation by an amount up to 86% of eligible compensation, subject to Internal Revenue Service code annual limitations. Participants are 100% vested in elective salary deferral contributions at all times. Forfeitures of non-vested contributions are used to cover fees and to reduce future employer contributions. Forfeiture account balances were \$11,065 and \$10,807 for the years ended December 31, 2014 and 2013, respectively. Most Plan administration costs are being absorbed by the Plan sponsor. The Plan is subject to the provisions of the employee retirement income security act of 1974 (ERISA).

The Plan provisions include employer matching contributions, and profit sharing contributions – subject to sponsor discretion. Employer contributions vest over three years. For the years ended December 31, 2014 and 2013, matching contributions of \$178,310 and \$163,054 were made respectively. No profit sharing contributions were made in either year.

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 2013

NOTE 3. INVESTMENTS - SECURITIES

Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by State Street Bank & Trust.

Investments in the Common Collective Trusts have been valued based on the underlying asset values less the applicable fees. Those investments are valued daily based upon a formula applied to the closing fair market value of unitizing shares. The underlying investments are in regulated investment companies and are valued based upon the quoted market price, a level 1 input, as of the date of the financial statements.

The Plan held the following investments at December 31:

Pooled Separate Accounts (Estimated Fair Value)

	<u>2014</u>	<u>2013</u>
Level 1:		
JSSGA RUSS SC IDX VIII 7,336.74 and 9,235.88 units, respectively	\$ 120,579	\$ 145,716
SSGA REIT IDX NLS G 16,931.29 and 18,754.00 units, respectively	223,104	188,759
SSGA CASH SERIES US GOVT L 590,461.88 and 581,541.41 units, respectively	* 590,462	* 581,541
SSGA sap 500 IDX IX 33,817.25 and 31,867.39 units, respectively	* 531,810	* 443,913
SSGA TARG RET INC SL IX 4,426.32 and 4,756.24 units, respectively	48,960	51,120
SSGA sap MD CP IDX NL J 5,445.18 and 4,549.07 units, respectively	89,437	68,545
SSGA INTL IDX SECLND SER VIII 481.11 and 102.93 units, respectively	6,211	1,416
SSGA US BD IDX SL VIII 20,294.46 and 17,881.51 units, respectively	209,419	175,275
Subtotal	<u>\$ 1,819,982</u>	<u>\$ 1,656,285</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 2013

NOTE 3. INVESTMENTS - SECURITIES (Continued)

	<u>2014</u>		<u>2013</u>
Balance Forward From Previous Page	\$ 1,819,982	\$	1,656,285
SSGA US INTL PROT BD IDX NLS	133,024		92,707
13,937.92 and 9,993.20 units, respectively			
GOLDMAN SACHS CAPITAL GRTH R	310,998	*	245,402
12,673.13 and 9,631.16 units, respectively			
INVESCO REAL ESTATE - R	47,125		35,261
1,778.99 and 1,624.18 units, respectively			
FRANKLIN STRATEGIC INCOME - R	36,597		29,794
3,670.75 and 2,859.32 units, respectively			
VICTORY ESTABLISHED VALUE - R	145,733		117,105
4,372.43 and 3,432.14 units, respectively			
PUTNAM CONVERTIBLE SEC R	41,809		33,174
1,708.57 and 1,366.30 units, respectively			
JENNISON NATURAL RESOURCES	40,873		35,306
1,044.27 and 720.83 units, respectively			
THORNBURG LIMITED TERM INC -R	38,440		34,670
2,870.79 and 2,608.71 units, respectively			
PIMCO LOW DURATION FUND - R	177,079		169,745
17,637.37 and 16,432.26 units, respectively			
T. ROWE PRICE RETIREMENT 2015	250,831	*	226,281
17,528.35 and 15,969.05 units, respectively			
VICTORY DIVERSIFIED STOCK FD	35,857		32,751
1,759.41 and 1,516.27 units, respectively			
FIDELITY ADVISOR LEV CO STK	115,051		113,769
2,095.64 and 2,171.57 units, respectively			
JANUS OVERSEAS FUND - R	5,650		6,068
180.97 and 166.39 units, respectively			
FRANKLIN GROWTH FUND - R	450,526	*	374,231
6,060.35 and 5,768.05 units, respectively			
OPPENHEIMER DEVELOP MARKETS-R	53,714		55,767
1,571.50 and 1,522.45 units, respectively			
OPPENHEIMER GLOBAL R	112,516		102,189
1,485.75 and 1,301.60 units, respectively			
Subtotal	<u>\$ 3,815,805</u>	<u>\$</u>	<u>3,360,505</u>

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ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 2013

NOTE 3. INVESTMENTS - SECURITIES (Continued)

	<u>2014</u>		<u>2013</u>
Balance Forward From Previous Page	\$ 3,815,805		\$ 3,360,505
T ROWE INTL GROWTH & INCOME	120,481		115,451
8,705.27 and 7,405.45 units, respectively			
OPPENHEIMER GLBL STRAT INC N	135,567		105,318
33,473.40 and 25,439.18 units, respectively			
INVESCO INTL GROWTH - R	278,668	*	260,724
8,746.66 and 7,780.50 units, respectively			
EAGLE MID CAP GROWTH R3	65,584		41,832
1,606.28 and 1,014.10 units, respectively			
OPPENHEIMER INTL GROWTH - N	121,753		144,009
3,509.74 and 3,814.82 units, respectively			
OPPENHEIMER GOLD & SP MIN - N	11,402		6,920
874.36 and 437.70 units, respectively			
INVESCO EUROPEAN GROWTH - R	12,970		11,563
374.86 and 293.93 units, respectively			
PUTNAM INTL CAP OPP FO - R	7,362		5,638
219.95 and 142.13 units, respectively			
AMERCENT STRAT ALLO AGG - R	28,913		21,103
3,521.70 and 2,456.72 units, respectively			
AMERCENT STRAT ALLOC CNSRV	257,904	*	234,056
44,161.71 and 39,873.23 units, respectively			
AMERCENT STRATALLO MODERATE	65,651		53,777
9,419.01 and 7,500.22 units, respectively			
T. ROWE PRICE GRTH STK FD - R	238,401		182,684
4,752.81 and 3,586.26 units, respectively			
THORNBURG VALUE FUNO - R3	360,648	*	307,167
7,240.48 and 6,844.19 units, respectively			
FIDELITY ADVISOR SMALL CAP	62,172		9,832
2,449.66 and 368.80 units, respectively			
FRANKLIN UTILITIES FUNO - R	33,882		18,098
1,915.34 and 1,215.43 units, respectively			
T. ROWE PRICE RETIRE 2050 - R	165,929		149,500
12,551.37 and 11,598.16 units, respectively			
T. ROWE PRICE RETIREMENT 2030	918,376	*	765,972
40,457.08 and 34,348.48 units, respectively			
Subtotal	<u>\$ 6,701,468</u>		<u>\$ 5,794,149</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 2013

NOTE 3. INVESTMENTS - SECURITIES (Continued)

	<u>2014</u>	<u>2013</u>
Balance Forward From Previous Page	\$ 6,701,468	\$ 5,794,149
FRANKLIN HIGH INCOME - R	64,360	67,959
32,019.70 and 31,756.70 units, respectively		
T.ROWE PRICE RETIREMENT 2040 *	553,855	* 358,724
23,438.64 and 15,509.03 units, respectively		
AB SMALL CAP GROWTH - R	278,150	* 282,808
6,340.31 and 5,591.30 units, respectively		
DELAWARE SMALL CAP VALUE - R	15,062	11,342
294.64 and 221.62 units, respectively		
GOLOMAN SACHS GR OPP R	15,736	5,639
649.72 and 205.35 units, respectively		
HARTFORD GROW OPPORTUNITIES	165,672	121,747
4,403.84 and 3,027.03 units, respectively		
AB GLOBAL RE INVESTMENT R	17,584	18,973
1,253.31 and 1,482.24 units, respectively		
BLACKROCK CAP APPRECIATION R	139,603	123,326
6,654.11 and 5,005.12 units, respectively		
TEMPLETON FOREIGN FUND - R	216,912	* 241,444
31,665.94 and 29,552.51 units, respectively		
FRANKLIN SMALL CAP VALUE FO-R	71,952	92,257
1,344.40 and 1,562.88 units, respectively		
T.ROWE PRICE RETIREMENT 2020-	298,426	* 279,525
14,614.41 and 13,892.87 units, respectively		
EAGLE SMALL CAP GROWTH - R3	19,906	16,823
382.16 and 301.00 units, respectively		
Total	<u>\$ 8,558,686</u>	<u>\$ 7,414,716</u>

* Represents 5% or more of the Plan's net assets at the beginning of the year.

The Plan investments (depreciated) appreciated in value for the years ended December 31, 2014 and 2013 by \$(54,321) and \$691,123, respectively.

**ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 2013**

NOTE 4. LOANS RECEIVABLE - PARTICIPANTS

The Plan allows for participant loans. Loans are not to exceed 50% of the participant's account balance or \$50,000. All loans are secured by the participant's vested account balance.

Participant loans receivable at December 31, 2014 and 2013 were \$65,018 and \$68,298, respectively. There were no loans in default or uncollectible as of December 31, 2014 and 2013.

NOTE 5. RISKS AND UNCERTAINTIES

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

NOTE 6. DISTRIBUTIONS

During the years ended December 31, 2014 and 2013, the Plan made payments to terminated employees of \$442,446 and \$170,276, respectively.

NOTE 7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 8. TAX STATUS

The Plan name is Origene Technologies, Inc. 401(K) Plan. The sponsor's Federal Identification Number is 65-0626270. The Plan number is 001. The trustees at December 31, 2014 were ADP and State Street Bank & Trust Corporation (Federal Identification Number 22-3319984 and 04-1867445 respectively) and James Hu, Plan Administrator. Employees of a new company, acquired by the Plan sponsor in 2013, elected to rollover their existing Plan assets of \$1,333,353 into the Origene Technologies, Inc. 401(K) Plan effective September 13, 2013. These assets are included in rollover contributions in these financial statements.

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2014 and 2013

NOTE 8. TAX STATUS (Continued)

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Service.

At December 31, 2014, the Plan had three prior years' tax returns, form 5500, open to tax examination. They are for the return years ended December 31, 2013, 2012 and 2011.

NOTE 9. FORM 5500 RECONCILIATION

The following summary is a reconciliation of amounts and information reported in Form 5500 and these financial statements as of December 31.

	<u>2014</u>	<u>2013</u>
Net assets available for benefits per form 5500	\$ 8,623,704	\$ 7,483,014
Contributions receivable	<u>57,628</u>	<u>5,400</u>
Net assets available for benefits	<u>\$ 8,681,332</u>	<u>\$ 7,488,414</u>

SUPPLEMENTARY INFORMATION

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN

SUPPLEMENTARY INFORMATION

Sponsor EIN: 65-062670, Plan #001

December 31, 2014

SCHEDULE H - LINE 4(i)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR:

(a)	(b)	(c)	(d)	(e)
*	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, interest rate, collateral, par, or maturity value	Cost	Current Value
	SSGA RUSS SC IDX VIII	Interest in Pooled Separate Accounts	See Note Below	120,579
	SSGA REIT IDX NLS G	Interest in Pooled Separate Accounts	See Note Below	223,104
*	SSGA CASH SERIES US GOVT L	Interest in Pooled Separate Accounts	See Note Below	590,462
*	SSGA SAP 500 IDX IX	Interest in Pooled Separate Accounts	See Note Below	531,810
	SSGA TARG RET INC SL IX	Interest in Pooled Separate Accounts	See Note Below	48,960
	SSGA SAP MD CP IDX NL ~	Interest in Pooled Separate Accounts	See Note Below	89,437
	SSGA INTL IDX SECLEND SER VII	Interest in Pooled Separate Accounts	See Note Below	6,211
	SSGA US BD IDX SL VIII	Interest in Pooled Separate Accounts	See Note Below	209,419
	SSGA US INTL PROT BD IDX NLS	Interest in Pooled Separate Accounts	See Note Below	133,024
	GOLDMAN SACHS CAPITAL GRTH R	Interest in Pooled Separate Accounts	See Note Below	310,998
	INVESCO REAL ESTATE - R	Interest in Pooled Separate Accounts	See Note Below	47,125
	FRANKLIN STRATEGIC INCOME - R	Interest in Pooled Separate Accounts	See Note Below	36,597
	VICTORY ESTABLISHED VALUE - R	Interest in Pooled Separate Accounts	See Note Below	145,733
	PUTNAM CONVERTIBLE SEC R	Interest in Pooled Separate Accounts	See Note Below	41,809
	JENNISON NATURAL RESOURCES	Interest in Pooled Separate Accounts	See Note Below	40,873
	THORNBURG LIMITED TERM INC -R	Interest in Pooled Separate Accounts	See Note Below	38,440
	PIMCO LOW DURATION FUND - R	Interest in Pooled Separate Accounts	See Note Below	177,079
	T.ROWE PRICE RETIREMENT 2015	Interest in Pooled Separate Accounts	See Note Below	250,831
	VICTORY DIVERSIFIED STOCK FD	Interest in Pooled Separate Accounts	See Note Below	35,857
	FIDELITY ADVISOR LEV CO STK	Interest in Pooled Separate Accounts	See Note Below	115,051
	JANUS OVERSEAS FUND - R	Interest in Pooled Separate Accounts	See Note Below	5,650
*	FRANKLIN GROWTH FUND - R	Interest in Pooled Separate Accounts	See Note Below	450,526
	OPPENHEIMER DEVELOP MARKETS-N	Interest in Pooled Separate Accounts	See Note Below	53,714
	OPPENHEIMER GLOBAL FUND - N	Interest in Pooled Separate Accounts	See Note Below	112,516
	T ROWE INTL GROWTH & INCOME	Interest in Pooled Separate Accounts	See Note Below	120,481
	OPPENHEIMER GLBL STRAT INC N	Interest in Pooled Separate Accounts	See Note Below	135,567
	INVESCO INTL GROWTH - R	Interest in Pooled Separate Accounts	See Note Below	278,668
	Subtotal - Continued on next page			\$ 4,350,521

* Denotes an investment of 5% or more of total plan assets at the beginning of the year

Note: Where participants direct the investment transactions, cost data has been omitted.

See Accountants' Report.

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN

SUPPLEMENTARY INFORMATION

Sponsor EIN: 65-062670, Plan #001

December 31, 2014

SCHEDULE H - LINE 4(i)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR:

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, interest rate, collateral, par, or maturity value	Cost	Current Value
	Balance Forward From Previous Page			\$ 4,350,521
	EAGLE MID CAP GROWTH R3	Interest in Pooled Separate Accounts	See Note Below	65,584
	OPPENHEIMER INTL GROWTH - N	Interest in Pooled Separate Accounts	See Note Below	121,753
	OPPENHEIMER GOLD & SP MIN - N	Interest in Pooled Separate Accounts	See Note Below	11,402
	INVESCO EUROPEAN GROWTH - R	Interest in Pooled Separate Accounts	See Note Below	12,970
	PUTNAM INTL CAP OPP FO - R	Interest in Pooled Separate Accounts	See Note Below	7,362
	AMERCENT STRAT ALLO AGG - R	Interest in Pooled Separate Accounts	See Note Below	28,913
	AMERCENT STRAT ALLOC CNSRV	Interest in Pooled Separate Accounts	See Note Below	257,904
	AMERCENT STRATALLO MODERATE	Interest in Pooled Separate Accounts	See Note Below	65,651
	T. ROWE PRICE GRTH STK FD - R	Interest in Pooled Separate Accounts	See Note Below	238,401
	THORNBURG VALUE FUND - R3	Interest in Pooled Separate Accounts	See Note Below	360,648
	FIDELITY ADVISOR SMALL CAP	Interest in Pooled Separate Accounts	See Note Below	62,172
	FRANKLIN UTILITIES FUND - R	Interest in Pooled Separate Accounts	See Note Below	33,882
	T. ROWE PRICE RETIRE 2050 - R	Interest in Pooled Separate Accounts	See Note Below	165,929
*	T. ROWE PRICE RETIREMENT 2030	Interest in Pooled Separate Accounts	See Note Below	918,376
	FRANKLIN HIGH INCOME - R	Interest in Pooled Separate Accounts	See Note Below	64,360
*	T. ROWE PRICE RETIREMENT 2040	Interest in Pooled Separate Accounts	See Note Below	553,855
	ALLIANCE SMALL CAP GROWTH - R	Interest in Pooled Separate Accounts	See Note Below	278,150
	DELAWARE SMALL CAP VALUE - R	Interest in Pooled Separate Accounts	See Note Below	15,062
	GOLDMAN SACHS GR OPP R	Interest in Pooled Separate Accounts	See Note Below	15,736
	HARTFORD GROW OPPORTUNITIES	Interest in Pooled Separate Accounts	See Note Below	165,672
	AB GLOBAL RE INVESTMENT R	Interest in Pooled Separate Accounts	See Note Below	17,584
	BLACKROCK CAP APPRECIATION R	Interest in Pooled Separate Accounts	See Note Below	139,603
	TEMPLETON FOREIGN FUND - R	Interest in Pooled Separate Accounts	See Note Below	216,912
	FRANKLIN SMALL CAP VALUE FO-R	Interest in Pooled Separate Accounts	See Note Below	71,952
	T. ROWE PRICE RETIREMENT 2020-	Interest in Pooled Separate Accounts	See Note Below	298,426
	EAGLE SMALL CAP GROWTH - R3	Interest in Pooled Separate Accounts	See Note Below	19,906
				<u>\$ 8,558,686</u>

* Denotes an investment of 5% or more of total plan assets at the beginning of the year

Note: Where participants direct the investment transactions, cost data has been omitted.

See Accountants' Report.

Schedule C, Line 2(h) Formula Description

For those service providers listed on Line 2 for which Line 2(h) has been checked “yes”:

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ORIGENE TECHNOLOGIES, INC. 401(K) PLAN

EIN: 65-0626270

Plan Sponsor's Name ORIGENE TECHNOLOGIES, INC.

PN: 001

(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
	GOLDMAN SACHS CAPITAL GRTH R	REGISTERED INVESTMENT COMPANY		310,998
	INVESCO REAL ESTATE - R	REGISTERED INVESTMENT COMPANY		47,125
	FRANKLIN STRATEGIC INCOME - R	REGISTERED INVESTMENT COMPANY		36,597
	VICTORY ESTABLISHED VALUE R	REGISTERED INVESTMENT COMPANY		145,733
	PUTNAM CONVERTIBLE SEC R	REGISTERED INVESTMENT COMPANY		41,809
	JENNISON NATURAL RESOURCES - R	REGISTERED INVESTMENT COMPANY		40,873
	THORNBURG LIMITED TERM INC -R3	REGISTERED INVESTMENT COMPANY		38,440

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
Plan Sponsor's Name ORIGENE TECHNOLOGIES, INC.

EIN: 65-0626270
PN: 001

(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
	PIMCO LOW DURATION FUND - R	REGISTERED INVESTMENT COMPANY		177,079
	T.ROWE PRICE RETIREMENT 2015-R	REGISTERED INVESTMENT COMPANY		250,831
	VICTORY DIVERSIFIED STOCK FD-R	REGISTERED INVESTMENT COMPANY		35,857
	FIDELITY ADVISOR LEV CO STK -T	REGISTERED INVESTMENT COMPANY		115,051
	JANUS OVERSEAS FUND - R	REGISTERED INVESTMENT COMPANY		5,650
	FRANKLIN GROWTH FUND - R	REGISTERED INVESTMENT COMPANY		450,526
	OPPENHEIMER DEVELOP MARKETS R	REGISTERED INVESTMENT COMPANY		53,714

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
Plan Sponsor's Name ORIGENE TECHNOLOGIES, INC.

EIN: 65-0626270
PN: 001

(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
	OPPENHEIMER GLOBAL R	REGISTERED INVESTMENT COMPANY		112,516
	T ROWE INT'L GROWTH & INCOME-R	REGISTERED INVESTMENT COMPANY		120,481
	OPPENHEIMER GLBL STRAT INC R	REGISTERED INVESTMENT COMPANY		135,567
	INVESCO INTL GROWTH - R	REGISTERED INVESTMENT COMPANY		278,668
	EAGLE MID CAP GROWTH R3	REGISTERED INVESTMENT COMPANY		65,584
	OPPENHEIMER INTL GROWTH R	REGISTERED INVESTMENT COMPANY		121,753
	OPPENHEIMER GOLD & SP MIN R	REGISTERED INVESTMENT COMPANY		11,402

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
Plan Sponsor's Name ORIGENE TECHNOLOGIES, INC.

EIN: 65-0626270
PN: 001

(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
	INVESCO EUROPEAN GROWTH - R	REGISTERED INVESTMENT COMPANY		12,970
	PUTNAM INTL CAP OPP FD - R	REGISTERED INVESTMENT COMPANY		7,362
	AMERCENT STRAT ALLO AGG - R	REGISTERED INVESTMENT COMPANY		28,913
	AMERCENT STRAT ALLOC CNSRV - R	REGISTERED INVESTMENT COMPANY		257,904
	AMERCENT STRATALLO MODERATE -R	REGISTERED INVESTMENT COMPANY		65,651
	T. ROWE PRICE GRTH STK FD - R	REGISTERED INVESTMENT COMPANY		238,401
	THORNBURG VALUE FUND - R3	REGISTERED INVESTMENT COMPANY		360,648

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
Plan Sponsor's Name ORIGENE TECHNOLOGIES, INC.

EIN: 65-0626270
PN: 001

(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
	FIDELITY ADVISOR SMALL CAP - T	REGISTERED INVESTMENT COMPANY		62,172
	FRANKLIN UTILITIES FUND - R	REGISTERED INVESTMENT COMPANY		33,882
	T. ROWE PRICE RETIRE 2050 - R	REGISTERED INVESTMENT COMPANY		165,929
	T. ROWE PRICE RETIREMENT 2030-R	REGISTERED INVESTMENT COMPANY		918,376
	FRANKLIN HIGH INCOME - R	REGISTERED INVESTMENT COMPANY		64,360
	T. ROWE PRICE RETIREMENT 2040-R	REGISTERED INVESTMENT COMPANY		553,855
	AB SMALL CAP GROWTH R	REGISTERED INVESTMENT COMPANY		278,150

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
Plan Sponsor's Name ORIGENE TECHNOLOGIES, INC.

EIN: 65-0626270
PN: 001

(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
	DELAWARE SMALL CAP VALUE - R	REGISTERED INVESTMENT COMPANY		15,062
	GOLDMAN SACHS GR OPP R	REGISTERED INVESTMENT COMPANY		15,736
	HARTFORD GROW OPPORTUNITIES R3	REGISTERED INVESTMENT COMPANY		165,672
	AB GLOBAL RE INVESTMENT R	REGISTERED INVESTMENT COMPANY		17,584
	BLACKROCK CAP APPRECIATION R	REGISTERED INVESTMENT COMPANY		139,603
	TEMPLETON FOREIGN FUND - R	REGISTERED INVESTMENT COMPANY		216,912
	FRANKLIN SMALL CAP VALUE FD-R	REGISTERED INVESTMENT COMPANY		71,952

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
Plan Sponsor's Name ORIGENE TECHNOLOGIES, INC.

EIN: 65-0626270
PN: 001

(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
	T. ROWE PRICE RETIREMENT 2020-R	REGISTERED INVESTMENT COMPANY		298,426
	EAGLE SMALL CAP GROWTH - R3	REGISTERED INVESTMENT COMPANY		19,906
	PARTICIPANT LOANS	INTEREST RATES (3.00% TO 4.25%)		65,018
	SSGA CASH SERIES US GOVT L	COMMON/COLLECTIVE TRUST		590,462
	SSGA INTL IDX SECLEND SER VIII	COMMON/COLLECTIVE TRUST		6,211
	SSGA RUSS SC IDX VIII	COMMON/COLLECTIVE TRUST		120,579
	SSGA S&P 500 IDX IX	COMMON/COLLECTIVE TRUST		531,810

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
Plan Sponsor's Name ORIGENE TECHNOLOGIES, INC.

EIN: 65-0626270
PN: 001

(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
	SSGA S&P MD CP IDX NL J	COMMON/COLLECTIVE TRUST		89,437
	SSGA TARG RET INC SL IX	COMMON/COLLECTIVE TRUST		48,960
	SSGA REIT IDX NLS G	COMMON/COLLECTIVE TRUST		223,104
	SSGA US BD IDX SL VIII	COMMON/COLLECTIVE TRUST		209,419
	SSGA US INFL PROT BD IDX NLS G	COMMON/COLLECTIVE TRUST		133,024