

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;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>ORIGENE TECHNOLOGIES, INC. 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</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>		1c Effective date of plan <u>01/01/1998</u>	
		2b Employer Identification Number (EIN) <u>65-0626270</u>	
		2c Plan Sponsor's telephone number <u>240-620-0249</u>	
		2d Business code (see instructions) <u>325410</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	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 (2019)
v. 190130

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	5 183
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 136 6a(2) 150 6b 0 6c 49 6d 199 6e 0 6f 199 6g 175 6h 9
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

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

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

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

a Pension Schedules

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

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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

WELLS FARGO CLEARING SERVICES LLC

23-2384840

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	33196	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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?
37 60 64 65	RECORDKEEPER	-1873	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-245 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-245 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 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.
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	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FKLN SM CAP VAL 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.
FKLN STRAT INC ADV - FRANKLIN TEMP 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.
FKLN UTILITIES ADV - FRANKLIN TEMP 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.	
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.
I O DISC MD CP GR Y - INVESCO INVE 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.
I O GLOBAL Y - INVESCO INVESTMENT 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	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.
I O GOLD SPL MIN Y - INVESCO INVES 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	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.
I O INTL GROWTH Y - INVESCO INVEST 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 EUROPEAN GRTH Y - INVESCO CAN 5140 YONGE STREET, SUITE 900 TORONTO, ON M2N 6 CA	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.	
INVS INTL GROWTH R5 - INVESCO CANA 5140 YONGE STREET, SUITE 900 TORONTO, ON M2N 6 CA	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 CANA 5140 YONGE STREET, SUITE 900 TORONTO, ON M2N 6 CA	0.35%	

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.
LA INTL OPP R5 - DST SYSTEMS INC 43-1581814	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.
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 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	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.
THORNBURG VALUE R5 - DST ASSET MAN 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	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.
TRP INTL VAL EQ ADV - T. ROWE PRIC 52-2269240	0.40%

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)	(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 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)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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 Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	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)	756365	1099675
(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)	141605	85093
(9) Value of interest in common/collective trusts	1c(9)	0	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)	11334549	14132028
(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	12232519	15316796

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	12232519	15316796
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	158255	
(B) Participants	2a(1)(B)	1020172	
(C) Others (including rollovers)	2a(1)(C)	249886	
(2) Noncash contributions	2a(2)	0	1428313
(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)	20311	
(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)	6151	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		26462
(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)	682474	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		682474
(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)		0
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2285567
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		4422816

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1307216	
(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)		1307216
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)	31323	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		31323
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1338539

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3084277
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) ☐ Unmodified (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.)			
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.).....			
4d		X	
e Was this plan covered by a fidelity bond?	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?.....			
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?.....			
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.)			
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?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			
4n			

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.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

Part I	Distributions
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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): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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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
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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
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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.
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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) 2019
v. 190130

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

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

**Years Ended
December 31, 2019 and 2018
AND
INDEPENDENT AUDITORS' REPORT**

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN

Years Ended December 31, 2019 and 2018

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National Association of Certified
Valuation Analysts

Independent Auditors' Report

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

Report on the Financial Statement

We were engaged to audit the accompanying financial statements of Origene Technologies, Inc. 401(K) & Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, 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 summarized in Note 4, which was certified by Fidelity Management Trust Company, the trustee 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. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets held for investment at the end of the year as of or for the year ended December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Rosenbloom + Butler, CPAs, P.C.

Rockville, Maryland 20850
October 14, 2020

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
<u>ASSETS</u>		
Investments	\$ 15,231,702	\$ 12,090,914
Contributions receivable	61,318	33,290
Notes receivable from participants	85,093	141,605
Total assets	<u>15,378,113</u>	<u>12,265,809</u>
<u>LIABILITIES</u>		
Corrective distributions payable	-	-
Total liabilities	<u>-</u>	<u>-</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>\$ 15,378,113</u>	<u>\$ 12,265,809</u>

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

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31, 2019 and 2018

	2019	2018
ADDITIONS		
Additions to net assets attributed to:		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 2,414,066	\$ (1,653,591)
Investment income	708,582	994,677
	3,122,648	(658,914)
Less: Investment expenses	(90,420)	(70,152)
Less: Investment expenses - investment advisor	(38,079)	(35,081)
	2,994,149	(764,147)
Contributions:		
Participants'	1,029,280	1,071,540
Employer's	177,174	186,395
Rollovers	249,886	41,856
	1,456,340	1,299,791
Total Additions	4,450,489	535,644
DEDUCTIONS		
Deductions from net assets for:		
Benefits paid to participants	1,306,862	483,088
Administrative expenses	31,323	24,912
	1,338,185	508,000
NET INCREASE IN ASSETS AVAILABLE FOR BENEFITS	3,112,304	27,644
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	12,265,809	12,238,165
END OF YEAR	\$ 15,378,113	\$ 12,265,809

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

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2019 and 2018

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 are maintained on the accrual basis of accounting including participant loans. New participant loans are recorded at cost and accrued interest on loans is recorded, if material. Investments are reported at fair market value. 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 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) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2019 and 2018

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. Investment income is allocated daily to holders of share on the date of record.

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, 2019 have been evaluated by the Plan trustees through October 14, 2020, 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 2018 financial statements to conform to the classifications used in the 2019 financial statements.

NOTE 2. DESCRIPTION OF PLAN

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

401(K) & Profit Sharing 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. Employees who have completed six months of service can participate in the plan. 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. Accounts are participant directed and earnings, contributions, distributions and fees are applied directly on a daily basis to each participant depending upon the investments selected.

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2019 and 2018

NOTE 2. DESCRIPTION OF PLAN (Continued)

The Plan provisions allow for pretax and post-tax (Roth) 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. Post tax contributions (Roth) are added back to participant's taxable compensation. 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. The plan sponsor will match 100% of deferred compensation up to 4% of participants' total compensation. For the years ended December 31, 2019 and 2018 matching contributions of \$177,174 and \$186,395 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 \$37,628 and \$46,056 for the years ended December 31, 2019 and 2018, 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, 2019 and 2018 were \$85,093 and \$141,605, respectively. Interest income was \$5,797 and \$4,956 for the years ended December 31, 2019 and 2018, 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) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2019 and 2018

NOTE 4. INVESTMENTS – SECURITIES (Continued)

The Plan held the following investments at December 31:

	<u>2019</u>	<u>2018</u>
Money Market Funds		
Level 1:		
FID GOVT MMKT	* \$ 1,099,675	* \$ 756,365
1099675.480 and 756365.450 units, respectively		
Total money market funds	<u>\$ 1,099,675</u>	<u>\$ 756,365</u>
 Registered investment company		
Level 1:		
CRLN E MID CAP GR R5	306,745	233,304
4386.456 and 4408.610 units, respectively		
AB GLOBAL RE ADV	40,767	27,140
2671.488 and 2057.629 units, respectively		
TRP INTL VAL EQ ADV	52,429	38,276
3625.785 and 3106.844 units, respectively		
AB SM CAP GRTH ADV	585,250	467,729
9794.982 and 9830.362 units, respectively		
PGIM HIGH YIELD R6	278,789	113,985
45073.970 and 22263.005 units, respectively		
PGIM J NAT RSRCS R6	-	34,394
820.092 and 1183.229 units, respectively		
CRLN E SM CAP GR R5	3,884	4,643
72.688 and 102.920 units, respectively		
BLACKROCK CAP APPRECIATION R	558,813	482,753
18406.239 and 19096.232 units, respectively		
TEMPLETON FOREIGN FUND - R	202,643	235,723
28341.696 and 35933.329 units, respectively		
FRANKLIN SMALL CAP VALUE FO-R	119,296	86,790
2305.684 and 1994.718 units, respectively		
Subtotal	<u>\$ 2,148,616</u>	<u>\$ 1,724,737</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2019 and 2018

NOTE 4. INVESTMENTS – SECURITIES (Continued)

	<u>2019</u>	<u>2018</u>
Registered investment company		
Level 1 Balance Forward From Previous Page	\$ 2,148,616	\$ 1,724,737
HTF INOP R3 2454.524 and 2331.888 units, respectively	42,046	32,157
OPP DSMCGR 3301.084 and 4284.802 units, respectively	84,871	82,183
GOLDMAN SACHS CAPITAL GRTH R 19016.484 and 21388.239 units, respectively	468,756	414,504
INVESCO REAL ESTATE - R 9890.555 and 11757.426 units, respectively	216,801	220,452
AMC ULTRA R 3416.361 and 4214.463 units, respectively	185,611	176,797
FRANKLIN STRATEGIC INCOME - R 11437.511 and 10429.651 units, respectively	109,800	96,683
VICTORY ESTABLISHED VALUE - R 7803.891 and 8130.194 units, respectively	312,702	268,784
PUTNAM CONVERTIBLE SEC R 3365.780 and 3317.881 units, respectively	83,909	71,733
THORNBURG LIMITED TERM INC -R 5531.575 and 5717.413 units, respectively	74,621	75,527
PIMCO LOW DURATION FUND - R 16099.993 and 15394.549 units, respectively	157,780	149,327
FIDELITY ADVISOR LEV CO STK 2346.653 and 2179.200 units, respectively	95,626	72,001
GDS EMMKEQIN 6010.102 and 6155.355 units, respectively	58,959	54,106
FRANKLIN GROWTH FUND - R 8354.010 and 8447.228 units, respectively	* 939,325	* 761,180
Subtotal	<u>\$ 4,979,423</u>	<u>\$ 4,200,171</u>

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ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2019 and 2018

NOTE 4. INVESTMENTS - SECURITIES (Continued)

	<u>2019</u>	<u>2018</u>
Registered investment company		
Level 1 Balance Forward From Previous Page	\$ 4,979,423	\$ 4,200,171
OPPENHEIMER GLOBAL R	248,248	231,921
2581.341 and 3137.460 units, respectively		
INVESCO INTL GROWTH - R	376,408	306,621
11447.946 and 10781.318 units, respectively		
OPPENHEIMER INTL GROWTH - N	110,776	118,253
2502.846 and 3408.852 units, respectively		
OPPENHEIMER GOLD & SP MIN - N	54,213	34,107
2593.932 and 2381.785 units, respectively		
INVESCO EUROPEAN GROWTH - R	3,374	3,915
84.170 and 118.536 units, respectively		
AMERCENT STRAT ALLO AGG - R	78,713	57,052
10856.979 and 8464.698 units, respectively		
AMERCENT STRAT ALLOC CNSRV	206,467	252,255
37676.371 and 49172.514 units, respectively		
AMERCENT STRATALLO MODERATE	31,349	47,967
5139.161 and 8298.849 units, respectively		
T. ROWE PRICE GRTH STK FD - R	567,820	503,800
7737.016 and 8815.401 units, respectively		
THORNBURG VALUE FUNO - R3	378,744	362,015
4712.502 and 5806.179 units, respectively		
Subtotal	<u>\$ 7,035,535</u>	<u>\$ 6,118,077</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2019 and 2018

NOTE 4. INVESTMENTS - SECURITIES (Continued)

Registered investment company	<u>2019</u>	<u>2018</u>
Level 1 Balance Forward From Previous Page	\$ 7,035,535	\$ 6,118,077
FA FREEDOM 2020 34845.308 and 36815.688 units, respectively	465,882	444,365
FA FREEDOM 2030 113973.214 and 104967.408 units, respectively	* 1,664,009	* 1,340,434
FA FREEDOM 2040 52613.508 and 42759.129 units, respectively	* 806,565	557,151
FA FREEDOM INC 2403.455 and 3824.467 units, respectively	26,606	39,583
FA FREEDOM 2005 79.246 and 0.000 units, respectively	923	-
FA FREEDOM 2065 30.704 and 0.000 units, respectively	328	-
FA FREEDOM 2015 6803.449 and 10852.002 units, respectively	82,050	120,132
FA FREEDOM 2025 1964.476 and 1627.792 units, respectively	26,560	19,566
FA FREEDOM 2035 4324.306 and 2408.813 units, respectively	61,751	29,508
FA FREEDOM 2045 28966.534 and 3452.580 units, respectively	346,729	35,113
FA FREEDOM 2050 27267.593 and 27032.597 units, respectively	326,120	274,381
FA FREEDOM 2055 1696.783 and 447.921 units, respectively	22,601	5,044
FA FREEDOM 2060 1161.906 and 52.744 units, respectively	13,955	534
Subtotal	<u>\$ 10,879,614</u>	<u>\$ 8,983,888</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2019 and 2018

NOTE 4. INVESTMENTS - SECURITIES (Continued)

	<u>2019</u>	<u>2018</u>
Registered investment company		
Level 1 Balance Forward From Previous Page	\$ 10,879,614	\$ 8,983,888
FIDELITY ADVISOR SMALL CAP	244,716	155,000
9182.580 and 7455.525 units, respectively		
FRANKLIN UTILITIES FUNO - R	71,973	64,917
3236.176 and 3551.254 units, respectively		
VIC SMCOOP R	77,931	59,291
1720.338 and 1576.046 units, respectively		
HARTFORD GROW OPPORTUNITIES	337,623	255,879
7491.086 and 6993.130 units, respectively		
LA INTOP- R3	63,137	33,432
3657.982 and 2318.416 units, respectively		
FID 500 INDEX *	1,483,478	* 1,061,346
13242.974 and 12185.372 units, respectively		
FID INFL PR BD IDX	160,240	143,058
15896.850 and 15074.574 units, respectively		
FID MID CAP IDX	462,898	330,508
19589.440 and 17740.648 units, respectively		
FID SM CAP IDX	128,180	70,619
6095.100 and 4096.227 units, respectively		
FID US BOND IDX	222,237	176,611
18659.696 and 15656.991 units, respectively		
Total of Registered Investment Company	<u>\$ 14,132,027</u>	<u>\$ 11,334,549</u>
Grand total investments	<u><u>\$ 15,231,702</u></u>	<u><u>\$ 12,090,914</u></u>
Summary		
Level 1 Money market	\$ 1,099,675	\$ 756,365
Level 1 Registered investment company funds	14,132,027	11,334,549
Grand total investments	<u><u>\$ 15,231,702</u></u>	<u><u>\$ 12,090,914</u></u>

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

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

The Plan investments appreciated (depreciated) in value for the years ended December 31, 2019 and 2018 by \$2,109,775 and \$(1,779,158), respectively.

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2019 and 2018

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. No assets are FDIC insured.

NOTE 6. DISTRIBUTIONS

During the years ended December 31, 2019 and 2018, the Plan made participant distributions of \$1,306,862 and \$483,088, respectively.

NOTE 7. TAX STATUS

The Plan name is Origene Technologies, Inc. 401(K) & Profit Sharing Plan. The sponsor's Federal Identification Number is 65-0626270. The Plan number is 001. The trustees at December 31, 2019 and 2018 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, 2019 the Plan had three prior years' tax returns, form 5500, open to tax examination. They are for the return years ended December 31, 2018, 2017 and 2016.

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2019 and 2018

NOTE 8. RELATED PARTY

Certain plan investments are shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as related party and party-in-interest transactions. Fees paid by the Plan for the investment management services and plan administration amount to \$82,666 and \$62,447 for the years ended December 31, 2019 and 2018. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

The Plan has the following participating employers: Origene Technologies, Inc. (OTI), SDIX, LLC (SDIX), a subsidiary, and BioCheck, Inc. (BIO), a former subsidiary. OTI and SDIX are related parties through common ownership and BIO is a related party through common control.

NOTE 9. FORM 5500 RECONCILIATION

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

	<u>2019</u>	<u>2018</u>
Net assets available for benefits per form 5500	\$ 15,316,796	\$ 12,232,519
Contributions receivable	61,318	33,290
Rounding	(1)	-
Net assets available for benefits	<u>\$ 15,378,113</u>	<u>\$ 12,265,809</u>

SUPPLEMENTARY INFORMATION

SUPPLEMENTARY INFORMATION

Sponsor EIN: 65-062670, Plan #001

December 31, 2019

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	\$ 42,046
	GOLDMAN SACHS CAPITAL GRTH R	Interest in Pooled Separate Accounts	See Note Below	468,756
	INVESCO REAL ESTATE - R	Interest in Pooled Separate Accounts	See Note Below	216,801
	FRANKLIN STRATEGIC INCOME - R	Interest in Pooled Separate Accounts	See Note Below	109,800
	VICTORY ESTABLISHED VALUE - R	Interest in Pooled Separate Accounts	See Note Below	312,702
	PUTNAM CONVERTIBLE SEC R	Interest in Pooled Separate Accounts	See Note Below	83,909
	THORNBURG LIMITED TERM INC -R	Interest in Pooled Separate Accounts	See Note Below	74,621
	PIMCO LOW DURATION FUND - R	Interest in Pooled Separate Accounts	See Note Below	157,780
	OPP DSMCGR	Interest in Pooled Separate Accounts	See Note Below	84,871
*	FIDELITY ADVISOR LEV CO STK	Interest in Pooled Separate Accounts	See Note Below	95,626
	AMC ULTRA R	Interest in Pooled Separate Accounts	See Note Below	185,611
	FRANKLIN GROWTH FUND - R	Interest in Pooled Separate Accounts	See Note Below	939,325
	GDS EMMKEQIN	Interest in Pooled Separate Accounts	See Note Below	58,959
	OPPENHEIMER GLOBAL FUND - N	Interest in Pooled Separate Accounts	See Note Below	248,248
	INVESCO INTL GROWTH - R	Interest in Pooled Separate Accounts	See Note Below	376,408
*	FID GOVT MMKT	Interest in Pooled Separate Accounts	See Note Below	1,099,675
*	FA FREEDOM 2020	Interest in Pooled Separate Accounts	See Note Below	465,882
*	FA FREEDOM 2030 I	Interest in Pooled Separate Accounts	See Note Below	1,664,009
*	FA FREEDOM 2040 I	Interest in Pooled Separate Accounts	See Note Below	806,565
*	FA FREEDOM INC I	Interest in Pooled Separate Accounts	See Note Below	26,606
*	FA FREEDOM 2015	Interest in Pooled Separate Accounts	See Note Below	82,050
*	FA FREEDOM 2025 I	Interest in Pooled Separate Accounts	See Note Below	26,560
*	FA FREEDOM 2035 I	Interest in Pooled Separate Accounts	See Note Below	61,751
	Subtotal - Continued on next page			<u>\$ 7,688,561</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) & PROFIT SHARING PLAN

SUPPLEMENTARY INFORMATION

Sponsor EIN: 65-062670, Plan #001

December 31, 2019

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			\$ 7,688,561
	OPPENHEIMER INTL GROWTH - N	Interest in Pooled Separate Accounts	See Note Below	110,776
	OPPENHEIMER GOLD & SP MIN - N	Interest in Pooled Separate Accounts	See Note Below	54,213
	INVESCO EUROPEAN GROWTH - R	Interest in Pooled Separate Accounts	See Note Below	3,374
	AMERCENT STRAT ALLO AGG - R	Interest in Pooled Separate Accounts	See Note Below	78,713
	AMERCENT STRAT ALLOC CNSRV	Interest in Pooled Separate Accounts	See Note Below	206,467
	AMERCENT STRATALLO MODERATE	Interest in Pooled Separate Accounts	See Note Below	31,349
	T. ROWE PRICE GRTH STK FD - R	Interest in Pooled Separate Accounts	See Note Below	567,820
	THORNBURG VALUE FUND - R3	Interest in Pooled Separate Accounts	See Note Below	378,744
*	FIDELITY ADVISOR SMALL CAP	Interest in Pooled Separate Accounts	See Note Below	244,716
	FRANKLIN UTILITIES FUND - R	Interest in Pooled Separate Accounts	See Note Below	71,973
	VIC SMCOOP R	Interest in Pooled Separate Accounts	See Note Below	77,931
	LA INTOP-R3	Interest in Pooled Separate Accounts	See Note Below	63,137
	HARTFORD GROW OPPORTUNITIES	Interest in Pooled Separate Accounts	See Note Below	337,623
	BLACKROCK CAP APPRECIATION R	Interest in Pooled Separate Accounts	See Note Below	558,813
	TEMPLETON FOREIGN FUND - R	Interest in Pooled Separate Accounts	See Note Below	202,643
	FRANKLIN SMALL CAP VALUE FO-R	Interest in Pooled Separate Accounts	See Note Below	119,296
	TOTAL INVESTMENTS			<u>\$ 10,796,149</u>

* Denotes a party in interest

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

See Accountants' Report.

SUPPLEMENTARY INFORMATION

Sponsor EIN: 65-062670, Plan #001

December 31, 2019

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			\$ 10,796,149
*	FA FREEDOM 2045 I	Interest in Pooled Separate Accounts	See Note Below	346,729
*	FA FREEDOM 2050 I	Interest in Pooled Separate Accounts	See Note Below	326,120
*	FA FREEDOM 2055 I	Interest in Pooled Separate Accounts	See Note Below	22,601
*	FA FREEDOM 2005	Interest in Pooled Separate Accounts	See Note Below	923
*	FA FREEDOM 2065	Interest in Pooled Separate Accounts	See Note Below	328
*	FID US BOND IDX	Interest in Pooled Separate Accounts	See Note Below	222,237
*	FID 500 INDEX	Interest in Pooled Separate Accounts	See Note Below	1,483,478
*	FID MID CAP IDX	Interest in Pooled Separate Accounts	See Note Below	462,898
*	FID SM CAP IDX	Interest in Pooled Separate Accounts	See Note Below	128,180
*	FID INFL PR BD IDX	Interest in Pooled Separate Accounts	See Note Below	160,240
*	FA FREEDOM 2060 I	Interest in Pooled Separate Accounts	See Note Below	13,955
	CRLN E MID CAP GR R5	Interest in Pooled Separate Accounts	See Note Below	306,745
	AB GLOBAL RE ADV	Interest in Pooled Separate Accounts	See Note Below	40,767
	TRP INTL VAL EQ ADV	Interest in Pooled Separate Accounts	See Note Below	52,429
	AB SM CAP GRTH ADV	Interest in Pooled Separate Accounts	See Note Below	585,250
	PRU HIGH YIELD Q	Interest in Pooled Separate Accounts	See Note Below	278,789
	CRLN E SM CAP GR R5	Interest in Pooled Separate Accounts	See Note Below	3,884
				<u>15,231,702</u>
	PARTICIPANT LOANS	Interest rates at 3% to 6.5%	\$0	<u>85,093</u>
	TOTAL INVESTMENTS			<u>\$ 15,316,795</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) & PROFIT SHARING PLAN
FINANCIAL STATEMENTS**

**Years Ended
December 31, 2019 and 2018
AND
INDEPENDENT AUDITORS' REPORT**

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN

Years Ended December 31, 2019 and 2018

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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) & Profit Sharing Plan
Rockville, Maryland 20850

Report on the Financial Statement

We were engaged to audit the accompanying financial statements of Origene Technologies, Inc. 401(K) & Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, 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 summarized in Note 4, which was certified by Fidelity Management Trust Company, the trustee 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. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets held for investment at the end of the year as of or for the year ended December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Rosenbloom + Butler, CPAs, P.C.

Rockville, Maryland 20850
October 14, 2020

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
<u>ASSETS</u>		
Investments	\$ 15,231,702	\$ 12,090,914
Contributions receivable	61,318	33,290
Notes receivable from participants	85,093	141,605
Total assets	<u>15,378,113</u>	<u>12,265,809</u>
<u>LIABILITIES</u>		
Corrective distributions payable	-	-
Total liabilities	<u>-</u>	<u>-</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>\$ 15,378,113</u>	<u>\$ 12,265,809</u>

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

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31, 2019 and 2018

	2019	2018
ADDITIONS		
Additions to net assets attributed to:		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 2,414,066	\$ (1,653,591)
Investment income	708,582	994,677
	3,122,648	(658,914)
Less: Investment expenses	(90,420)	(70,152)
Less: Investment expenses - investment advisor	(38,079)	(35,081)
	2,994,149	(764,147)
Contributions:		
Participants'	1,029,280	1,071,540
Employer's	177,174	186,395
Rollovers	249,886	41,856
	1,456,340	1,299,791
Total Additions	4,450,489	535,644
DEDUCTIONS		
Deductions from net assets for:		
Benefits paid to participants	1,306,862	483,088
Administrative expenses	31,323	24,912
	1,338,185	508,000
NET INCREASE IN ASSETS AVAILABLE FOR BENEFITS	3,112,304	27,644
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	12,265,809	12,238,165
END OF YEAR	\$ 15,378,113	\$ 12,265,809

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

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2019 and 2018

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 are maintained on the accrual basis of accounting including participant loans. New participant loans are recorded at cost and accrued interest on loans is recorded, if material. Investments are reported at fair market value. 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 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) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2019 and 2018

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. Investment income is allocated daily to holders of share on the date of record.

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, 2019 have been evaluated by the Plan trustees through October 14, 2020, 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 2018 financial statements to conform to the classifications used in the 2019 financial statements.

NOTE 2. DESCRIPTION OF PLAN

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

401(K) & Profit Sharing 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. Employees who have completed six months of service can participate in the plan. 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. Accounts are participant directed and earnings, contributions, distributions and fees are applied directly on a daily basis to each participant depending upon the investments selected.

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2019 and 2018

NOTE 2. DESCRIPTION OF PLAN (Continued)

The Plan provisions allow for pretax and post-tax (Roth) 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. Post tax contributions (Roth) are added back to participant's taxable compensation. 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. The plan sponsor will match 100% of deferred compensation up to 4% of participants' total compensation. For the years ended December 31, 2019 and 2018 matching contributions of \$177,174 and \$186,395 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 \$37,628 and \$46,056 for the years ended December 31, 2019 and 2018, 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, 2019 and 2018 were \$85,093 and \$141,605, respectively. Interest income was \$5,797 and \$4,956 for the years ended December 31, 2019 and 2018, 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) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2019 and 2018

NOTE 4. INVESTMENTS – SECURITIES (Continued)

The Plan held the following investments at December 31:

	<u>2019</u>	<u>2018</u>
Money Market Funds		
Level 1:		
FID GOVT MMKT	* \$ 1,099,675	* \$ 756,365
1099675.480 and 756365.450 units, respectively		
Total money market funds	<u>\$ 1,099,675</u>	<u>\$ 756,365</u>
 Registered investment company		
Level 1:		
CRLN E MID CAP GR R5	306,745	233,304
4386.456 and 4408.610 units, respectively		
AB GLOBAL RE ADV	40,767	27,140
2671.488 and 2057.629 units, respectively		
TRP INTL VAL EQ ADV	52,429	38,276
3625.785 and 3106.844 units, respectively		
AB SM CAP GRTH ADV	585,250	467,729
9794.982 and 9830.362 units, respectively		
PGIM HIGH YIELD R6	278,789	113,985
45073.970 and 22263.005 units, respectively		
PGIM J NAT RSRCS R6	-	34,394
820.092 and 1183.229 units, respectively		
CRLN E SM CAP GR R5	3,884	4,643
72.688 and 102.920 units, respectively		
BLACKROCK CAP APPRECIATION R	558,813	482,753
18406.239 and 19096.232 units, respectively		
TEMPLETON FOREIGN FUND - R	202,643	235,723
28341.696 and 35933.329 units, respectively		
FRANKLIN SMALL CAP VALUE FO-R	119,296	86,790
2305.684 and 1994.718 units, respectively		
Subtotal	<u>\$ 2,148,616</u>	<u>\$ 1,724,737</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2019 and 2018

NOTE 4. INVESTMENTS – SECURITIES (Continued)

	<u>2019</u>	<u>2018</u>
Registered investment company		
Level 1 Balance Forward From Previous Page	\$ 2,148,616	\$ 1,724,737
HTF INOP R3 2454.524 and 2331.888 units, respectively	42,046	32,157
OPP DSMCGR 3301.084 and 4284.802 units, respectively	84,871	82,183
GOLDMAN SACHS CAPITAL GRTH R 19016.484 and 21388.239 units, respectively	468,756	414,504
INVESCO REAL ESTATE - R 9890.555 and 11757.426 units, respectively	216,801	220,452
AMC ULTRA R 3416.361 and 4214.463 units, respectively	185,611	176,797
FRANKLIN STRATEGIC INCOME - R 11437.511 and 10429.651 units, respectively	109,800	96,683
VICTORY ESTABLISHED VALUE - R 7803.891 and 8130.194 units, respectively	312,702	268,784
PUTNAM CONVERTIBLE SEC R 3365.780 and 3317.881 units, respectively	83,909	71,733
THORNBURG LIMITED TERM INC -R 5531.575 and 5717.413 units, respectively	74,621	75,527
PIMCO LOW DURATION FUND - R 16099.993 and 15394.549 units, respectively	157,780	149,327
FIDELITY ADVISOR LEV CO STK 2346.653 and 2179.200 units, respectively	95,626	72,001
GDS EMMKEQIN 6010.102 and 6155.355 units, respectively	58,959	54,106
FRANKLIN GROWTH FUND - R 8354.010 and 8447.228 units, respectively	* 939,325	* 761,180
Subtotal	<u>\$ 4,979,423</u>	<u>\$ 4,200,171</u>

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ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2019 and 2018

NOTE 4. INVESTMENTS - SECURITIES (Continued)

	<u>2019</u>	<u>2018</u>
Registered investment company		
Level 1 Balance Forward From Previous Page	\$ 4,979,423	\$ 4,200,171
OPPENHEIMER GLOBAL R	248,248	231,921
2581.341 and 3137.460 units, respectively		
INVESCO INTL GROWTH - R	376,408	306,621
11447.946 and 10781.318 units, respectively		
OPPENHEIMER INTL GROWTH - N	110,776	118,253
2502.846 and 3408.852 units, respectively		
OPPENHEIMER GOLD & SP MIN - N	54,213	34,107
2593.932 and 2381.785 units, respectively		
INVESCO EUROPEAN GROWTH - R	3,374	3,915
84.170 and 118.536 units, respectively		
AMERCENT STRAT ALLO AGG - R	78,713	57,052
10856.979 and 8464.698 units, respectively		
AMERCENT STRAT ALLOC CNSRV	206,467	252,255
37676.371 and 49172.514 units, respectively		
AMERCENT STRATALLO MODERATE	31,349	47,967
5139.161 and 8298.849 units, respectively		
T. ROWE PRICE GRTH STK FD - R	567,820	503,800
7737.016 and 8815.401 units, respectively		
THORNBURG VALUE FUNO - R3	378,744	362,015
4712.502 and 5806.179 units, respectively		
Subtotal	<u>\$ 7,035,535</u>	<u>\$ 6,118,077</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2019 and 2018

NOTE 4. INVESTMENTS - SECURITIES (Continued)

Registered investment company	<u>2019</u>	<u>2018</u>
Level 1 Balance Forward From Previous Page	\$ 7,035,535	\$ 6,118,077
FA FREEDOM 2020 34845.308 and 36815.688 units, respectively	465,882	444,365
FA FREEDOM 2030 113973.214 and 104967.408 units, respectively	* 1,664,009	* 1,340,434
FA FREEDOM 2040 52613.508 and 42759.129 units, respectively	* 806,565	557,151
FA FREEDOM INC 2403.455 and 3824.467 units, respectively	26,606	39,583
FA FREEDOM 2005 79.246 and 0.000 units, respectively	923	-
FA FREEDOM 2065 30.704 and 0.000 units, respectively	328	-
FA FREEDOM 2015 6803.449 and 10852.002 units, respectively	82,050	120,132
FA FREEDOM 2025 1964.476 and 1627.792 units, respectively	26,560	19,566
FA FREEDOM 2035 4324.306 and 2408.813 units, respectively	61,751	29,508
FA FREEDOM 2045 28966.534 and 3452.580 units, respectively	346,729	35,113
FA FREEDOM 2050 27267.593 and 27032.597 units, respectively	326,120	274,381
FA FREEDOM 2055 1696.783 and 447.921 units, respectively	22,601	5,044
FA FREEDOM 2060 1161.906 and 52.744 units, respectively	13,955	534
Subtotal	<u>\$ 10,879,614</u>	<u>\$ 8,983,888</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2019 and 2018

NOTE 4. INVESTMENTS - SECURITIES (Continued)

	<u>2019</u>	<u>2018</u>
Registered investment company		
Level 1 Balance Forward From Previous Page	\$ 10,879,614	\$ 8,983,888
FIDELITY ADVISOR SMALL CAP	244,716	155,000
9182.580 and 7455.525 units, respectively		
FRANKLIN UTILITIES FUNO - R	71,973	64,917
3236.176 and 3551.254 units, respectively		
VIC SMCOOP R	77,931	59,291
1720.338 and 1576.046 units, respectively		
HARTFORD GROW OPPORTUNITIES	337,623	255,879
7491.086 and 6993.130 units, respectively		
LA INTOP- R3	63,137	33,432
3657.982 and 2318.416 units, respectively		
FID 500 INDEX *	1,483,478	* 1,061,346
13242.974 and 12185.372 units, respectively		
FID INFL PR BD IDX	160,240	143,058
15896.850 and 15074.574 units, respectively		
FID MID CAP IDX	462,898	330,508
19589.440 and 17740.648 units, respectively		
FID SM CAP IDX	128,180	70,619
6095.100 and 4096.227 units, respectively		
FID US BOND IDX	222,237	176,611
18659.696 and 15656.991 units, respectively		
Total of Registered Investment Company	<u>\$ 14,132,027</u>	<u>\$ 11,334,549</u>
Grand total investments	<u><u>\$ 15,231,702</u></u>	<u><u>\$ 12,090,914</u></u>
Summary		
Level 1 Money market	\$ 1,099,675	\$ 756,365
Level 1 Registered investment company funds	14,132,027	11,334,549
Grand total investments	<u><u>\$ 15,231,702</u></u>	<u><u>\$ 12,090,914</u></u>

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

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

The Plan investments appreciated (depreciated) in value for the years ended December 31, 2019 and 2018 by \$2,109,775 and \$(1,779,158), respectively.

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2019 and 2018

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. No assets are FDIC insured.

NOTE 6. DISTRIBUTIONS

During the years ended December 31, 2019 and 2018, the Plan made participant distributions of \$1,306,862 and \$483,088, respectively.

NOTE 7. TAX STATUS

The Plan name is Origene Technologies, Inc. 401(K) & Profit Sharing Plan. The sponsor's Federal Identification Number is 65-0626270. The Plan number is 001. The trustees at December 31, 2019 and 2018 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, 2019 the Plan had three prior years' tax returns, form 5500, open to tax examination. They are for the return years ended December 31, 2018, 2017 and 2016.

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2019 and 2018

NOTE 8. RELATED PARTY

Certain plan investments are shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as related party and party-in-interest transactions. Fees paid by the Plan for the investment management services and plan administration amount to \$82,666 and \$62,447 for the years ended December 31, 2019 and 2018. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

The Plan has the following participating employers: Origene Technologies, Inc. (OTI), SDIX, LLC (SDIX), a subsidiary, and BioCheck, Inc. (BIO), a former subsidiary. OTI and SDIX are related parties through common ownership and BIO is a related party through common control.

NOTE 9. FORM 5500 RECONCILIATION

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

	<u>2019</u>	<u>2018</u>
Net assets available for benefits per form 5500	\$ 15,316,796	\$ 12,232,519
Contributions receivable	61,318	33,290
Rounding	(1)	-
Net assets available for benefits	<u>\$ 15,378,113</u>	<u>\$ 12,265,809</u>

SUPPLEMENTARY INFORMATION

SUPPLEMENTARY INFORMATION

Sponsor EIN: 65-062670, Plan #001

December 31, 2019

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	\$ 42,046
	GOLDMAN SACHS CAPITAL GRTH R	Interest in Pooled Separate Accounts	See Note Below	468,756
	INVESCO REAL ESTATE - R	Interest in Pooled Separate Accounts	See Note Below	216,801
	FRANKLIN STRATEGIC INCOME - R	Interest in Pooled Separate Accounts	See Note Below	109,800
	VICTORY ESTABLISHED VALUE - R	Interest in Pooled Separate Accounts	See Note Below	312,702
	PUTNAM CONVERTIBLE SEC R	Interest in Pooled Separate Accounts	See Note Below	83,909
	THORNBURG LIMITED TERM INC - R	Interest in Pooled Separate Accounts	See Note Below	74,621
	PIMCO LOW DURATION FUND - R	Interest in Pooled Separate Accounts	See Note Below	157,780
	OPP DSMCGR	Interest in Pooled Separate Accounts	See Note Below	84,871
*	FIDELITY ADVISOR LEV CO STK	Interest in Pooled Separate Accounts	See Note Below	95,626
	AMC ULTRA R	Interest in Pooled Separate Accounts	See Note Below	185,611
	FRANKLIN GROWTH FUND - R	Interest in Pooled Separate Accounts	See Note Below	939,325
	GDS EMMKEQIN	Interest in Pooled Separate Accounts	See Note Below	58,959
	OPPENHEIMER GLOBAL FUND - N	Interest in Pooled Separate Accounts	See Note Below	248,248
	INVESCO INTL GROWTH - R	Interest in Pooled Separate Accounts	See Note Below	376,408
*	FID GOVT MMKT	Interest in Pooled Separate Accounts	See Note Below	1,099,675
*	FA FREEDOM 2020	Interest in Pooled Separate Accounts	See Note Below	465,882
*	FA FREEDOM 2030 I	Interest in Pooled Separate Accounts	See Note Below	1,664,009
*	FA FREEDOM 2040 I	Interest in Pooled Separate Accounts	See Note Below	806,565
*	FA FREEDOM INC I	Interest in Pooled Separate Accounts	See Note Below	26,606
*	FA FREEDOM 2015	Interest in Pooled Separate Accounts	See Note Below	82,050
*	FA FREEDOM 2025 I	Interest in Pooled Separate Accounts	See Note Below	26,560
*	FA FREEDOM 2035 I	Interest in Pooled Separate Accounts	See Note Below	61,751
	Subtotal - Continued on next page			<u>\$ 7,688,561</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) & PROFIT SHARING PLAN

SUPPLEMENTARY INFORMATION

Sponsor EIN: 65-062670, Plan #001

December 31, 2019

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			\$ 7,688,561
	OPPENHEIMER INTL GROWTH - N	Interest in Pooled Separate Accounts	See Note Below	110,776
	OPPENHEIMER GOLD & SP MIN - N	Interest in Pooled Separate Accounts	See Note Below	54,213
	INVESCO EUROPEAN GROWTH - R	Interest in Pooled Separate Accounts	See Note Below	3,374
	AMERCENT STRAT ALLO AGG - R	Interest in Pooled Separate Accounts	See Note Below	78,713
	AMERCENT STRAT ALLOC CNSRV	Interest in Pooled Separate Accounts	See Note Below	206,467
	AMERCENT STRATALLO MODERATE	Interest in Pooled Separate Accounts	See Note Below	31,349
	T. ROWE PRICE GRTH STK FD - R	Interest in Pooled Separate Accounts	See Note Below	567,820
	THORNBURG VALUE FUND - R3	Interest in Pooled Separate Accounts	See Note Below	378,744
*	FIDELITY ADVISOR SMALL CAP	Interest in Pooled Separate Accounts	See Note Below	244,716
	FRANKLIN UTILITIES FUND - R	Interest in Pooled Separate Accounts	See Note Below	71,973
	VIC SMCOOP R	Interest in Pooled Separate Accounts	See Note Below	77,931
	LA INTOP-R3	Interest in Pooled Separate Accounts	See Note Below	63,137
	HARTFORD GROW OPPORTUNITIES	Interest in Pooled Separate Accounts	See Note Below	337,623
	BLACKROCK CAP APPRECIATION R	Interest in Pooled Separate Accounts	See Note Below	558,813
	TEMPLETON FOREIGN FUND - R	Interest in Pooled Separate Accounts	See Note Below	202,643
	FRANKLIN SMALL CAP VALUE FO-R	Interest in Pooled Separate Accounts	See Note Below	119,296
	TOTAL INVESTMENTS			<u>\$ 10,796,149</u>

* Denotes a party in interest

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

See Accountants' Report.

SUPPLEMENTARY INFORMATION

Sponsor EIN: 65-062670, Plan #001

December 31, 2019

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			\$ 10,796,149
*	FA FREEDOM 2045 I	Interest in Pooled Separate Accounts	See Note Below	346,729
*	FA FREEDOM 2050 I	Interest in Pooled Separate Accounts	See Note Below	326,120
*	FA FREEDOM 2055 I	Interest in Pooled Separate Accounts	See Note Below	22,601
*	FA FREEDOM 2005	Interest in Pooled Separate Accounts	See Note Below	923
*	FA FREEDOM 2065	Interest in Pooled Separate Accounts	See Note Below	328
*	FID US BOND IDX	Interest in Pooled Separate Accounts	See Note Below	222,237
*	FID 500 INDEX	Interest in Pooled Separate Accounts	See Note Below	1,483,478
*	FID MID CAP IDX	Interest in Pooled Separate Accounts	See Note Below	462,898
*	FID SM CAP IDX	Interest in Pooled Separate Accounts	See Note Below	128,180
*	FID INFL PR BD IDX	Interest in Pooled Separate Accounts	See Note Below	160,240
*	FA FREEDOM 2060 I	Interest in Pooled Separate Accounts	See Note Below	13,955
	CRLN E MID CAP GR R5	Interest in Pooled Separate Accounts	See Note Below	306,745
	AB GLOBAL RE ADV	Interest in Pooled Separate Accounts	See Note Below	40,767
	TRP INTL VAL EQ ADV	Interest in Pooled Separate Accounts	See Note Below	52,429
	AB SM CAP GRTH ADV	Interest in Pooled Separate Accounts	See Note Below	585,250
	PRU HIGH YIELD Q	Interest in Pooled Separate Accounts	See Note Below	278,789
	CRLN E SM CAP GR R5	Interest in Pooled Separate Accounts	See Note Below	3,884
				<u>15,231,702</u>
	PARTICIPANT LOANS	Interest rates at 3% to 6.5%	\$0	<u>85,093</u>
	TOTAL INVESTMENTS			<u>\$ 15,316,795</u>

* Denotes a party in interest

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

See Accountants' Report.