

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: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1998</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1998</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ORIGENE TECHNOLOGIES, INC.</u> <u>9620 MEDICAL CENTER DR STE 200</u> <u>ROCKVILLE, MD 20850</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>65-0626270</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>240-620-0249</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>325410</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>65-0626270</u>	2c Plan Sponsor's telephone number <u>240-620-0249</u>	2d Business code (see instructions) <u>325410</u>	
2b Employer Identification Number (EIN) <u>65-0626270</u>					
2c Plan Sponsor's telephone number <u>240-620-0249</u>					
2d Business code (see instructions) <u>325410</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/30/2021	DAVID LUONG
	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 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
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	199
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	150
a(2) Total number of active participants at the end of the plan year		6a(2)	160
b Retired or separated participants receiving benefits.....		6b	1
c Other retired or separated participants entitled to future benefits		6c	50
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	211
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	211
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	174
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	8
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: 2G 2J 2K 2T 3H 3D 2E 2F			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
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	36664	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	1230	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		0.15%
44-0619208		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AM CENT SA CONS I - AMERICAN CENTU 44-0619208	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AM CENT SA MOD I - AMERICAN CENTUR 44-0619208	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AM CENTURY ULTRA I - AMERICAN CENT 44-0619208	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLKRK CAP APPR I - BNY MELLON INVE P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CRLN E MID CAP GR R5 - U.S. BANK N 31-0841368	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. BANK N. 31-0841368	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.	
DWS SCI & TECH S - DWS SERVICE COM DEAWM SERVICE COMPANY 210 W. 10TH STREET KANSAS CITY, MO 64105	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.	
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%	

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 UTILITIES 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.	
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%	

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.	
GS EM MKT EQ INS INV - GOLDMAN SAC 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.	
HTFD GRTH OPPS 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 OPPS R5 - HARTFORD ADMIN 41-0679409	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.
I O INTL GROWTH Y - INVESCO INVEST 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.
INVS DISC MD CP GR Y - INVESCO INV 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.
INVS EUROPEAN GRTH Y - INVESCO CAN 5140 YONGE STREET, SUITE 900 TORONTO, ON M2N 6 CA	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		
INVS 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		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
INVS GOLD SPL MIN Y - INVESCO INVE	11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
INVS INTL GROWTH 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.
INVS REAL ESTATE 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.
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%

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.	
TEMPLETON FOREIGN AD - FRANKLIN TE 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.	
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 - THORNBURG INV 2300 NORTH RIDGETOP ROAD SANTA FE, NM 87506	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.	
TRP INTL VAL EQ ADV - T. ROWE PRIC 52-2269240	0.40%	
(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%	

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> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>ORIGENE TECHNOLOGIES, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ORIGENE TECHNOLOGIES, INC.</u>	D Employer Identification Number (EIN) <u>65-0626270</u>	

Part I Asset and Liability Statement			
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)	1099675	1135434
(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)	85093	98985
(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)	14132028	17073213
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(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	15316796	18307632

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	15316796	18307632
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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)	310301	
(B) Participants	2a(1)(B)	1097950	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	1408251
(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)	2679	
(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)	5043	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7722
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	805148
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	805148	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		805148
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	0
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		2094573
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		4315694

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1281788	
(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)		1281788
f Corrective distributions (see instructions)	2f		5176
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)	37894	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		37894
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1324858

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2990836
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: 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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
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		X	
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

<div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>	<div>1</div>
<div>2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107</div>	
<div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>	
<div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year</div>	<div>3</div>

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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<div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>If the plan is a defined benefit plan, go to line 8.</div>	
<div>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.</div>	
<div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)</div>	<div>6a</div>
<div>b Enter the amount contributed by the employer to the plan for this plan year</div>	<div>6b</div>
<div>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).....</div>	<div>6c</div>
<div>If you completed line 6c, skip lines 8 and 9.</div>	
<div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>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?</div>	<div>☐ Yes ☐ No ☐ N/A</div>

Part III	Amendments
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<div>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.....</div>	<div>☐ Increase ☐ Decrease ☐ Both ☐ No</div>
--	--

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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<div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?</div>	<div>☐ Yes ☐ No</div>
<div>11 a Does the ESOP hold any preferred stock?</div>	<div>☐ Yes ☐ No</div>
<div>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.)</div>	<div>☐ Yes ☐ No</div>
<div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?</div>	<div>☐ Yes ☐ No</div>

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

Schedule R (Form 5500) 2020
v. 200204

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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, 2020 and 2019
AND
INDEPENDENT AUDITORS' REPORT**

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

Years Ended December 31, 2020 and 2019

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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, 2020 and 2019, 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, 2020 and 2019, 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, 2020, 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
November 22, 2021

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
<u>ASSETS</u>		
Investments	\$ 18,208,647	\$ 15,231,702
Contributions receivable	38,807	61,318
Notes receivable from participants	<u>98,985</u>	<u>85,093</u>
Total assets	<u>18,346,439</u>	<u>15,378,113</u>
<u>LIABILITIES</u>		
Corrective distributions payable	<u>-</u>	<u>-</u>
Total liabilities	<u>-</u>	<u>-</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>\$ 18,346,439</u>	<u>\$ 15,378,113</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, 2020 and 2019

	2020	2019
ADDITIONS		
Additions to net assets attributed to:		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 2,250,268	\$ 2,414,066
Investment income	812,782	708,582
	3,063,050	3,122,648
Less: Investment expenses	(110,970)	(90,420)
Less: Investment expenses - investment advisor	(45,522)	(38,079)
	2,906,558	2,994,149
Contributions:		
Participants'	1,089,890	1,029,280
Employer's	295,850	177,174
Rollovers	-	249,886
	1,385,740	1,456,340
Total Additions	4,292,298	4,450,489
DEDUCTIONS		
Deductions from net assets for:		
Benefits paid to participants	1,286,078	1,306,862
Administrative expenses	37,894	31,323
	1,323,972	1,338,185
NET INCREASE IN ASSETS AVAILABLE FOR BENEFITS	2,968,326	3,112,304
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	15,378,113	12,265,809
END OF YEAR	\$ 18,346,439	\$ 15,378,113

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, 2020 and 2019

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, 2020 and 2019

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, 2020 have been evaluated by the Plan trustees through November 22, 2021, 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 2019 financial statements to conform to the classifications used in the 2020 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, 2020 and 2019

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, 2020 and 2019 matching contributions of \$295,850 and \$177,174 were made, respectively. Employer contributions vest after three years. Forfeiture account balances were \$20,140 and \$37,628 for the years ended December 31, 2020 and 2019, respectively. Forfeitures of non-vested contributions were used to cover fees and to reduce future employer contributions by \$41,171 and \$0 for the years ended December 31, 2020 and 2019, 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, 2020 and 2019 were \$98,985 and \$85,093, respectively. Interest income was \$5,043 and \$5,797 for the years ended December 31, 2020 and 2019, 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, 2020 and 2019

NOTE 4. INVESTMENTS – SECURITIES (Continued)

The Plan held the following investments at December 31:

	<u>2020</u>	<u>2019</u>
Money Market Funds		
Level 1:		
FID GOVT MMKT	* \$ 1,135,434	* \$ 1,099,675
1,135,434.210 and 1,099,675.480 units, respectively		
Total money market funds	<u>\$ 1,135,434</u>	<u>\$ 1,099,675</u>
 Registered investment company		
Level 1:		
CRLN E MID CAP GR R5	619,602	306,745
6,452.848 and 4,386.456 units, respectively		
AB GLOBAL RE ADV	16,159	40,767
1,129.189 and 2,671.488 units, respectively		
TRP INTL VAL EQ ADV	60,027	52,429
4,159.845 and 3,625.785 units, respectively		
AB SM CAP GRTH ADV	* 819,578	585,250
9,718.705 and 9,794.982 units, respectively		
PGIM HIGH YIELD R6	305,128	251,513
55,377.151 and 45,073.970 units, respectively		
PGIM J NAT RSRCS R6	4,483	27,276
122.625 and 820.092 units, respectively		
CRLN E SM CAP GR R5	68,850	3,884
1,093.899 and 72.688 units, respectively		
BLACKROCK CAP APPRECIATION R	726,032	558,813
17,878.150 and 18,406.239 units, respectively		
TEMPLETON FOREIGN FUND - R	154,684	202,643
22,066.165 and 28,341.696 units, respectively		
FRANKLIN SMALL CAP VALUE FO-R	117,067	119,296
2,191.449 and 2,305.684 units, respectively		
Subtotal	<u>\$ 2,891,610</u>	<u>\$ 2,148,616</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2020 and 2019

NOTE 4. INVESTMENTS – SECURITIES (Continued)

	<u>2020</u>	<u>2019</u>
Registered investment company		
Level 1 Balance Forward From Previous Page	\$ 2,891,610	\$ 2,148,616
HTF INOP R3 2,686.824 and 2,454.524 units, respectively	55,161	42,046
OPP DSMCGR 5,596.117 and 3,301.084 units, respectively	195,864	84,871
GOLDMAN SACHS CAPITAL GRTH R 16,600.698 and 19,016.484 units, respectively	484,574	468,756
INVESCO REAL ESTATE - R 9,071.681 and 9,890.555 units, respectively	164,197	216,801
AMC ULTRA R 9,872.621 and 3,416.361 units, respectively	* 783,392	185,611
FRANKLIN STRATEGIC INCOME - R 10,089.079 and 11,437.511 units, respectively	96,149	109,800
VICTORY ESTABLISHED VALUE - R 8,119.576 and 7,803.891 units, respectively	332,091	312,702
PUTNAM CONVERTIBLE SEC R 4,082.331 and 3,365.780 units, respectively	131,737	83,909
THORNBURG LIMITED TERM INC -R 6,231.586 and 5,531.575 units, respectively	87,554	74,621
PIMCO LOW DURATION FUND - R 16,389.983 and 16,099.993 units, respectively	163,080	157,780
FIDELITY ADVISOR LEV CO STK 3,318.227 and 2,346.653 units, respectively	169,561	95,626
GDS EMMKEQIN 9,218.480 and 6,010.102 units, respectively	107,764	58,959
FRANKLIN GROWTH FUND - R 6,239.235 and 8,354.010 units, respectively	* 847,538	* 939,325
Subtotal	<u>\$ 6,510,272</u>	<u>\$ 4,979,423</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2020 and 2019

NOTE 4. INVESTMENTS - SECURITIES (Continued)

	<u>2020</u>	<u>2019</u>
Registered investment company		
Level 1 Balance Forward From Previous Page	\$ 6,510,272	\$ 4,979,423
OPPENHEIMER GLOBAL R	296,329	248,248
2,550.821 and 2,581.341 units, respectively		
INVESCO INTL GROWTH - R	206,870	376,408
6,259.294 and 11,447.946 units, respectively		
OPPENHEIMER INTL GROWTH - N	91,365	110,776
1,948.500 and 2,502.846 units, respectively		
OPPENHEIMER GOLD & SP MIN - N	194,140	54,213
6,941.015 and 2,593.932 units, respectively		
INVESCO EUROPEAN GROWTH - R	3,369	3,374
85.198 and 84.170 units, respectively		
AMERCENT STRAT ALLO AGG - R	84,476	78,713
10,506.978 and 10,856.979 units, respectively		
AMERCENT STRAT ALLOC CNSRV	218,141	206,467
36,539.566 and 37,676.371 units, respectively		
AMERCENT STRATALLO MODERATE	10,065	31,349
1,493.353 and 5,139.161 units, respectively		
T. ROWE PRICE GRTH STK FD - R	918,906	567,820
9,475.210 and 7,737.016 units, respectively		
THORNBURG VALUE FUNO - R3	391,694	378,744
4,356.997 and 4,712.502 units, respectively		
Subtotal	<u>\$ 8,925,627</u>	<u>\$ 7,035,535</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2020 and 2019

NOTE 4. INVESTMENTS - SECURITIES (Continued)

Registered investment company	<u>2020</u>	<u>2019</u>
Level 1 Balance Forward From Previous Page	\$ 8,925,627	\$ 7,035,535
FA FREEDOM 2020 30,338.407 and 34,845.308 units, respectively	426,255	465,882
FA FREEDOM 2030 112,202.807 and 113,973.214 units, respectively	* 1,753,730	* 1,664,009
FA FREEDOM 2040 59,805.807 and 52,613.508 units, respectively	* 1,005,336	* 806,565
FA FREEDOM INC 2,266.121 and 2,403.455 units, respectively	26,242	26,606
FA FREEDOM 2005 685.330 and 79.246 units, respectively	8,286	923
FA FREEDOM 2065 550.816 and 30.704 units, respectively	6,703	328
FA FREEDOM 2015 7,683.841 and 6,803.449 units, respectively	96,432	82,050
FA FREEDOM 2025 846.142 and 1,964.476 units, respectively	12,201	26,560
FA FREEDOM 2035 9,499.254 and 4,324.306 units, respectively	147,238	61,751
FA FREEDOM 2045 33,138.424 and 28,966.534 units, respectively	438,090	346,729
FA FREEDOM 2050 27,502.051 and 27,267.593 units, respectively	363,302	326,120
FA FREEDOM 2055 3,710.936 and 1,696.783 units, respectively	54,773	22,601
FA FREEDOM 2060 2,996.828 and 1,161.906 units, respectively	40,128	13,955
Subtotal	<u>\$ 13,304,343</u>	<u>\$ 10,879,614</u>

Continued on Next Page

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2020 and 2019

NOTE 4. INVESTMENTS - SECURITIES (Continued)

	<u>2020</u>	<u>2019</u>
Registered investment company		
Level 1 Balance Forward From Previous Page	\$ 13,304,343	\$ 10,879,614
FIDELITY ADVISOR SMALL CAP 9,848.114 and 9,182.580 units, respectively	301,057	244,716
FRANKLIN UTILITIES FUNO - R 3,795.338 and 3,236.176 units, respectively	75,375	71,973
VIC SMCOOP R 1,361.502 and 1,720.338 units, respectively	63,963	77,931
HARTFORD GROW OPPORTUNITIES 6,273.553 and 7,491.086 units, respectively	406,150	337,623
LA INTOP- R3 2,173.391 and 3,657.982 units, respectively	42,990	63,137
FID 500 INDEX 10,554.676 and 13,242.974 units, respectively *	1,373,902	* 1,483,478
FID INFL PR BD IDX 22,059.892 and 15,896.850 units, respectively	243,541	160,240
FID MID CAP IDX 15,393.244 and 19,589.440 units, respectively	415,772	462,898
FID SM CAP IDX 2,944.002 and 6,095.100 units, respectively	73,541	128,180
FID US BOND IDX 33,191.775 and 18,659.696 units, respectively	413,238	222,237
DWS SCI & TECH S 3,571.399 and - units, respectively	120,535	-
FA TECHNOLOGY Z 2,430.594 and - units, respectively	238,806	-
Total of Registered Investment Company	<u>\$ 17,073,213</u>	<u>\$ 14,132,027</u>
Grand total investments	<u><u>\$ 18,208,647</u></u>	<u><u>\$ 15,231,702</u></u>
Summary		
Level 1 Money market	\$ 1,135,434	\$ 1,099,675
Level 1 Registered investment company funds	17,073,213	14,132,027
Grand total investments	<u><u>\$ 18,208,647</u></u>	<u><u>\$ 15,231,702</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.

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2020 and 2019

NOTE 4. INVESTMENTS - SECURITIES (Continued)

The Plan investments appreciated (depreciated) in value for the years ended December 31, 2020 and 2019 by \$2,093,775 and \$2,285,567, respectively.

NOTE 5. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits. No assets are FDIC insured.

NOTE 6. DISTRIBUTIONS

During the years ended December 31, 2020 and 2019, the Plan made participant distributions of \$1,286,078 and \$1,306,862, 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, 2020 and 2019 were Fidelity Management Trust Company (Federal Identification Number 04-6568107) and Tracy Xie, 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, 2020 the Plan had three prior years' tax returns, form 5500, open to tax examination. They are for the return years ended December 31, 2019, 2018 and 2017.

ORIGENE TECHNOLOGIES, INC. 401(K) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2020 and 2019

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 \$99,260 and \$82,666 for the years ended December 31, 2020 and 2019. 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 until April 30, 2021, at which time BIO owners and management left the employment of Origene Technologies, Inc. Plan assets were subsequently rolled over to a separate plan.

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>2020</u>	<u>2019</u>
Net assets available for benefits per form 5500	\$ 18,307,632	\$ 15,316,796
Contributions receivable	38,807	61,318
Rounding	-	(1)
Net assets available for benefits	<u>\$ 18,346,439</u>	<u>\$ 15,378,113</u>

NOTE 10. SUBSEQUENT EVENTS

In 2019 one of the Plan's three employers, BIO, was sold to a related party and on August, 2021, related account balances were distributed to a new independent plan via a plan to plan rollover.

SUPPLEMENTARY INFORMATION

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

SUPPLEMENTARY INFORMATION

Sponsor EIN: 65-062670, Plan #001

December 31, 2020

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	\$ 55,161
	GOLDMAN SACHS CAPITAL GRTH R	Interest in Pooled Separate Accounts	See Note Below	484,574
	INVESCO REAL ESTATE - R	Interest in Pooled Separate Accounts	See Note Below	164,197
	FRANKLIN STRATEGIC INCOME - R	Interest in Pooled Separate Accounts	See Note Below	96,149
	VICTORY ESTABLISHED VALUE - R	Interest in Pooled Separate Accounts	See Note Below	332,091
	PUTNAM CONVERTIBLE SEC R	Interest in Pooled Separate Accounts	See Note Below	131,737
	THORNBURG LIMITED TERM INC -R	Interest in Pooled Separate Accounts	See Note Below	87,554
	PIMCO LOW DURATION FUND - R	Interest in Pooled Separate Accounts	See Note Below	163,080
	OPP DSMCGR	Interest in Pooled Separate Accounts	See Note Below	195,864
*	FIDELITY ADVISOR LEV CO STK	Interest in Pooled Separate Accounts	See Note Below	169,561
	AMC ULTRA R	Interest in Pooled Separate Accounts	See Note Below	783,392
	FRANKLIN GROWTH FUND - R	Interest in Pooled Separate Accounts	See Note Below	847,538
	GDS EMMKEQIN	Interest in Pooled Separate Accounts	See Note Below	107,764
	OPPENHEIMER GLOBAL FUND - N	Interest in Pooled Separate Accounts	See Note Below	296,329
	INVESCO INTL GROWTH - R	Interest in Pooled Separate Accounts	See Note Below	206,870
*	FID GOVT MMKT	Interest in Pooled Separate Accounts	See Note Below	1,135,434
*	FA FREEDOM 2020	Interest in Pooled Separate Accounts	See Note Below	426,255
*	FA FREEDOM 2030 I	Interest in Pooled Separate Accounts	See Note Below	1,753,730
*	FA FREEDOM 2040 I	Interest in Pooled Separate Accounts	See Note Below	1,005,336
*	FA FREEDOM INC I	Interest in Pooled Separate Accounts	See Note Below	26,242
*	FA FREEDOM 2015	Interest in Pooled Separate Accounts	See Note Below	96,432
*	FA FREEDOM 2025 I	Interest in Pooled Separate Accounts	See Note Below	12,201
*	FA FREEDOM 2035 I	Interest in Pooled Separate Accounts	See Note Below	147,238
	Subtotal - Continued on next page			\$ 8,724,729
*	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, 2020

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			\$ 8,724,729
	OPPENHEIMER INTL GROWTH - N	Interest in Pooled Separate Accounts	See Note Below	91,365
	OPPENHEIMER GOLD & SP MIN - N	Interest in Pooled Separate Accounts	See Note Below	194,140
	INVESCO EUROPEAN GROWTH - R	Interest in Pooled Separate Accounts	See Note Below	3,369
	AMERCENT STRAT ALLO AGG - R	Interest in Pooled Separate Accounts	See Note Below	84,476
	AMERCENT STRAT ALLOC CNSRV	Interest in Pooled Separate Accounts	See Note Below	218,141
	AMERCENT STRATALLO MODERATE	Interest in Pooled Separate Accounts	See Note Below	10,065
	T. ROWE PRICE GRTH STK FD - R	Interest in Pooled Separate Accounts	See Note Below	918,906
	THORNBURG VALUE FUND - R3	Interest in Pooled Separate Accounts	See Note Below	391,694
*	FIDELITY ADVISOR SMALL CAP	Interest in Pooled Separate Accounts	See Note Below	301,057
	FRANKLIN UTILITIES FUND - R	Interest in Pooled Separate Accounts	See Note Below	75,375
	VIC SMCOOP R	Interest in Pooled Separate Accounts	See Note Below	63,963
	LA INTOP-R3	Interest in Pooled Separate Accounts	See Note Below	42,990
	HARTFORD GROW OPPORTUNITIES	Interest in Pooled Separate Accounts	See Note Below	406,150
	BLACKROCK CAP APPRECIATION R	Interest in Pooled Separate Accounts	See Note Below	726,032
	TEMPLETON FOREIGN FUND - R	Interest in Pooled Separate Accounts	See Note Below	154,684
	FRANKLIN SMALL CAP VALUE FO-R	Interest in Pooled Separate Accounts	See Note Below	117,067
	TOTAL INVESTMENTS			<u>\$ 12,524,203</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, 2020

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			\$ 12,524,203
*	FA FREEDOM 2045 I	Interest in Pooled Separate Accounts	See Note Below	438,090
*	FA FREEDOM 2050 I	Interest in Pooled Separate Accounts	See Note Below	363,302
*	FA FREEDOM 2055 I	Interest in Pooled Separate Accounts	See Note Below	54,773
*	FA FREEDOM 2005	Interest in Pooled Separate Accounts	See Note Below	8,286
*	FA FREEDOM 2065	Interest in Pooled Separate Accounts	See Note Below	6,703
*	FID US BOND IDX	Interest in Pooled Separate Accounts	See Note Below	413,238
*	FID 500 INDEX	Interest in Pooled Separate Accounts	See Note Below	1,373,902
*	FID MID CAP IDX	Interest in Pooled Separate Accounts	See Note Below	415,772
*	FID SM CAP IDX	Interest in Pooled Separate Accounts	See Note Below	73,541
*	FID INFL PR BD IDX	Interest in Pooled Separate Accounts	See Note Below	243,541
*	FA FREEDOM 2060 I	Interest in Pooled Separate Accounts	See Note Below	40,128
	CRLN E MID CAP GR R5	Interest in Pooled Separate Accounts	See Note Below	619,602
	AB GLOBAL RE ADV	Interest in Pooled Separate Accounts	See Note Below	16,159
	TRP INTL VAL EQ ADV	Interest in Pooled Separate Accounts	See Note Below	60,027
	AB SM CAP GRTH ADV	Interest in Pooled Separate Accounts	See Note Below	819,578
	PRU HIGH YIELD Q	Interest in Pooled Separate Accounts	See Note Below	305,128
	PGIM JENNISON NATURAL RESOURCES R	Interest in Pooled Separate Accounts	See Note Below	4,483
	CRLN E SM CAP GR R5	Interest in Pooled Separate Accounts	See Note Below	68,850
	DWS Science and Technology Fund - Class A	Interest in Pooled Separate Accounts	See Note Below	120,535
*	Fidelity Advisory Technology Z	Interest in Pooled Separate Accounts	See Note Below	238,806
				<u>18,208,647</u>
	PARTICIPANT LOANS	Interest rates at 3% to 6.5%	\$0	<u>98,985</u>
	TOTAL INVESTMENTS			<u>\$ 18,307,632</u>

* Denotes a party in interest

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

See Accountants' Report.