

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>05/06/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☒ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☒ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES	<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;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 05/06/2014</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 05/06/2014	
1b Three-digit plan number (PN) ▶	002				
1c Effective date of plan 05/06/2014					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ETHOSENERGY, GTS HOLDINGS (US), LLC 2800 NORTH LOOP WEST, SUITE 1100 HOUSTON, TX 77092	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 76-0466008</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 407-630-6517</td> </tr> <tr> <td>2d Business code (see instructions) 211110</td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) 76-0466008	2c Plan Sponsor's telephone number 407-630-6517	2d Business code (see instructions) 211110	
2b Employer Identification Number (EIN) 76-0466008					
2c Plan Sponsor's telephone number 407-630-6517					
2d Business code (see instructions) 211110					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	DOUG PEDDIE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	DOUG PEDDIE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	129
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)	62
a(2) Total number of active participants at the end of the plan year		6a(2)	56
b Retired or separated participants receiving benefits		6b	34
c Other retired or separated participants entitled to future benefits.....		6c	39
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	129
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	129
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
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: 1B 1C			
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)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☐ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 05/06/2014 and ending 12/31/2014

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<div>A Name of plan ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES</div>	<div>B Three-digit plan number (PN) 002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ETHOSENERGY, GTS HOLDINGS (US), LLC</div>	<div>D Employer Identification Number (EIN) 76-0466008</div>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month 05 Day 06 Year 2014			
2 Assets:			
a Market value	2a	4841429	
b Actuarial value	2b	4841429	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	33	1763513	1763513
b For terminated vested participants	34	945155	945155
c For active participants	62	2165186	2165186
d Total	129	4873854	4873854
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.56%	
6 Target normal cost	6	119542	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>DAVID A. SAWYER, FSA</div> <div>Type or print name of actuary</div> <div>RETIREMENT HORIZONS INCORPORATED</div> <div>Firm name</div> <div>2201 TIMBERLOCH PLACE, SUITE 150 THE WOODLANDS, TX 77380</div> <div>Address of the firm</div>	<div>10/01/2015</div> <div>Date</div> <div>14-06271</div> <div>Most recent enrollment number</div> <div>281-296-1100</div> <div>Telephone number (including area code)</div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____%		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	99.33 %
15 Adjusted funding target attainment percentage	15	99.33 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/14/2014	1566604				
Totals ►			18(b)	1566604	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1488646
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	119542	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	32425	3554	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	123096	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	123096	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1488646	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1365550	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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

For calendar plan year 2014 or fiscal plan year beginning 05/06/2014 and ending 12/31/2014	
A Name of plan ETHOENERGY PENSION PLAN FOR UNION EMPLOYEES	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ETHOENERGY, GTS HOLDINGS (US), LLC	D Employer Identification Number (EIN) 76-0466008

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

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

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

(b) 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 ☐

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>05/06/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ETHOSENERGY, GTS HOLDINGS (US), LLC</u>		D Employer Identification Number (EIN) <u>76-0466008</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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		287587
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		6008959
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	0	6296546

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	0	6296546
---	-----------	---	---------

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)	1566604	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1566604
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	23980	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		23980
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-15021
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1575563

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	79301	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		79301
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	1941	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1941
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		81242

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1494321
l Transfers of assets:			
(1) To this plan.....	2l(1)		4802225
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: WHITTLESEY & HADLEY, P. C.

(2) EIN: 06-0903326

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

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

Part IV Compliance Questions

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

During the plan year:

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

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 05/06/2014 and ending 12/31/2014

A Name of plan <u>ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ETHOSENERGY, GTS HOLDINGS (US), LLC</u>	D Employer Identification Number (EIN) <u>76-0466008</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>94-1737782</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

THE ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES

Independent Auditors' Report
Financial Statements and Supplemental Schedules

December 31, 2014

THE ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES

Financial Statements and Supplemental Schedules

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December 31, 2014

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Statement of Accumulated Plan Benefits as of May 6, 2014.....	5
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Supplemental Schedules:

Schedule 1 - Schedule H, Line 4(i) – Schedule of Assets (Held at End of Period).....	14
Schedule 2 - Schedule H, Line 4(j) – Schedule of Reportable Transactions.....	15

Note: Other schedules required by 29 CFR 2520.103 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act ("ERISA") of 1974 have been omitted because they are not required or applicable.

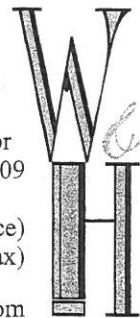
WHITTLESEY & HADLEY, P.C.

Certified Public Accountants/Consultants

280 Trumbull Street, 24th Floor
Hartford, Connecticut 06103-3509

860.522.3111 (voice)
860.728.0232 (fax)

www.whcpa.com



INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of
EthosEnergy Pension Plan for Union Employees

REPORT ON THE FINANCIAL STATEMENTS

We were engaged to audit the accompanying financial statements of EthosEnergy Pension Plan for Union Employees (the "Plan") which comprise the statements of net assets available for benefits as of December 31, 2014, the related statements of changes in net assets available for benefits for the period of May 6, 2014 (the date of inception) through December 31, 2014, the accumulated plan benefits as of May 6, 2014, and the changes in accumulated plan benefits for the period of May 6, 2014 through May 6, 2014, and the related notes to the financial statements.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

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.

AUDITORS' RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for 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 11, which was certified by Charles Schwab Bank, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from the custodian as of December 31, 2014, and for period of May 6, 2014 through December 31, 2014, that the information provided to the Plan Administrator by the custodian is complete and accurate.

DISCLAIMER OF OPINION

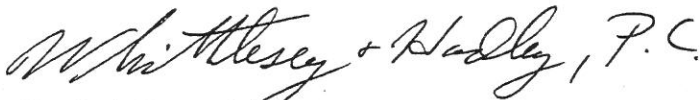
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

OTHER MATTER

The supplemental Schedules H, Line 4i Schedule of Assets (Held at End of Period) as of December 31, 2014 and Schedule H, Line 4j, Schedule of Reportable Transactions for the period May 6, 2014 through December 31, 2014 are required by the Department of Labor's (DOL) 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 these supplemental schedules.

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 custodian, 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.



Hartford, Connecticut
October 12, 2015

THE ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES

Statement of Net Assets Available for Benefits

December 31, 2014

Assets

Cash	\$ 287,587
Investments, at fair value:	
Registered investment companies (mutual funds)	<u>6,008,959</u>
Net assets available for benefits	<u>\$ 6,296,546</u>

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

THE ETHOS ENERGY PENSION PLAN FOR UNION EMPLOYEES

Statement of Changes in Net Assets Available for Benefits

For the period May 6, 2014 through December 31, 2014

Additions to net assets:

Investment income:

Dividends and interest	\$ 23,980
Net (depreciation) in fair value of investments	<u>(15,021)</u>

Net investment income 8,959

Contributions - employer 1,566,604

Total additions 1,575,563

Deductions from net assets:

Benefits paid	79,301
Administrative expenses	<u>1,941</u>

Total deductions 81,242

Net increase 1,494,321

Net assets available for benefits:

Beginning of the year	-
Transfers in	<u>4,802,225</u>
End of the year	<u><u>\$ 6,296,546</u></u>

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

THE ETHOS ENERGY PENSION PLAN FOR UNION EMPLOYEES

Statement of Accumulated Plan Benefits

May 6, 2014

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments

\$ 1,795,670

Other participants

3,425,418

5,221,088

Nonvested benefits

-

Total actuarial present value of
accumulated plan benefits

\$ 5,221,088

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

THE ETHOS ENERGY PENSION PLAN FOR UNION EMPLOYEES

Statement of Changes in Accumulated Plan Benefits

For the period May 6, 2014 through May 6, 2014

Actuarial present value of accumulated plan benefits:	
Inception, May 6, 2014	\$ -
Increase/(decrease) during the year attributable to:	
Actuarial transfers in	<u>5,221,088</u>
Actuarial present value of accumulated plan benefits:	
May 6, 2014	<u>\$ 5,221,088</u>

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

THE ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES

Notes to Financial Statements

December 31, 2014

NOTE 1 – PLAN DESCRIPTION

General

EthosEnergy Pension Plan for Union Employees (the “Plan”) was established May 6, 2014. The Plan is a defined benefit plan, which provides for retirement and death benefits to employees of EthosEnergy GTS Holdings (US) Inc. (the “Plan Sponsor” or “Employer”) who are a member of the United Brotherhood of Carpenters and Joiners of America Local Union Number 724, as described in the Plan document. The Plan is a continuation of the participation and benefits provided for the benefit of Participants under a predecessor pension plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

The Employer shall be the Administrator. The primary responsibility of the Administrator is to administer the Plan for the exclusive benefit of the participants and their beneficiaries, subject to the specific terms of the Plan.

Eligibility

Any employee who 1) is a member of the United Brotherhood of Carpenters and Joiners of America Local Union Number 724; 2) is working for EthosEnergy GTS Holdings (US) Inc. LLC; 3) has completed 1,000 hours of service within 12 consecutive months of service; and 4) has attained age 21 is eligible to participant in the Plan. The service requirement is waived for former participants of the Siemens Pension Plan for Union Employees whose liability and assets were spun-off into this Plan, and who were employed on the May 6, 2014. Such eligible employees entered the Plan on May 6, 2014.

Vesting

The Plan generally provides 100% vesting to participants after 5 years of credited service, as defined. The Plan also allows for a Top-Heavy vesting schedule if the Plan ever becomes a Top Heavy Plan. Participants should refer to the Plan document for a more complete description of the Plan’s vesting provisions under top heavy Plan years.

Funding Policy

The Plan’s funding policy is for the Employer to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During the period May 6, 2014 through December 31, 2014, the Employer made contributions of \$1,566,604. The balance transferred from the Siemens Pension Plan for Union Employees met the minimum funding requirements of ERISA (see Note 9).

NOTE 1 – PLAN DESCRIPTION – (CONTINUED)

Termination of the Plan

Although it has not expressed any intention to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Retirement Benefits

Normal retirement benefit

The amount of monthly retirement benefit to be provided for each participant who retires on the participant's normal retirement date (attained the age of 65 or the 5th anniversary of joining the Plan, if later) shall be equal to the participant's accrued benefit. As of May 6, 2014, an active participant's accrued benefit is based on a retirement benefit formula equal to \$42.00 per month for each Plan year of service, up to a maximum of 35 years, with the Employer. As provided per the Plan document, in no event shall a participant's accrued benefit as of the May 6, 2014 for former participants of the Siemens Pension Plan be less than the participant's accrued benefit as of the May 6, 2014, as determined under the Siemens Pension Plan for Union Employees.

Early Retirement

A participant may elect to retire on an early retirement date (attained the age of 55 and completed at least 15 years of Plan years of service). In the event that a participant makes such an election, such participant shall be entitled to receive an early retirement benefit equal to the participant's accrued benefit payable at the participant's normal retirement date. However, if a Participant so elects, such Participant may receive payment of an early retirement benefit commencing on the first day of the month coinciding with or next following the participant's early retirement date, which early retirement benefit shall equal the actuarial equivalent of the participant's accrued benefit.

Death and Disability Benefits

The death benefit provided under this Plan shall be the minimum spouse's death benefit provided per the Plan document. The minimum spouse's death benefit means a death benefit for a vested married participant payable in the form of a pre-retirement survivor annuity. The beneficiary of the death benefit shall be the participant's spouse, who shall receive such benefit in the form of a pre-retirement survivor annuity, as defined in the Plan document. For purposes of this benefit, the spouse must have been legally married to the Participant for at least one year prior to the participant's death. No disability benefits, other than those payable upon termination of employment, are provided by the Plan.

Distribution of Benefits

Unless otherwise elected as provided, a participant who is married on the annuity starting date and who does not die before the Annuity Starting Date shall receive monthly retirement benefits in the form of a joint and survivor annuity. The joint and survivor annuity is an annuity that commences immediately and shall be the Actuarial Equivalent of the Participant's Accrued Benefit. Such joint and survivor benefits following the Participant's death shall continue to the spouse during the spouse's lifetime at a rate equal to 50% of the rate at which such benefits were payable to the Participant.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported 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. The Plan's Pension Committee determines the Plan's valuation policies utilizing information provided by its investment advisers and custodian. See Note 6 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/(depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the period.

Payment of Benefits

Benefit payments to participants or beneficiaries are recorded upon distribution.

Plan Expenses

The Plan's expenses are paid either by the Plan or the Employer, as provided by the Plan document. Expenses that are paid directly by the Employer are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation/(depreciation) of fair value investments presented in the accompanying statement of changes in net assets available for benefits.

Subsequent Events Measurement Date

The Plan monitored and evaluated any subsequent events for footnote disclosures or adjustments required in its financial statements for the Plan period ended December 31, 2014 through October 12, 2015, the date on which financial statements were available to be issued.

NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are accumulated based on employees' vested months of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of May 6, 2014 were (a) life expectancy of participants using the RP 2000 Mortality Table for males and females with generational mortality using Scale MP 2000, (b) retirement age assumptions (the assumed average retirement age was 65), and (c) investment return. The interest rates used to discount the obligation for 2014 was 6.00% percent, which included anticipated administrative expenses associated with providing benefits. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of May 6, 2014.

NOTE 4 – PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- 1) to provide pensions to retired participants who have retired under the Plan prior to its termination without reference to the order of retirement;
- 2) to provide normal retirement benefits to participants who have reached their normal retirement dates but have not retired on the date of termination, without reference to the order in which they shall have reached their normal retirement date;
- 3) to provide normal retirement benefits to participants who have not yet reached their normal retirement date on the date of termination, without reference to the order in which they will reach their normal retirement date. Such benefits will be based upon accrued benefits as of the date of termination. The balance, if any, of the assets due to erroneous actuarial computation held by the trust fund after such allocation shall be returned to the Employer, but only after the satisfaction of all liabilities with respect to Participants and pensions under the Plan.

NOTE 4 – PLAN TERMINATION – (CONTINUED)

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE 5 – INVESTMENTS

The following table presents the investments that represent 5 percent or more of the Plan's net assets at December 31, 2014:

Vanguard Total Bond Market Index Admiral	\$ 3,007,728
Vanguard 500 Index FD Admiral Shares	3,001,231

During the period May 6, 2014 through December 31, 2014, the Plan's mutual funds (including gains and losses on investments bought and sold, as well as held during the period) depreciated in value by \$15,021.

NOTE 6 – FAIR VALUE MEASUREMENTS

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access;
- Level 2 Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability;
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

NOTE 6 – FAIR VALUE MEASUREMENTS – (CONTINUED)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014.

Registered investment companies (mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity index funds	\$ 3,001,231	\$ -	\$ -	\$ 3,001,231
Bond index funds	3,007,728	-	-	3,007,728
Total investments at fair value	<u>\$ 6,008,959</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 6,008,959</u>

NOTE 7 – 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 investments securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 8 – TAX STATUS

The Plan has applied for a determination letter with the Internal Revenue Service that will state if the Plan, as designed, is in compliance with the applicable requirements of the Internal Revenue Code (“IRC”). However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

NOTE 9 – TRANSFERS IN

On May 6, 2014, employees of EthosEnergy GTS Holdings (US) Inc. who were members of the United Brotherhood of Carpenters and Joiners of America Local Union Number 724 and participants of the Siemens Pension Plan for Union Employees were transferred into the Plan as a result of a joint venture between John Wood Group PLC and Siemens AG forming the Employer. These participants carried their vested accrued benefits into the Plan. Amounts of \$500,000 and \$4,302,225 were transferred into the Plan on July 7, 2014 and November 11, 2014, respectively.

NOTE 10 – RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain assets are managed by Charles Schwab Bank. Charles Schwab Bank is the asset custodian of the Plan, and therefore, transactions processed qualify as party-in-interest transactions. Fees paid by the Plan to Charles Schwab Bank in aggregate totaled \$1,941 for the period May 6, 2014 through December 31, 2014. Certain investment related expenses are credited directly against the return on those investments.

NOTE 11 – INFORMATION CERTIFIED BY THE ASSET CUSTODIAN (UNAUDITED)

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 25210.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan custodian has certified that the following data included in the accompanying financial statements is complete and accurate as of December 31, 2014 and for the period of May 6, 2014 through December 31, 2014:

1. Page 3 – Statements of Net Assets Available for Benefits – cash and investments at fair value
2. Page 4 – Statements of Changes in Net Assets Available for Benefits – net investment income
3. Page 15 – Supplemental Schedule of Assets (Held at End of Period)
4. Page 16 – Supplemental Schedule of Reportable Transactions
5. All purchase and sales activity

The Plan’s independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statement and supplemental schedules.

SUPPLEMENTAL SCHEDULES

Schedule 1**THE ETHOS ENERGY PENSION PLAN FOR UNION EMPLOYEES**

EIN: 76-0466008, Plan #001
Form 5500, Schedule H, Line 4(i)

Schedule of Assets (Held at End of Period)

December 31, 2014
(unaudited)

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party		(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
CASH:				
*	Charles Schwab Bank	Cash	\$ 287,587	\$ 287,587
MUTUAL FUNDS:				
	Vanguard	500 Index Fund Amiral Shares	3,016,252	3,001,231
	Vanguard	Total Bond Market Index Adm	3,007,728	3,007,728
		Total mutual funds	6,023,980	6,008,959
		Total assets	\$ 6,311,567	\$ 6,296,546

* Denotes a party-in-interest.

The above information was derived from data that has been certified as complete and accurate by Charles Schwab Bank, the custodian.

Schedule 2

THE ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES

EIN: 76-0466008, Plan #001

Form 5500, Schedule H, Line 4(j)

Schedule of Reportable Transactions

For the period May 6, 2014 through December 31, 2014
(unaudited)

(a) Identity of party involved	(b) Description of asset, including rate of interest and maturity in case of loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Vanguard	500 Index Fund Admiral Shares	\$ 3,016,252	\$ -	\$ -	\$ -	\$ 3,016,252	\$ 3,016,252	\$ -
Vanguard	Total Bond Market Index Adm	\$ 3,007,728	\$ -	\$ -	\$ -	\$ 3,007,728	\$ 3,007,728	\$ -

The above information was derived from data that has been certified as complete and accurate by Charles Schwab Bank, the custodian.

Schedule 1**THE ETHOS ENERGY PENSION PLAN FOR UNION EMPLOYEES**

EIN: 76-0466008, Plan #001
 Form 5500, Schedule H, Line 4(i)

Schedule of Assets (Held at End of Period)

December 31, 2014
 (unaudited)

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party		(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
CASH:				
*	Charles Schwab Bank	Cash	\$ 287,587	\$ 287,587
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	Vanguard	500 Index Fund Amiral Shares	3,016,252	3,001,231
	Vanguard	Total Bond Market Index Adm	3,007,728	3,007,728
		Total mutual funds	6,023,980	6,008,959
		Total assets	\$ 6,311,567	\$ 6,296,546

* Denotes a party-in-interest.

The above information was derived from data that has been certified as complete and accurate by Charles Schwab Bank, the custodian.

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Age	Rate	Lives	Retiring	Weight
55	5.00%	100.00	5.00	2.75
56	5.00%	95.00	4.75	2.66
57	8.00%	90.25	7.22	4.12
58	8.00%	83.03	6.64	3.85
59	10.00%	76.39	7.64	4.51
60	10.00%	68.75	6.87	4.12
61	15.00%	61.87	9.28	5.66
62	30.00%	52.59	15.78	9.78
63	20.00%	36.82	7.36	4.64
64	10.00%	29.45	2.95	1.88
65	100.00%	26.51	26.51	17.23
				61.21

Terminated vested participants retire at age 65

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE PARTICIPANT DATA

Attained Age	Completed Years of Credited Service on May 6, 2014										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	2	0	0	0	0	0	0	0	2
30-34	0	0	3	0	0	0	0	0	0	0	3
35-39	0	0	2	0	0	0	0	0	0	0	2
40-44	0	0	11	1	3	1	0	0	0	0	16
45-49	0	1	5	2	2	0	0	0	0	0	10
50-54	0	1	2	3	4	1	2	0	0	0	13
55-59	0	1	0	1	3	2	0	0	1	0	8
60-64	0	0	2	1	1	0	1	1	0	0	6
65-69	0	0	0	1	0	0	0	0	0	1	2
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	3	27	9	13	4	3	1	1	1	62

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Effective Date	May 6, 2014
Coverage	Eligible union employees who were employed by TurboCare, Inc. prior to July 7, 2008 and now employed by Ethos Energy are eligible. No new entrants are eligible to participate in the plan.
Eligibility Service	All employees are eligible to participate upon attainment of age 21 and completion of one year of service.
Vesting Service	A year of service is credited for any 12 consecutive months in which 1,000 hours of service is worked, including service under the prior plan, calculated from date of hire.
Benefit Service	A year of service is credited for any 12 consecutive months in which 1,800 hours of service is worked, prorated for service over 1,000 hours and partial credit for less than 1,000 hours, calculated from date of hire. Service under the prior plan is included under the plan.
Retirement Dates:	
➤ Normal	The first day of the month coincident with or next following the later of the participant's 65 th birthday, and the 5 th anniversary of joining the Plan.
➤ Early	A participant may elect to retire early on the first day of any month after he has attained age 55 and completed 15 years of Vesting Service.
➤ Late	The first day of the month coincident with or next following the date the participant terminates employment, if such termination occurs after his Normal Retirement Date.

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES

EIN #76-0466008 / PN 002

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Monthly Accrued Benefit

The amount of monthly retirement income for each year of Benefit Service, commencing on his normal retirement date. Multiplier was originally \$15 and increased in the future per the schedule below:

<u>Date of Termination</u>	<u>Benefit Multiplier</u>
Prior to 06/04/97	\$15.00
06/04/97 – 06/03/98	\$15.50
06/04/98 – 06/03/99	\$16.00
06/04/99 – 06/03/01	\$24.00
06/04/01 – 06/03/02	\$28.00
06/04/02 – 06/03/05	\$30.00
06/04/05 – 06/03/08	\$34.00
06/04/08 – 12/31/11	\$38.00
01/01/12 and later	\$42.00

Early Retirement Benefit

The actuarially equivalent of the Monthly Accrued Benefit as of the date of early retirement.

Late Retirement Benefit

The Monthly Accrued Benefit earned as of Late Retirement Date.

Benefit Upon Termination

If a participant terminates employment after completing at least five years of Vesting Service; he will be entitled to his full Accrued Benefit payable at age 65. If such participant is eligible and elects to receive his Accrued Benefit prior to age 65, the monthly benefit will be actuarially reduced.

Pre-Retirement Death Benefit:

➤ **After Early Retirement Date**

Upon the death of a participant, the surviving spouse is entitled to an immediate monthly life annuity equal to one-half of the Qualified Joint and Survivor Annuity which the participant had accrued to the date of his death (or, if earlier, the date of separation from service).

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

➤ Before Early Retirement Date	Upon the death of a participant, the qualifying spouse is entitled to a monthly life annuity equal to one-half of the Qualified Joint and Survivor Annuity, which the participant had accrued at the date of his death, payable at the participant's 55 th birthday (or, if earlier, the date of separation from service).
Cash Balance	
➤ Account Balance	The account is increased monthly with Interest Credits.
➤ Interest Credits	Based on 30-year Treasury rate for the August immediately preceding the plan year (3.76% for current valuation).
Form of Pension	The Normal Form of Pension is a Life Annuity.
Contributions	The employer pays the entire cost of the retirement
Actuarial Equivalence	2014 Applicable Mortality Table and 3.80%
Lump Sum Cash Out	Benefit paid immediately to participant as a lump sum if the Actuarial Equivalent of the age 65 monthly retirement benefit payable as a Life Annuity is less than \$5,000.
Optional Forms of Payment	The optional forms of payment are as follows: <ul style="list-style-type: none">- Life Annuity- 10-Year Certain and Life Annuity- 50%, 66 2/3%, 75% or 100% Joint & Contingent Annuity- Lump Sum (Cash Balance Account only)
Prior Plan	Siemens Pension Plan for Union Employees
Change in Plan Provisions	Not applicable

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, LINE 32 – SCHEDULE OF AMORTIZATION BASES

	Shortfall Base Exemption Percentage	Shortfall Amortization Base ¹	Remaining Amortization Period	Shortfall Amortization Installment
2014 Plan Year	99.3%	\$32,425	5.9752	\$5,427
2013 Plan Year	N/A	\$0	5.2829	\$0
2012 Plan Year	N/A	\$0	4.5468	\$0
2011 Plan Year	N/A	\$0	3.7238	\$0
2010 Plan Year	N/A	\$0	2.8597	\$0
2009 Plan Year	N/A	\$0	1.9525	\$0
2008 Plan Year	N/A	\$0	1.0000	\$0
Funding Shortfall		\$32,425		
Shortfall Amortization Charge				\$5,427
Prorate for Short Plan Year ²				\$3,554

Notes:

1. If the Shortfall Base Exemption Percentage is at least 100% then no amortization base is required to be established for the current plan year.
2. Due to the short plan year, the 2014 shortfall amortization installment has been pro-rated from \$5,427 to \$3,554. The reduction of \$1,873 will be required to be made in the plan year beginning January 1, 2021 unless the shortfall is completely eliminated prior to then.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2014**This Form is Open to Public
Inspection**For calendar plan year 2014 or fiscal plan year beginning 05/06/2014 and ending 12/31/2014▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

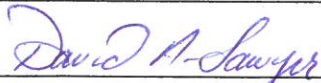
A Name of plan <u>EthosEnergy Pension Plan for Union Employees</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>EthosEnergy, GTS Holdings (US), LLC</u>	D Employer Identification Number (EIN) <u>76-0466008</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>5</u> Day <u>6</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	<u>4,841,429</u>	
b Actuarial value	2b	<u>4,841,429</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>33</u>	<u>1,763,513</u>	<u>1,763,513</u>
b For terminated vested participants.....	<u>34</u>	<u>945,155</u>	<u>945,155</u>
c For active participants.....	<u>62</u>	<u>2,165,186</u>	<u>2,165,186</u>
d Total.....	<u>129</u>	<u>4,873,854</u>	<u>4,873,854</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>6.56 %</u>	
6 Target normal cost.....	6	<u>119,542</u>	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Signature of actuary

10/01/2015

Date

David A. Sawyer, FSA

Type or print name of actuary

14-06271

Most recent enrollment number

Retirement Horizons Incorporated

Firm name

(281) 296-1100

Telephone number (including area code)

2201 Timberloch Place, Suite 150The WoodlandsTX 77380

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2014
v. 140124

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____ %		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	99.33 %
15 Adjusted funding target attainment percentage	15	99.33 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/14/2014	1,566,604				
Totals ▶			18(b)	1,566,604	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,488,646

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.99 %2nd segment:
6.32 %3rd segment:
6.99 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

22 Weighted average retirement age**22**

61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6).....**31a**

119,542

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

32,425

3,554

b Waiver amortization installment.....

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33**

0

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....**34**

123,096

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement.....

0

0

0

36 Additional cash requirement (line 34 minus line 35)**36**

123,096

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

1,488,646

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

1,365,550

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected☐ 2 plus 7 years☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made☐ 2008☐ 2009☐ 2010☐ 2011**42** Amount of acceleration adjustment**42****43** Excess installment acceleration amount to be carried over to future plan years**43**

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, LINE 19 – DISCOUNTED EMPLOYER CONTRIBUTIONS

Contribution Dates	Days After Valuation	Contribution Amounts	Effective Interest Rate	Interest Adjustment	Interest Adjusted Contributions
14-Nov-14	192	\$1,566,604	6.56%	(\$77,958)	\$1,488,646
2014 Plan Year Contributions					\$1,566,604
Interest Adjustment for Contributions made after the Beginning of the Plan Year					<u>(\$77,958)</u>
2014 Plan Year Discounted Contributions					\$1,488,646

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Economic Assumptions

PPA Funding Target Segment Rates	First Segment Rate – 4.99% Second Segment Rate – 6.32% Third Segment Rate – 6.99% Effective Interest Rate - 6.56%
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Salary Scale	Not applicable.
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Cash Balance Interest Crediting Rate	3.76%
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Demographic Assumptions

Mortality Rates	Separate static mortality tables for males and females as prescribed in §1.430(h)(3)-1 for the 2014 plan year.
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Retirement Age:

➤ Actives	Percentage of employees retiring during the year of age shown.
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<u>Age</u>	<u>Rate</u>
55	5.00%
56	5.00%
57	8.00%
58	8.00%
59	10.00%
60	10.00%
61	15.00%
62	30.00%
63	20.00%
64	10.00%
65	100.00%

➤ Vested Terminations	Age 65 benefit commencements.
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ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Turnover Rates:

Percentage of employees terminating during the
year of age shown.

<u>Age</u>	<u>Rate</u>
20	0.00%
21	19.20%
22	19.20%
23	18.00%
24	17.20%
25	16.00%
26	15.20%
27	14.40%
28	13.20%
29	12.40%
30	11.60%
31	11.20%
32	10.40%
33	9.60%
34	8.80%
35	8.40%
40	6.00%
41	5.60%
42	5.20%
43	4.80%
44	4.80%
45	4.40%
46	4.40%
47	4.00%
48	4.00%
49	4.00%
50+	4.00%

Disability Rates:

None Assumed.

Marriage Assumptions

80% married, with husbands 3 years older than
wives.

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Other Assumptions

Form of Payment	100% of cash balance participants are assumed to elect a lump sum payment. 100% of all other future retirees are assumed to elect a single life annuity.
Plan Related Expenses	The Target Normal Cost includes plan-related expenses of \$30,000 expected for the 2014 plan year.
Maximum Benefit (Limited under IRC Sec. 415)	\$210,000 for 2014.
Change in Funding Assumptions	Not applicable.

Methods

Asset Valuation Method	The value of plan assets is equal to the fair value. For the ERISA funding valuation, discounted receivable contributions are added to the fair value of assets.
Unit Credit Actuarial Cost Method	The <u>Unit Credit Actuarial Cost Method</u> is used to determine the Funding Target (FT) for PPA funding purpose. The normal cost for each employee is the present value of the benefit which accrues during that current year. The total normal cost is the sum of the normal costs for all active participants.
Change in Methods	Not applicable.

Schedule 2

THE ETHOENERGY PENSION PLAN FOR UNION EMPLOYEES

EIN: 76-0466008, Plan #001
Form 5500, Schedule H, Line 4(j)

Schedule of Reportable Transactions

For the period May 6, 2014 through December 31, 2014
(unaudited)

(a) Identity of party involved	(b) Description of asset, including rate of interest and maturity in case of loan	(c) Purchase Price		(e) Lease Rental	(f) Expense Incurred with transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
		Purchase Price	Selling Price					
Vanguard	500 Index Fund Amiral Shares	\$ 3,016,252	\$ -	\$ -	\$ -	\$ 3,016,252	\$ 3,016,252	\$ -
Vanguard	Total Bond Market Index Adm	\$ 3,007,728	\$ -	\$ -	\$ -	\$ 3,007,728	\$ 3,007,728	\$ -

The above information was derived from data that has been certified as complete and accurate by Charles Schwab Bank, the custodian.