

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <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;">2017</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

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: 10%;">1b</td> <td>Three-digit plan number (PN) ▶</td> <td><u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan</td> <td><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 (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>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 style="width: 10%;">2b</td> <td>Employer Identification Number (EIN)</td> <td><u>65-0626270</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number</td> <td><u>240-620-0249</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions)</td> <td><u>325410</u></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.	10/09/2018	VANESSA HINDS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 191
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) 146
a(2) Total number of active participants at the end of the plan year	6a(2) 140
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 35
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 175
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 175
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 148
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 2
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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan ORIGENE TECHNOLOGIES, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ORIGENE TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 65-0626270

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

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

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

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

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

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

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

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

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
60 64 65	RECORDKEEPER	606	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WELLS FARGO ADVISORS

600 WEST BROADWAY
SUITE 1450
SAN DIEGO, CA 92101

(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?
61	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 ☐

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

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

(b) 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 ☐

(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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
AB GLOBAL RE ADV - ALLIANCEBERNSTE 18, RUE EUGNE RUPPERT LUXEMBOURG, LU L-2453 LU	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
AB SM CAP GRTH ADV - ALLIANCEBERNS 18, RUE EUGNE RUPPERT LUXEMBOURG, LU L-2453 LU	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
AM CENT SA AGGR I - AMERICAN CENTU	0.15%	
44-0619208		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
AM CENT SA CONS I - AMERICAN CENTU 44-0619208	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
AM CENT SA MOD I - AMERICAN CENTUR 44-0619208	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
AM CENTURY ULTRA I - AMERICAN CENT 44-0619208	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
BLKRK CAP APPR I - BNY MELLON INVE P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
CRLN E MID CAP GR R5 - U.S. BANCOR P.O. BOX 701 MILWAUKEE, WI 53201	0.20%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
CRLN E SM CAP GR R5 - U.S. BANCORP P.O. BOX 701 MILWAUKEE, WI 53201	0.20%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
FKLN SM CAP VAL ADV - FRANKLIN TEM	0.25%	
94-3167260		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
FKLN STRAT INC ADV - FRANKLIN TEMP	0.25%	
94-3167260		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
FKLN UTILITIES ADV - FRANKLIN TEMP	0.25%	
94-3167260		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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 GROWTH ADV - FRANKLIN TEM 94-3167260	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
GS CAP GROWTH INV - GOLDMAN, SACHS 13-5108880	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
GS EM MKT EQ INS INV - GOLDMAN SAC 13-5108880	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
HTFD GRTH OPPTS R5 - HARTFORD ADMIN 41-0679409	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
HTFD INTL OPPTS R5 - HARTFORD ADMIN 41-0679409	0.20%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
INVS EUROPEAN GRTH Y - INVESCO INV 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
INVS INTL GROWTH R5 - INVESCO INVE 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
INVS REAL ESTATE R5 - INVESCO INVE 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
LA INTL OPP R5 - DST SYSTEMS INC 43-1581814	0.20%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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 GLOBAL Y - OFI GLOBAL 225 LIBERTY STREET NEW YORK, NY 10281	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
OPPHMR DISC MDCPGR Y - OFI GLOBAL 225 LIBERTY STREET NEW YORK, NY 10281	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
OPPHMR GOLD SPLMIN Y - OFI GLOBAL 225 LIBERTY STREET NEW YORK, NY 10281	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
OPPHMR INTL GRTH Y - OFI GLOBAL AS 225 LIBERTY STREET NEW YORK, NY 10281	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
PUTN CNVRTBL SEC Y - PUTNAM INVEST 04-2539562	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
TEMPLETON FOREIGN AD - FRANKLIN TE 94-3167260	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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 LT INC R5 - DST ASSET MA P.O. BOX 8406 BOSTON, MA 02266	0.20%	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	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 VALUE R5 - DST ASSET MAN P.O. BOX 8406 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
TRP INTL VAL EQ ADV - T. ROWE PRIC	0.40%	
52-2269240		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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 S ESTB VAL Y - FIS INVESTO 4249 EASTON WAY, SUITE 400 COLUMBUS, OH 43219	0.10%	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	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 S SM CO OP Y - FIS INVESTO 4249 EASTON WAY, SUITE 400 COLUMBUS, OH 43219	0.10%	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
WELLS FARGO ADVISORS	61	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 GLOBAL Y - OPPENHEIMER 13-2953455	\$5M+=0.25%	

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
WELLS FARGO ADVISORS	61	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.	
OPPHMR DISC MDCPGR Y - OPPENHEIMER 13-2953455	\$5M+=0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLS FARGO ADVISORS	61	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.	
OPPHMR INTL GRTH Y - OPPENHEIMERFU 13-2953455	\$5M+=0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLS FARGO ADVISORS	61	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.	
PUTN CNVRTBL SEC Y - PUTNAM RETAIL 04-1223767	\$0-<\$1M=1.00%, \$1M-<\$2M=0.75%, \$2M+=0.50%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2017</div> This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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)	

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST 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) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST 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) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST 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) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST 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) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST 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) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST 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) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST US BD IDX SL VIII</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST CO</u>			
c EIN-PN <u>90-0337987-362</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) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE US INFL PROT BD IDX NL 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) 0
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

Part II Information on Participating Plans (to be completed by DFEs)

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

SCHEDULE H (Form 5500) <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.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	0
	(2) Participant contributions	1b(2)	0	0
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	778729	801927
	(2) U.S. Government securities.....	1c(2)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other.....	1c(3)(B)	0	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common	1c(4)(B)	0	0
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property)	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans	1c(8)	88423	81532
	(9) Value of interest in common/collective trusts.....	1c(9)	1560535	0
	(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	7547973	11322515
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	9975660	12205974

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	9975660	12205974
---	-----------	---------	----------

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:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	185103	
(B) Participants	2a(1)(B)	1037651	
(C) Others (including rollovers)	2a(1)(C)	2749	
(2) Noncash contributions	2a(2)	0	1225503
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1543	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	3471	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5014
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	517264	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		517264
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(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)		132556
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1155175
c Other income	2c		122
d Total income. Add all income amounts in column (b) and enter total.....	2d		3035634

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	803439	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		803439
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	1881	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1881
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		805320

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2230314
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		

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: ROSENBLOOM & BUTLER, CPAS, P.C.

(2) EIN: 52-1626705

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		X	
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		X	
e Was this plan covered by a fidelity bond?	X		500000
4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
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		X	
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		X	
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	X		
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		X	
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		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	X		
4m	X		
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.	X		
4n	X		

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

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

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

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan ORIGENE TECHNOLOGIES, INC. 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ORIGENE TECHNOLOGIES, INC.		D Employer Identification Number (EIN) 65-0626270
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107 57-1198022		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No		
11 a Does the ESOP hold any preferred stock? Yes No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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, 2017 and 2016
AND
INDEPENDENT AUDITORS' REPORT**

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN

Years Ended December 31, 2017 and 2016

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditors' Report	1-2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-14
Supplementary Information	
Schedule of Assets Held for Investment Purposes at December 31, 2017	16-18

1455 Research Boulevard, Suite 510
Rockville, Maryland 20850

Office: 301-762-7755
Fax: 301-762-4688
E-Mail: admin@rosenbloomcpas.com
Web: www.rosenbloomcpas.com

Member:

AICPA, Washington, D.C.
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, 2017 and 2016, 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 us not to perform, and we did not perform any auditing procedures with respect to the information certified by Fidelity Management Trust Company and Reliance Trust Company, 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 Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from November 1, 2017 to December 31, 2017, and that Reliance Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2016 and for the period January 1, 2017 to October 31, 2017. The Plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan administrator by the trustees 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
September 19, 2018

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2017 and 2016

<u>ASSETS</u>		
	<u>2017</u>	<u>2016</u>
Investments	\$ 12,124,001	\$ 9,887,238
Contributions receivable	37,970	36,944
Notes receivable from participants	81,532	89,922
Accrued bond interest receivable	441	-
Total assets	<u>12,243,944</u>	<u>10,014,104</u>
 <u>LIABILITIES</u>		
Corrective distributions payable	<u>5,779</u>	<u>8,055</u>
Total liabilities	<u>5,779</u>	<u>8,055</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 12,238,165</u>	 <u>\$ 10,006,049</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, 2017 and 2016

	2017	2016
ADDITIONS		
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 1,417,799	\$ 355,434
Investment income	523,145	224,876
Net realized gain on investments sold	4,198	55,491
	1,945,142	635,801
Less: Investment expenses	(131,970)	(47,888)
	1,813,172	587,913
Contributions:		
Participants'	1,037,981	1,073,921
Employer's	185,950	190,576
Rollovers	2,749	17,495
	1,226,680	1,281,992
Total Additions	3,039,852	1,869,905
DEDUCTIONS		
Deductions from net assets for:		
Benefits paid to participants	798,776	640,929
Distributed - Blue Heron divested	-	532,038
Administrative expenses	8,960	1,600
	807,736	1,174,567
NET INCREASE IN ASSETS AVAILABLE FOR BENEFITS	2,232,116	695,338
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	10,006,049	9,310,711
END OF YEAR	\$ 12,238,165	\$ 10,006,049

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, 2017 and 2016

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 engaged the services of Automatic Data Processing, Inc. (ADP) and Reliance Trust Company until October 2017 and thereafter, Fidelity Workplace Service LLC and Fidelity Management Trust Company to administer, manage, report, as well as execute all of the transactions of the Plan. As trustees and custodians to the plan, certifications on: investment assets, transactions, income & expense and schedules of reportable transactions were provided.

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, 2017 and 2016**

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 Fidelity Management Trust Company. 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, 2017 have been evaluated by the Plan trustees through September 19, 2018, the date these statements were available for issuance. Nothing came to their attention that would require additional disclosure.

Reclassifications

Certain reclassifications have been made to the 2016 financial statements to conform to the classifications used in the 2017 financial statements.

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

The Plan is subject to the provisions of the employee retirement income security act of 1974 (ERISA). Full time 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. 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. Most Plan administration costs are being absorbed by the Plan sponsor.

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 2. DESCRIPTION OF PLAN (Continued)

The Plan provisions allow for elective salary deferrals. 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.

The Plan provisions include employer matching contributions, and profit sharing contributions – subject to sponsor discretion. For the years ended December 31, 2017 and 2016 matching contributions of \$185,950 and \$190,576 were made, respectively. Employer contributions vest after three years. Forfeitures of non-vested contributions are used to cover fees and to reduce future employer contributions. Forfeiture account balances were \$12,183 and \$11,213 for the years ended December 31, 2017 and 2016, respectively. No profit sharing contributions were made in either year, however, when made they are allocated to participants based on the ratio that the participant's compensation bears to total compensation to all eligible participants for the contribution period.

NOTE 3. LOANS RECEIVABLE - PARTICIPANTS

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

Participant loans receivable at December 31, 2017 and 2016 were \$81,532 and \$89,922, respectively. There were no loans in default or uncollectible as of December 31, 2017 and 2016. Interest income was \$3,471 and \$4,372 for the years ended December 31, 2017 and 2016, respectively.

NOTE 4. 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 as complete and accurate by Fidelity Management Trust Company and Reliance Trust Company.

Investments in registered investment company funds and in 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.

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 4. INVESTMENTS – SECURITIES (Continued)

The Plan held the following investments at December 31:

	<u>2017</u>	<u>2016</u>
Money Market Funds		
Level 1:		
FID GOVT MMKT	* \$ 801,486	\$ -
801,486.220 and - units, respectively		
SSGA CASH SERIES US GOVT L	-	* 778,729
- and 778,729.00 units, respectively		
Total money market funds	<u>\$ 801,486</u>	<u>\$ 778,729</u>

Registered investment company (Estimated Fair Value)

Level 2:

CRLN E MID CAP GR R5	179,320	-
3022.928 and - units, respectively		
AB GLOBAL RE ADV	34,233	-
2375.663 and - units, respectively		
TRP INTL VAL EQ ADV	50,567	-
3285.716 and - units, respectively		
AB SM CAP GRTH ADV	329,887	-
5887.719 and - units, respectively		
PRU HIGH YIELD Q	110,016	-
19930.516 and - units, respectively		
PRU/ J NAT RESRCS Q	36,329	-
888.665 and - units, respectively		
CRLN E SM CAP GR R5	4,599	-
73.122 and - units, respectively		
BLACKROCK CAP APPRECIATION R	357,116	234,077
12,818.221 and 12,464.140 units, respectively		
TEMPLETON FOREIGN FUND - R	266,111	228,689
33,473.119 and 33,336.560 units, respectively		
FRANKLIN SMALL CAP VALUE FO-R	161,928	116,509
2,768.006 and 2,140.920 units, respectively		
T.ROWE PRICE RETIREMENT 2020-	-	366,126
- and 18,206.170 units, respectively		
Subtotal	<u>\$ 1,530,106</u>	<u>\$ 945,401</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 4. INVESTMENTS – SECURITIES (Continued)

	<u>2017</u>	<u>2016</u>
Registered investment company (Estimated Fair Value)		
Level 2 Balance Forward From Previous Page	\$ 1,530,106	\$ 945,401
HTF INOP R3 575.871 and 458.10 units, respectively	10,181	6,665
OPP DSMCGR 3,050.544 and 2,572.45 units, respectively	67,997	41,442
GOLDMAN SACHS CAPITAL GRTH R 13,980.165 and 13,014.70 units, respectively	406,403	298,948
INVESCO REAL ESTATE - R 13,884.148 and 3,796.47 units, respectively	295,177	79,080
AMC ULTRA R 3,056.378 and 2,655.39 units, respectively	137,048	87,256
FRANKLIN STRATEGIC INCOME - R 12,035.740 and 5,591.98 units, respectively	118,552	53,627
VICTORY ESTABLISHED VALUE - R 7,383.338 and 7,273.88 units, respectively	299,690	259,968
PUTNAM CONVERTIBLE SEC R 22,950.760 and 1,949.94 units, respectively	58,479	44,810
JENNISON NATURAL RESOURCES - and 848.49 units, respectively	-	31,038
THORNBURG LIMITED TERM INC -R 4,685.986 and 4,549.09 units, respectively	62,745	60,730
PIMCO LOW DURATION FUND - R 18,504.458 and 18,165.85 units, respectively	182,454	178,934
T.ROWE PRICE RETIREMENT 2015 - and 9,123.64 units, respectively	-	127,913
FIDELITY ADVISOR LEV CO STK 3,034.789 and 1,839.16 units, respectively	134,441	87,470
GDS EMMKEQIN 6,741.773 and 7,267.96 units, respectively	72,272	58,652
FRANKLIN GROWTH FUND - R 7,955.656 and 6,932.18 units, respectively	* 753,003	* 529,272
Subtotal	<u>\$ 4,128,548</u>	<u>\$ 2,891,206</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 4. INVESTMENTS - SECURITIES (Continued)

	<u>2017</u>	<u>2016</u>
Registered investment company (Estimated Fair Value)		
Level 2 Balance Forward From Previous Page	\$ 4,128,548	\$ 2,891,206
OPPENHEIMER GLOBAL R	201,828	99,000
2,101.281 and 1,330.10 units, respectively		
T ROWE INTL GROWTH & INCOME	-	36,845
- and 2,860.66 units, respectively		
OPPENHEIMER GLBL STRAT INC N	-	78,522
- and 20,185.64 units, respectively		
INVESCO INTL GROWTH - R	347,086	283,222
9,429.114 and 9,437.60 units, respectively		
EAGLE MID CAP GROWTH R3	-	130,401
- and 2,995.66 units, respectively		
OPPENHEIMER INTL GROWTH - N	165,376	149,004
3,791.289 and 4,345.40 units, respectively		
OPPENHEIMER GOLD & SP MIN - N	30,114	33,172
1,831.756 and 2,395.10 units, respectively		
DYD HI YLD R	-	84,125
- and 15,435.83 units, respectively		
INVESCO EUROPEAN GROWTH - R	6,149	18,424
148.917 and 557.61 units, respectively		
AMERCENT STRAT ALLO AGG - R	55,571	45,232
6,735.897 and 5,866.72 units, respectively		
AMERCENT STRAT ALLOC CNSRV	271,139	237,602
46,909.888 and 42,966.02 units, respectively		
AMERCENT STRATALLO MODERATE	50,846	45,151
7,401.142 and 6,851.38 units, respectively		
T. ROWE PRICE GRTH STK FD - R	324,057	298,755
5,168.371 and 5,889.12 units, respectively		
THORNBURG VALUE FUNO - R3	368,866	394,362
5,316.599 and 7,204.28 units, respectively		
Subtotal	<u>\$ 5,949,580</u>	<u>\$ 4,825,023</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 4. INVESTMENTS - SECURITIES (Continued)

		<u>2017</u>	<u>2016</u>
Registered investment company (Estimated Fair Value)			
Level 2 Balance Forward From Previous Page		\$ 5,949,580	\$ 4,825,023
FA FREEDOM 2020	*	563,354	-
40,558.212 and - units, respectively			
FA FREEDOM 2030	*	1,433,135	-
94,846.818 and - units, respectively			
FA FREEDOM 2040	*	545,803	-
34,457.283 and - units, respectively			
FA FREEDOM INC		45,311	-
4,071.089 and - units, respectively			
FA FREEDOM 2015		135,534	-
10,630.104 and - units, respectively			
FA FREEDOM 2025		88	-
6.037 and - units, respectively			
FA FREEDOM 2035		22,182	-
1,497.792 and - units, respectively			
FID 500 INDEX PR	*	821,062	-
8,786.106 and - units, respectively			
FA FREEDOM 2045		3,372	-
273.462 and - units, respectively			
FA FREEDOM 2050		334,789	-
27,218.631 and - units, respectively			
FID US BOND IDX PR		146,184	-
12,612.932 and - units, respectively			
FA FREEDOM 2055		645	-
47.840 and - units, respectively			
FID MID CAP IDX PR		346,949	-
16,537.108 and - units, respectively			
FID SM CAP IDX PR		15,683	-
771.816 and - units, respectively			
FID INFL PR IDX PR		194,709	-
19,787.518 and - units, respectively			
FA FREEDOM 2060		3,625	-
303.359 and - units, respectively			
Subtotal		<u>\$ 10,562,005</u>	<u>\$ 4,825,023</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 4. INVESTMENTS - SECURITIES (Continued)

	<u>2017</u>	<u>2016</u>
Level 2 Balance Forward From Previous Page	\$ 10,562,005	\$ 4,825,023
Registered investment company (Estimated Fair Value)		
FIDELITY ADVISOR SMALL CAP	249,957	81,105
8,829.275 and 3,348.680 units, respectively		
FRANKLIN UTILITIES FUNO - R	92,536	196,067
4,911.659 and 11,152.820 units, respectively		
T. ROWE PRICE RETIRE 2050 - R	-	224,955
- and 17,384.490 units, respectively		
T. ROWE PRICE RETIREMENT 2030	-	* 1,117,879
- and 50,377.620 units, respectively		
T. ROWE PRICE RETIREMENT 2040	-	* 591,174
- and 25,826.720 units, respectively		
AB SMALL CAP GROWTH - R	-	197,890
- and 4,827.770 units, respectively		
VIC SMCOOP R	130,398	45,915
2,781.517 and 1,102.390 units, respectively		
HARTFORD GROW OPPORTUNITIES	250,498	190,486
5,336.560 and 5,278.070 units, respectively		
AB GLOBAL RE INVESTMENT R	-	49,444
- and 3,662.480 units, respectively		
LA INTOP- R3	37,121	21,998
1,748.498 and 1,427.510 units, respectively		
EAGLE SMALL CAP GROWTH - R3	-	6,038
- and 118.270 units, respectively		
Total of Registered Investment Company	<u>\$ 11,322,515</u>	<u>\$ 7,547,974</u>
Common Collective Trusts		
Level 2:		
JSSGA RUSS SC IDX VIII	-	132,554
- and 7,054.88 units, respectively		
SSGA REIT IDX NLS G	-	237,413
- and 16,416.36 units, respectively		
SSGA sap 500 IDX IX	-	176,992
- and 32,025.74 units, respectively		
SSGA sap 500 IDX IX	-	* 563,845
- and 32,025.74 units, respectively		
SSGA TARG RET INC SL IX	-	37,313
- and 3,281.12 units, respectively		
Subtotal	<u>\$ -</u>	<u>\$ 1,148,117</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 4. INVESTMENTS - SECURITIES (Continued)

	<u>2017</u>	<u>2016</u>
Level 2 Balance Forward From Previous Page	\$ -	\$ 1,148,117
Common Collective Trusts		
SSGA sap MD CP IDX NL J	-	125,461
- and 6,561.07 units, respectively		
SSGA US BD IDX SL VIII	-	286,957
- and 27,305.83 units, respectively		
Total Common Collective Trust	<u>\$ -</u>	<u>\$ 1,560,535</u>
Grand total investments	<u><u>\$ 12,124,001</u></u>	<u><u>\$ 9,887,238</u></u>
 Summary		
Level 1 Money market	<u>\$ 801,486</u>	<u>\$ 778,729</u>
Level 2 Registered investment company funds	<u>11,322,515</u>	<u>7,547,974</u>
Level 2 Common collective trust	<u>-</u>	<u>1,560,535</u>
total level 2	<u>11,322,515</u>	<u>9,108,509</u>
Grand total investments	<u><u>\$ 12,124,001</u></u>	<u><u>\$ 9,887,238</u></u>

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

The Plan investments appreciated in value for the years ended December 31, 2017 and 2016 by \$1,417,799 and \$355,434, respectively.

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, 2017 and 2016, the Plan made payments to terminated employees of \$798,776 and \$640,929, respectively.

During the year ended December 31, 2016 the Plan Distributed \$532,038 of plan assets belonging to the participants working with the Blue Heron Group, directly into a separate and independent plan effective June 22, 2016 when that company was divested and sold from Origene Technologies, Inc.

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 7. 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, 2017 were Fidelity Management Trust Company (Federal Identification Number 04-6568107) and James Hu, Plan Administrator.

The Plan obtained its latest determination letter on July 16, 2014, 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, 2017, the Plan had three prior years' tax returns, form 5500, open to tax examination. They are for the return years ended December 31, 2016, 2015 and 2014.

NOTE 8. 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>2017</u>	<u>2016</u>
Net assets available for benefits per form 5500	\$12,205,974	\$9,975,660
Contributions receivable	37,970	36,944
Corrective distributions payable	(5,779)	(8,055)
Deemed loans	-	1,500
Net assets available for benefits	<u>\$12,238,165</u>	<u>\$10,006,049</u>

SUPPLEMENTARY INFORMATION

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN

SUPPLEMENTARY INFORMATION

Sponsor EIN: 65-062670, Plan #001

December 31, 2017

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
	HTP INOP R3	Interest in Pooled Separate Accounts	See Note Below	\$ 10,181
	GOLDMAN SACHS CAPITAL GRTH R	Interest in Pooled Separate Accounts	See Note Below	406,403
	INVESCO REAL ESTATE - R	Interest in Pooled Separate Accounts	See Note Below	295,177
	FRANKLIN STRATEGIC INCOME - R	Interest in Pooled Separate Accounts	See Note Below	118,552
	VICTORY ESTABLISHED VALUE - R	Interest in Pooled Separate Accounts	See Note Below	299,690
	PUTNAM CONVERTIBLE SEC R	Interest in Pooled Separate Accounts	See Note Below	58,479
	THORNBURG LIMITED TERM INC -R	Interest in Pooled Separate Accounts	See Note Below	62,745
	PIMCO LOW DURATION FUND - R	Interest in Pooled Separate Accounts	See Note Below	182,454
	OPP DSMCGR	Interest in Pooled Separate Accounts	See Note Below	67,997
*	FIDELITY ADVISOR LEV CO STK	Interest in Pooled Separate Accounts	See Note Below	134,441
	AMC ULTRA R	Interest in Pooled Separate Accounts	See Note Below	137,048
	FRANKLIN GROWTH FUND - R	Interest in Pooled Separate Accounts	See Note Below	753,003
	GDS EMMKEQIN	Interest in Pooled Separate Accounts	See Note Below	72,272
	OPPENHEIMER GLOBAL FUND - N	Interest in Pooled Separate Accounts	See Note Below	201,828
	INVESCO INTL GROWTH - R	Interest in Pooled Separate Accounts	See Note Below	347,086
*	FID GOVT MMKT	Interest in Pooled Separate Accounts	See Note Below	801,486
*	FA FREEDOM 2020	Interest in Pooled Separate Accounts	See Note Below	563,354
*	FA FREEDOM 2030 I	Interest in Pooled Separate Accounts	See Note Below	1,433,135
*	FA FREEDOM 2040 I	Interest in Pooled Separate Accounts	See Note Below	545,803
*	FA FREEDOM INC I	Interest in Pooled Separate Accounts	See Note Below	45,311
*	FA FREEDOM 2015	Interest in Pooled Separate Accounts	See Note Below	135,534
*	FA FREEDOM 2025 I	Interest in Pooled Separate Accounts	See Note Below	88
*	FA FREEDOM 2035 I	Interest in Pooled Separate Accounts	See Note Below	22,182
	Subtotal - Continued on next page			\$ 6,694,249

* Denotes a party in interest

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, 2017

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			\$ 6,694,249
	OPPENHEIMER INTL GROWTH - N	Interest in Pooled Separate Accounts	See Note Below	165,376
	OPPENHEIMER GOLD & SP MIN - N	Interest in Pooled Separate Accounts	See Note Below	30,114
	INVESCO EUROPEAN GROWTH - R	Interest in Pooled Separate Accounts	See Note Below	6,149
	AMERCENT STRAT ALLO AGG - R	Interest in Pooled Separate Accounts	See Note Below	55,571
	AMERCENT STRAT ALLOC CNSRV	Interest in Pooled Separate Accounts	See Note Below	271,139
	AMERCENT STRATALLO MODERATE	Interest in Pooled Separate Accounts	See Note Below	50,846
	T. ROWE PRICE GRTH STK FD - R	Interest in Pooled Separate Accounts	See Note Below	324,057
	THORNBURG VALUE FUND - R3	Interest in Pooled Separate Accounts	See Note Below	368,866
*	FIDELITY ADVISOR SMALL CAP	Interest in Pooled Separate Accounts	See Note Below	249,957
	FRANKLIN UTILITIES FUND - R	Interest in Pooled Separate Accounts	See Note Below	92,536
	VIC SMCOOP R	Interest in Pooled Separate Accounts	See Note Below	130,398
	LA INTOP-R3	Interest in Pooled Separate Accounts	See Note Below	37,121
	HARTFORD GROW OPPORTUNITIES	Interest in Pooled Separate Accounts	See Note Below	250,498
	BLACKROCK CAP APPRECIATION R	Interest in Pooled Separate Accounts	See Note Below	357,116
	TEMPLETON FOREIGN FUND - R	Interest in Pooled Separate Accounts	See Note Below	266,111
	FRANKLIN SMALL CAP VALUE FO-R	Interest in Pooled Separate Accounts	See Note Below	161,928
	TOTAL INVESTMENTS			\$ 9,512,032

* Denotes a party in interest

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, 2017

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			\$ 9,512,032
*	FID 500 INDEX PR	Interest in Pooled Separate Accounts	See Note Below	821,062
*	FA FREEDOM 2045 I	Interest in Pooled Separate Accounts	See Note Below	3,372
*	FA FREEDOM 2050 I	Interest in Pooled Separate Accounts	See Note Below	334,789
*	FID US BOND IDX PR	Interest in Pooled Separate Accounts	See Note Below	146,184
*	FA FREEDOM 2055 I	Interest in Pooled Separate Accounts	See Note Below	645
*	FID MID CAP IDX PR	Interest in Pooled Separate Accounts	See Note Below	346,949
*	FID SM CAP IDX PR	Interest in Pooled Separate Accounts	See Note Below	15,683
*	FID INFL PR IDX PR	Interest in Pooled Separate Accounts	See Note Below	194,709
*	FA FREEDOM 2060 I	Interest in Pooled Separate Accounts	See Note Below	3,625
	CRLN E MID CAP GR R5	Interest in Pooled Separate Accounts	See Note Below	179,320
	AB GLOBAL RE ADV	Interest in Pooled Separate Accounts	See Note Below	34,233
	TRP INTL VAL EQ ADV	Interest in Pooled Separate Accounts	See Note Below	50,567
	AB SM CAP GRTH ADV	Interest in Pooled Separate Accounts	See Note Below	329,887
	PRU HIGH YIELD Q	Interest in Pooled Separate Accounts	See Note Below	110,016
	PRU/ J NAT RESRCS Q	Interest in Pooled Separate Accounts	See Note Below	36,329
	CRLN E SM CAP GR R5	Interest in Pooled Separate Accounts	See Note Below	4,599
				12,124,001
	ACCRUED BOND INTEREST RECEIVABLE			441
	PARTICIPANT LOANS	Interest rates at 3% to 5.25%	\$0	81,532
	TOTAL INVESTMENTS			\$ 12,205,974

* Denotes a party in interest

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

See Accountants' Report.

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

**Years Ended
December 31, 2017 and 2016
AND
INDEPENDENT AUDITORS' REPORT**

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN

Years Ended December 31, 2017 and 2016

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditors' Report	1-2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-14
Supplementary Information	
Schedule of Assets Held for Investment Purposes at December 31, 2017	16-18

1455 Research Boulevard, Suite 510
Rockville, Maryland 20850

Office: 301-762-7755
Fax: 301-762-4688
E-Mail: admin@rosenbloomcpas.com
Web: www.rosenbloomcpas.com

Member:

AICPA, Washington, D.C.
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, 2017 and 2016, 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 us not to perform, and we did not perform any auditing procedures with respect to the information certified by Fidelity Management Trust Company and Reliance Trust Company, 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 Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from November 1, 2017 to December 31, 2017, and that Reliance Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2016 and for the period January 1, 2017 to October 31, 2017. The Plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan administrator by the trustees 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
September 19, 2018

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2017 and 2016

	<u>ASSETS</u>	
	<u>2017</u>	<u>2016</u>
Investments	\$ 12,124,001	\$ 9,887,238
Contributions receivable	37,970	36,944
Notes receivable from participants	81,532	89,922
Accrued bond interest receivable	441	-
Total assets	<u>12,243,944</u>	<u>10,014,104</u>
	<u>LIABILITIES</u>	
Corrective distributions payable	<u>5,779</u>	<u>8,055</u>
Total liabilities	<u>5,779</u>	<u>8,055</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 12,238,165</u>	<u>\$ 10,006,049</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, 2017 and 2016

	2017	2016
ADDITIONS		
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 1,417,799	\$ 355,434
Investment income	523,145	224,876
Net realized gain on investments sold	4,198	55,491
	1,945,142	635,801
Less: Investment expenses	(131,970)	(47,888)
	1,813,172	587,913
Contributions:		
Participants'	1,037,981	1,073,921
Employer's	185,950	190,576
Rollovers	2,749	17,495
	1,226,680	1,281,992
Total Additions	3,039,852	1,869,905
DEDUCTIONS		
Deductions from net assets for:		
Benefits paid to participants	798,776	640,929
Distributed - Blue Heron divested	-	532,038
Administrative expenses	8,960	1,600
	807,736	1,174,567
NET INCREASE IN ASSETS AVAILABLE FOR BENEFITS	2,232,116	695,338
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	10,006,049	9,310,711
END OF YEAR	\$ 12,238,165	\$ 10,006,049

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, 2017 and 2016

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 engaged the services of Automatic Data Processing, Inc. (ADP) and Reliance Trust Company until October 2017 and thereafter, Fidelity Workplace Service LLC and Fidelity Management Trust Company to administer, manage, report, as well as execute all of the transactions of the Plan. As trustees and custodians to the plan, certifications on: investment assets, transactions, income & expense and schedules of reportable transactions were provided.

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, 2017 and 2016

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 Fidelity Management Trust Company. 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, 2017 have been evaluated by the Plan trustees through September 19, 2018, the date these statements were available for issuance. Nothing came to their attention that would require additional disclosure.

Reclassifications

Certain reclassifications have been made to the 2016 financial statements to conform to the classifications used in the 2017 financial statements.

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

The Plan is subject to the provisions of the employee retirement income security act of 1974 (ERISA). Full time 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. 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. Most Plan administration costs are being absorbed by the Plan sponsor.

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 2. DESCRIPTION OF PLAN (Continued)

The Plan provisions allow for elective salary deferrals. 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.

The Plan provisions include employer matching contributions, and profit sharing contributions – subject to sponsor discretion. For the years ended December 31, 2017 and 2016 matching contributions of \$185,950 and \$190,576 were made, respectively. Employer contributions vest after three years. Forfeitures of non-vested contributions are used to cover fees and to reduce future employer contributions. Forfeiture account balances were \$12,183 and \$11,213 for the years ended December 31, 2017 and 2016, respectively. No profit sharing contributions were made in either year, however, when made they are allocated to participants based on the ratio that the participant's compensation bears to total compensation to all eligible participants for the contribution period.

NOTE 3. LOANS RECEIVABLE - PARTICIPANTS

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

Participant loans receivable at December 31, 2017 and 2016 were \$81,532 and \$89,922, respectively. There were no loans in default or uncollectible as of December 31, 2017 and 2016. Interest income was \$3,471 and \$4,372 for the years ended December 31, 2017 and 2016, respectively.

NOTE 4. 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 as complete and accurate by Fidelity Management Trust Company and Reliance Trust Company.

Investments in registered investment company funds and in 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.

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 4. INVESTMENTS – SECURITIES (Continued)

The Plan held the following investments at December 31:

	<u>2017</u>	<u>2016</u>
Money Market Funds		
Level 1:		
FID GOVT MMKT	* \$ 801,486	\$ -
801,486.220 and - units, respectively		
SSGA CASH SERIES US GOVT L	-	* 778,729
- and 778,729.00 units, respectively		
Total money market funds	<u>\$ 801,486</u>	<u>\$ 778,729</u>

Registered investment company (Estimated Fair Value)

Level 2:

CRLN E MID CAP GR R5	179,320	-
3022.928 and - units, respectively		
AB GLOBAL RE ADV	34,233	-
2375.663 and - units, respectively		
TRP INTL VAL EQ ADV	50,567	-
3285.716 and - units, respectively		
AB SM CAP GRTH ADV	329,887	-
5887.719 and - units, respectively		
PRU HIGH YIELD Q	110,016	-
19930.516 and - units, respectively		
PRU/ J NAT RESRCS Q	36,329	-
888.665 and - units, respectively		
CRLN E SM CAP GR R5	4,599	-
73.122 and - units, respectively		
BLACKROCK CAP APPRECIATION R	357,116	234,077
12,818.221 and 12,464.140 units, respectively		
TEMPLETON FOREIGN FUND - R	266,111	228,689
33,473.119 and 33,336.560 units, respectively		
FRANKLIN SMALL CAP VALUE FO-R	161,928	116,509
2,768.006 and 2,140.920 units, respectively		
T.ROWE PRICE RETIREMENT 2020-	-	366,126
- and 18,206.170 units, respectively		
Subtotal	<u>\$ 1,530,106</u>	<u>\$ 945,401</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 4. INVESTMENTS – SECURITIES (Continued)

	<u>2017</u>	<u>2016</u>
Registered investment company (Estimated Fair Value)		
Level 2 Balance Forward From Previous Page	\$ 1,530,106	\$ 945,401
HTF INOP R3 575.871 and 458.10 units, respectively	10,181	6,665
OPP DSMCGR 3,050.544 and 2,572.45 units, respectively	67,997	41,442
GOLDMAN SACHS CAPITAL GRTH R 13,980.165 and 13,014.70 units, respectively	406,403	298,948
INVESCO REAL ESTATE - R 13,884.148 and 3,796.47 units, respectively	295,177	79,080
AMC ULTRA R 3,056.378 and 2,655.39 units, respectively	137,048	87,256
FRANKLIN STRATEGIC INCOME - R 12,035.740 and 5,591.98 units, respectively	118,552	53,627
VICTORY ESTABLISHED VALUE - R 7,383.338 and 7,273.88 units, respectively	299,690	259,968
PUTNAM CONVERTIBLE SEC R 22,950.760 and 1,949.94 units, respectively	58,479	44,810
JENNISON NATURAL RESOURCES - and 848.49 units, respectively	-	31,038
THORNBURG LIMITED TERM INC -R 4,685.986 and 4,549.09 units, respectively	62,745	60,730
PIMCO LOW DURATION FUND - R 18,504.458 and 18,165.85 units, respectively	182,454	178,934
T.ROWE PRICE RETIREMENT 2015 - and 9,123.64 units, respectively	-	127,913
FIDELITY ADVISOR LEV CO STK 3,034.789 and 1,839.16 units, respectively	134,441	87,470
GDS EMMKEQIN 6,741.773 and 7,267.96 units, respectively	72,272	58,652
FRANKLIN GROWTH FUND - R 7,955.656 and 6,932.18 units, respectively	* 753,003	* 529,272
Subtotal	<u>\$ 4,128,548</u>	<u>\$ 2,891,206</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 4. INVESTMENTS - SECURITIES (Continued)

	<u>2017</u>	<u>2016</u>
Registered investment company (Estimated Fair Value)		
Level 2 Balance Forward From Previous Page	\$ 4,128,548	\$ 2,891,206
OPPENHEIMER GLOBAL R	201,828	99,000
2,101.281 and 1,330.10 units, respectively		
T ROWE INTL GROWTH & INCOME	-	36,845
- and 2,860.66 units, respectively		
OPPENHEIMER GLBL STRAT INC N	-	78,522
- and 20,185.64 units, respectively		
INVESCO INTL GROWTH - R	347,086	283,222
9,429.114 and 9,437.60 units, respectively		
EAGLE MID CAP GROWTH R3	-	130,401
- and 2,995.66 units, respectively		
OPPENHEIMER INTL GROWTH - N	165,376	149,004
3,791.289 and 4,345.40 units, respectively		
OPPENHEIMER GOLD & SP MIN - N	30,114	33,172
1,831.756 and 2,395.10 units, respectively		
DYD HI YLD R	-	84,125
- and 15,435.83 units, respectively		
INVESCO EUROPEAN GROWTH - R	6,149	18,424
148.917 and 557.61 units, respectively		
AMERCENT STRAT ALLO AGG - R	55,571	45,232
6,735.897 and 5,866.72 units, respectively		
AMERCENT STRAT ALLOC CNSRV	271,139	237,602
46,909.888 and 42,966.02 units, respectively		
AMERCENT STRATALLO MODERATE	50,846	45,151
7,401.142 and 6,851.38 units, respectively		
T. ROWE PRICE GRTH STK FD - R	324,057	298,755
5,168.371 and 5,889.12 units, respectively		
THORNBURG VALUE FUNO - R3	368,866	394,362
5,316.599 and 7,204.28 units, respectively		
Subtotal	<u>\$ 5,949,580</u>	<u>\$ 4,825,023</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 4. INVESTMENTS - SECURITIES (Continued)

		<u>2017</u>	<u>2016</u>
Registered investment company (Estimated Fair Value)			
Level 2 Balance Forward From Previous Page		\$ 5,949,580	\$ 4,825,023
FA FREEDOM 2020	*	563,354	-
40,558.212 and - units, respectively			
FA FREEDOM 2030	*	1,433,135	-
94,846.818 and - units, respectively			
FA FREEDOM 2040	*	545,803	-
34,457.283 and - units, respectively			
FA FREEDOM INC		45,311	-
4,071.089 and - units, respectively			
FA FREEDOM 2015		135,534	-
10,630.104 and - units, respectively			
FA FREEDOM 2025		88	-
6.037 and - units, respectively			
FA FREEDOM 2035		22,182	-
1,497.792 and - units, respectively			
FID 500 INDEX PR	*	821,062	-
8,786.106 and - units, respectively			
FA FREEDOM 2045		3,372	-
273.462 and - units, respectively			
FA FREEDOM 2050		334,789	-
27,218.631 and - units, respectively			
FID US BOND IDX PR		146,184	-
12,612.932 and - units, respectively			
FA FREEDOM 2055		645	-
47.840 and - units, respectively			
FID MID CAP IDX PR		346,949	-
16,537.108 and - units, respectively			
FID SM CAP IDX PR		15,683	-
771.816 and - units, respectively			
FID INFL PR IDX PR		194,709	-
19,787.518 and - units, respectively			
FA FREEDOM 2060		3,625	-
303.359 and - units, respectively			
Subtotal		<u>\$ 10,562,005</u>	<u>\$ 4,825,023</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 4. INVESTMENTS - SECURITIES (Continued)

	<u>2017</u>	<u>2016</u>
Level 2 Balance Forward From Previous Page	\$ 10,562,005	\$ 4,825,023
Registered investment company (Estimated Fair Value)		
FIDELITY ADVISOR SMALL CAP	249,957	81,105
8,829.275 and 3,348.680 units, respectively		
FRANKLIN UTILITIES FUNO - R	92,536	196,067
4,911.659 and 11,152.820 units, respectively		
T. ROWE PRICE RETIRE 2050 - R	-	224,955
- and 17,384.490 units, respectively		
T. ROWE PRICE RETIREMENT 2030	-	* 1,117,879
- and 50,377.620 units, respectively		
T. ROWE PRICE RETIREMENT 2040	-	* 591,174
- and 25,826.720 units, respectively		
AB SMALL CAP GROWTH - R	-	197,890
- and 4,827.770 units, respectively		
VIC SMCOOP R	130,398	45,915
2,781.517 and 1,102.390 units, respectively		
HARTFORD GROW OPPORTUNITIES	250,498	190,486
5,336.560 and 5,278.070 units, respectively		
AB GLOBAL RE INVESTMENT R	-	49,444
- and 3,662.480 units, respectively		
LA INTOP- R3	37,121	21,998
1,748.498 and 1,427.510 units, respectively		
EAGLE SMALL CAP GROWTH - R3	-	6,038
- and 118.270 units, respectively		
Total of Registered Investment Company	<u>\$ 11,322,515</u>	<u>\$ 7,547,974</u>
Common Collective Trusts		
Level 2:		
JSSGA RUSS SC IDX VIII	-	132,554
- and 7,054.88 units, respectively		
SSGA REIT IDX NLS G	-	237,413
- and 16,416.36 units, respectively		
SSGA sap 500 IDX IX	-	176,992
- and 32,025.74 units, respectively		
SSGA sap 500 IDX IX	-	* 563,845
- and 32,025.74 units, respectively		
SSGA TARG RET INC SL IX	-	37,313
- and 3,281.12 units, respectively		
Subtotal	<u>\$ -</u>	<u>\$ 1,148,117</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 4. INVESTMENTS - SECURITIES (Continued)

	<u>2017</u>	<u>2016</u>
Level 2 Balance Forward From Previous Page	\$ -	\$ 1,148,117
Common Collective Trusts		
SSGA sap MD CP IDX NL J	-	125,461
- and 6,561.07 units, respectively		
SSGA US BD IDX SL VIII	-	286,957
- and 27,305.83 units, respectively		
Total Common Collective Trust	<u>\$ -</u>	<u>\$ 1,560,535</u>
Grand total investments	<u><u>\$ 12,124,001</u></u>	<u><u>\$ 9,887,238</u></u>
 Summary		
Level 1 Money market	<u>\$ 801,486</u>	<u>\$ 778,729</u>
Level 2 Registered investment company funds	11,322,515	7,547,974
Level 2 Common collective trust	<u>-</u>	<u>1,560,535</u>
total level 2	<u>11,322,515</u>	<u>9,108,509</u>
Grand total investments	<u><u>\$ 12,124,001</u></u>	<u><u>\$ 9,887,238</u></u>

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

The Plan investments appreciated in value for the years ended December 31, 2017 and 2016 by \$1,417,799 and \$355,434, respectively.

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, 2017 and 2016, the Plan made payments to terminated employees of \$798,776 and \$640,929, respectively.

During the year ended December 31, 2016 the Plan Distributed \$532,038 of plan assets belonging to the participants working with the Blue Heron Group, directly into a separate and independent plan effective June 22, 2016 when that company was divested and sold from Origene Technologies, Inc.

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 7. 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, 2017 were Fidelity Management Trust Company (Federal Identification Number 04-6568107) and James Hu, Plan Administrator.

The Plan obtained its latest determination letter on July 16, 2014, 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, 2017, the Plan had three prior years' tax returns, form 5500, open to tax examination. They are for the return years ended December 31, 2016, 2015 and 2014.

NOTE 8. 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>2017</u>	<u>2016</u>
Net assets available for benefits per form 5500	\$12,205,974	\$9,975,660
Contributions receivable	37,970	36,944
Corrective distributions payable	(5,779)	(8,055)
Deemed loans	-	1,500
Net assets available for benefits	<u>\$12,238,165</u>	<u>\$10,006,049</u>

SUPPLEMENTARY INFORMATION

ORIGENE TECHNOLOGIES, INC. 401(K) PLAN

SUPPLEMENTARY INFORMATION

Sponsor EIN: 65-062670, Plan #001

December 31, 2017

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
	HTP INOP R3	Interest in Pooled Separate Accounts	See Note Below	\$ 10,181
	GOLDMAN SACHS CAPITAL GRTH R	Interest in Pooled Separate Accounts	See Note Below	406,403
	INVESCO REAL ESTATE - R	Interest in Pooled Separate Accounts	See Note Below	295,177
	FRANKLIN STRATEGIC INCOME - R	Interest in Pooled Separate Accounts	See Note Below	118,552
	VICTORY ESTABLISHED VALUE - R	Interest in Pooled Separate Accounts	See Note Below	299,690
	PUTNAM CONVERTIBLE SEC R	Interest in Pooled Separate Accounts	See Note Below	58,479
	THORNBURG LIMITED TERM INC -R	Interest in Pooled Separate Accounts	See Note Below	62,745
	PIMCO LOW DURATION FUND - R	Interest in Pooled Separate Accounts	See Note Below	182,454
	OPP DSMCGR	Interest in Pooled Separate Accounts	See Note Below	67,997
*	FIDELITY ADVISOR LEV CO STK	Interest in Pooled Separate Accounts	See Note Below	134,441
	AMC ULTRA R	Interest in Pooled Separate Accounts	See Note Below	137,048
	FRANKLIN GROWTH FUND - R	Interest in Pooled Separate Accounts	See Note Below	753,003
	GDS EMMKEQIN	Interest in Pooled Separate Accounts	See Note Below	72,272
	OPPENHEIMER GLOBAL FUND - N	Interest in Pooled Separate Accounts	See Note Below	201,828
	INVESCO INTL GROWTH - R	Interest in Pooled Separate Accounts	See Note Below	347,086
*	FID GOVT MMKT	Interest in Pooled Separate Accounts	See Note Below	801,486
*	FA FREEDOM 2020	Interest in Pooled Separate Accounts	See Note Below	563,354
*	FA FREEDOM 2030 I	Interest in Pooled Separate Accounts	See Note Below	1,433,135
*	FA FREEDOM 2040 I	Interest in Pooled Separate Accounts	See Note Below	545,803
*	FA FREEDOM INC I	Interest in Pooled Separate Accounts	See Note Below	45,311
*	FA FREEDOM 2015	Interest in Pooled Separate Accounts	See Note Below	135,534
*	FA FREEDOM 2025 I	Interest in Pooled Separate Accounts	See Note Below	88
*	FA FREEDOM 2035 I	Interest in Pooled Separate Accounts	See Note Below	22,182
	Subtotal - Continued on next page			\$ 6,694,249

* Denotes a party in interest

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, 2017

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			\$ 6,694,249
	OPPENHEIMER INTL GROWTH - N	Interest in Pooled Separate Accounts	See Note Below	165,376
	OPPENHEIMER GOLD & SP MIN - N	Interest in Pooled Separate Accounts	See Note Below	30,114
	INVESCO EUROPEAN GROWTH - R	Interest in Pooled Separate Accounts	See Note Below	6,149
	AMERCENT STRAT ALLO AGG - R	Interest in Pooled Separate Accounts	See Note Below	55,571
	AMERCENT STRAT ALLOC CNSRV	Interest in Pooled Separate Accounts	See Note Below	271,139
	AMERCENT STRATALLO MODERATE	Interest in Pooled Separate Accounts	See Note Below	50,846
	T. ROWE PRICE GRTH STK FD - R	Interest in Pooled Separate Accounts	See Note Below	324,057
	THORNBURG VALUE FUND - R3	Interest in Pooled Separate Accounts	See Note Below	368,866
*	FIDELITY ADVISOR SMALL CAP	Interest in Pooled Separate Accounts	See Note Below	249,957
	FRANKLIN UTILITIES FUND - R	Interest in Pooled Separate Accounts	See Note Below	92,536
	VIC SMCOOP R	Interest in Pooled Separate Accounts	See Note Below	130,398
	LA INTOP-R3	Interest in Pooled Separate Accounts	See Note Below	37,121
	HARTFORD GROW OPPORTUNITIES	Interest in Pooled Separate Accounts	See Note Below	250,498
	BLACKROCK CAP APPRECIATION R	Interest in Pooled Separate Accounts	See Note Below	357,116
	TEMPLETON FOREIGN FUND - R	Interest in Pooled Separate Accounts	See Note Below	266,111
	FRANKLIN SMALL CAP VALUE FO-R	Interest in Pooled Separate Accounts	See Note Below	161,928
	TOTAL INVESTMENTS			<u>\$ 9,512,032</u>

* Denotes a party in interest

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, 2017

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			\$ 9,512,032
*	FID 500 INDEX PR	Interest in Pooled Separate Accounts	See Note Below	821,062
*	FA FREEDOM 2045 I	Interest in Pooled Separate Accounts	See Note Below	3,372
*	FA FREEDOM 2050 I	Interest in Pooled Separate Accounts	See Note Below	334,789
*	FID US BOND IDX PR	Interest in Pooled Separate Accounts	See Note Below	146,184
*	FA FREEDOM 2055 I	Interest in Pooled Separate Accounts	See Note Below	645
*	FID MID CAP IDX PR	Interest in Pooled Separate Accounts	See Note Below	346,949
*	FID SM CAP IDX PR	Interest in Pooled Separate Accounts	See Note Below	15,683
*	FID INFL PR IDX PR	Interest in Pooled Separate Accounts	See Note Below	194,709
*	FA FREEDOM 2060 I	Interest in Pooled Separate Accounts	See Note Below	3,625
	CRLN E MID CAP GR R5	Interest in Pooled Separate Accounts	See Note Below	179,320
	AB GLOBAL RE ADV	Interest in Pooled Separate Accounts	See Note Below	34,233
	TRP INTL VAL EQ ADV	Interest in Pooled Separate Accounts	See Note Below	50,567
	AB SM CAP GRTH ADV	Interest in Pooled Separate Accounts	See Note Below	329,887
	PRU HIGH YIELD Q	Interest in Pooled Separate Accounts	See Note Below	110,016
	PRU/ J NAT RESRCS Q	Interest in Pooled Separate Accounts	See Note Below	36,329
	CRLN E SM CAP GR R5	Interest in Pooled Separate Accounts	See Note Below	4,599
				12,124,001
	ACCRUED BOND INTEREST RECEIVABLE			441
	PARTICIPANT LOANS	Interest rates at 3% to 5.25%	\$0	81,532
	TOTAL INVESTMENTS			<u>\$ 12,205,974</u>

* Denotes a party in interest

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

See Accountants' Report.