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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
UNITY INTERNATIONAL GROUP 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1994

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
UNITY ELECTRIC CO., INC.

65-21 FRESH MEADOW LN
FLUSHING, NY 11365

2b Employer Identification Number (EIN)
13-2932294

2c Plan Sponsor's telephone number
718-685-3475

2d Business code (see instructions)
238210

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.	10/13/2016	PETER ANHOLZER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [X] 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**	485
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)**	292
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	254
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	149
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	403
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	403
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	349
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	36
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **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 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
UNITY INTERNATIONAL GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNITY ELECTRIC CO., INC.

D Employer Identification Number (EIN)
13-2932294

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-1225432	60214	456064-01	200	01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	2731619
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	2578535
c	Additions: (1) Contributions deposited during the year	7c(1)	298277		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	30045		
	(4) Transferred from separate account	7c(4)	280631		
	(5) Other (specify below)	7c(5)	30926		
	▶ LOAN PAYMENTS, FORFEITURES				
	(6) Total additions			7c(6)	639879
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	3218414
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	226149		
	(2) Administration charge made by carrier	7e(2)	327		
	(3) Transferred to separate account	7e(3)	260319		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	486795
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2731619

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
UNITY INTERNATIONAL GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNITY ELECTRIC CO., INC.

D Employer Identification Number (EIN)
13-2932294

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

THE MILLIMAN AGENCY

ONE PENN PLAZA 38TH FLOOR
NEW YORK, NY 10019

(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?
16	CONSULTING	26288	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIRST GREAT-WEST LIFE & ANNUITY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	14027	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	1500	Yes [ ] No [X]	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

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

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

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(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
UNITY INTERNATIONAL GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNITY ELECTRIC CO., INC.

D Employer Identification Number (EIN)
13-2932294

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	189064	174363
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8004119	7666279
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2578535	2731619
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	10771718	10572261
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10771718	10572261

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)	0	
(B) Participants	2a(1)(B)	642148	
(C) Others (including rollovers)	2a(1)(C)	123763	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		765911
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	7379	
(F) Other	2b(1)(F)	30045	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		37424
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	643396	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		643396
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-589734
c Other income	2c		26288
d Total income. Add all **income** amounts in column (b) and enter total	2d		883285
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	980483	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		980483
f Corrective distributions (see instructions)	2f		2313
g Certain deemed distributions of participant loans (see instructions)	2g		58132
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	41814	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		41814
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1082742
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-199457
l Transfers of assets:			
(1) To this plan	2l(1)		
(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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: DAVIS, WARD & HOCHMAN LLP **(2)** EIN: 20-0494412

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:

		Yes	No	N/A	Amount
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.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

			Yes	No	N/A	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e	Was this plan covered by a fidelity bond?	4e	X			1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X		
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
UNITY INTERNATIONAL GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNITY ELECTRIC CO., INC.

D Employer Identification Number (EIN)
13-2932294

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** 0

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): 20-0247820

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Unity International Group 401(k) Plan

Financial Statements and Supplemental Schedule

Years Ended December 31, 2015 and 2014

Unity International Group 401(k) Plan

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DWH
Davis, Ward & Hochman, LLP
Certified Public Accountants and Consultants

150 East 58th Street, 20th Floor
New York, NY 10155
Tel: (212) 230-2600
Fax: (212) 758-0215
www.dwhllp.com

Independent Auditors' Report

To The Trustees of Unity
Unity International Group 401(k) Plan
Flushing, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Unity International Group 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, 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 audits 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 4, which was certified by Great-West Trust Company, LLC, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2015 and 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 schedule of Schedule of Assets (Held at End of Year) as of December 31, 2015 is 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 is 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 this supplemental schedule.

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 schedule, 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.

Davis, Ward & Hochman, LLP

Davis, Ward & Hochman, LLP

New York, New York
October 11, 2016

Unity International Group 401(k) Plan
Statements of Net Assets Available for Plan Benefits

	December 31, 2015	December 31, 2014
ASSETS		
Investments, at fair value (Notes 3, 4, 5 and 6):		
Mutual Funds	$ 7,666,279	$ 8,004,119
Group annuity contract	2,731,619	2,578,535
Total investments	10,397,898	10,582,654
Notes receivable from participants	174,363	189,064
Total assets	10,572,261	10,771,718
LIABILITIES		
Corrective distributions payable	-	2,313
Net assets available for benefits	$ 10,572,261	$ 10,769,405

See accompanying notes to the financial statements.

Unity International Group 401(k) Plan
Statement of Changes in Net Assets Available for Plan Benefits
Year Ended December 31, 2015

Additions:		
Interest and dividends	$	673,441
Interest on notes receivable from participants		7,379
Participants' contributions - salary deferrals		642,148
Participants' contributions - rollovers		123,763
Other income		26,288
Total additions		1,473,019
Deductions:		
Net depreciation in fair value of mutual funds (Notes 3 and 4)		589,734
Benefits paid to participants		980,483
Deemed distributions of participant loans		58,132
Administrative expenses		41,814
Total deductions		1,670,163
Decrease in net assets available for plan benefits		(197,144)
Net assets available for plan benefits, beginning of year		10,769,405
Net assets available for plan benefits, end of year	$	10,572,261

See accompanying notes to the financial statements.

Note 1 - Description of Plan

The following description of the Unity International Group 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement or Summary Plan Description ("SPD") for a more complete description of the plan's provisions. Unity International Group is comprised of Unity Electric Co., Inc., Unity Electric, LLC, Uni-Data and Communications, Inc., Uni-Data Services, LLC and Unity Data & Electrical Services, LLC, collectively (the "Company").

General

The Plan is a contributory, defined contribution 401(k) plan available to eligible employees of the Company. Eligible employees are those who have attained age 21 and effective January 1, 2015, have completed two months of service and one month of service for employees hired prior to January 1, 2015. Employees whose employment is governed by the terms of a collective bargaining agreement (union), non-resident aliens and part-time and seasonal employees are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Company is the Plan's sponsor and administrator. Great-West Trust Company, LLC ("Great-West") serves as the Plan's custodian and First Great-West Life & Annuity Insurance Company serves as the Plan's recordkeeper.

Contributions

All participants in the Plan may make tax deferred cash contributions of 1-25% of eligible compensation up to the maximum allowed by Section 402(g)(1) of the Internal Revenue Code. Effective January 1, 2013, the Plan implemented an automatic deferral amount of 2% from a participant's eligible compensation, unless the participant selects a different election percentage. The Company may make a discretionary matching and profit sharing contribution to a participant's account. For the year ended December 31, 2015, the Company did not make any discretionary matching or profit sharing contributions. Roth contributions are also permitted.

Note 1 - Description of Plan (continued)

Vesting

Participants are immediately vested in their voluntary contributions and any income or loss thereon. The Plan provides for the Company's matching contribution to become 100% vested upon the completion of 6 years of continuous service. Each participant's nonforfeitable percentage is determined under the following table.

Completed years of service	Nonforfeitable percentage vested
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's matching contribution and an allocation of plan earnings. Allocations are based on the account balances, as defined. The benefit which a participant is entitled to is the benefit that can be provided from the participant's vested account. Participants may direct the investment of their account balances into various investment options offered by the Plan. Participants have the option to transfer part or all of their fund balances among various funds within the Plan.

Payment of Benefits

Upon termination of service due to death, disability or retirement, a participant is entitled to receive 100% of the participant's account balance as soon as practicable after the date of retirement, death or termination of employment. For termination of service due to other reasons, as defined, a participant is entitled to 100% of the participant's contributions, and the vested portion of their account attributable to the Company matching contributions. Benefits are recorded when paid.

Note 1 - Description of Plan (continued)

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned on the accrual basis. Participants may borrow up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The minimum loan amount is $1,000. A participant's loan is secured by the balance in the participant's account and bears interest at prime rate plus 1% determined when the participant applies for the loan. The loans are repaid ratably through payroll deductions over a period of five years or less.

No allowance for credit losses has been recorded at December 31, 2015 or 2014. If a participant ceases to make note repayments and the plan administrator deems the participant note to be a distribution, the participant note balance is reduced and a deemed distribution is recorded.

Corrective Distributions Payable

As of December 31, 2014, a refund of contributions to certain participants totaling $2,313 has been recorded as a result of failing the Plan Imposed Limits on Deferrals. The Plan distributed the excess contributions to the applicable participants subsequent to the Plan year end.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account. Investment related expenses are included in net depreciation of fair value of investments.

Forfeitures

Forfeiture allocations are retained in the Plan and first used to pay administrative expenses. Any remaining forfeitures will be used to reduce the Company's matching contributions, if applicable. Plan assets include $3,514 and $2,631 in forfeited balances at December 31, 2015 and 2014, respectively. Amounts forfeited during 2015 were $846.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared under the accrual method of accounting.

Investment Valuation and Income Recognition

The Plan's investments are stated 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. See Note 6 for discussion of fair value measurements.

Purchases and sales of investments 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Revenue Sharing

The Plan receives revenue sharing fees from the mutual funds that can be used to pay for administrative expenses of the Plan. During 2015, the Plan received revenue sharing fees of $26,288 and these fees were recorded as Other Income in the Statement of Changes in Net Assets Available for Benefits. At December 31, 2015 and 2014, there were no amounts owed to the Plan from the mutual funds for revenue sharing. This income was used to pay Plan expenses.

Use of Estimates

The preparation of financial statements in conformity 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 and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Note 3 – Investments

The following presents the fair value of investments at December 31, (in either 2015 or 2014) that represent 5% or more of the Plan's net assets:

	2015	2014
First GWL&A Key Guaranteed Portfolio Fund	$2,731,619	$2,578,535
American Funds Growth Fund of America R3	1,071,621	979,970
Pimco Total Return Admin	362,372	601,931
Great-West T Rowe Price Equity Income	616,959	694,021
Davis NY Venture R	799,339	803,936
Great-West T. Rowe Price Mid-Cap Growth Fund I	829,638	793,332

During 2015, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value and earned interest and dividends as follows:

Year ended December 31, 2015	
Net depreciation in fair value of mutual funds	$ (589,734)
Interest and dividends:	
Interest on notes receivable from participants	7,379
Interest on group annuity contract	30,045
Interest and dividends on mutual funds	643,396
	$ 91,086

Note 4 - Information Certified by the Plan's Custodian

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

	December 31,	
	2015	2014
Investments:		
Mutual funds	$ 7,666,279	$ 8,004,119
Group annuity contract	2,731,619	2,578,535
Notes receivable from participants	174,363	189,064
Total	$10,572,261	$ 10,771,718

Note 4 - Information Certified by the Plan's Custodian (continued)

	Year ended December 31, 2015
Interest and dividends:	
Interest on notes receivable from participants	$ 7,379
Interest on group annuity contract	30,045
Interest and dividends on mutual funds	643,396
Net depreciation in fair value of mutual funds	(589,734)

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information with the related information included in the financial statements and supplemental schedule.

Note 5 – Group Annuity Contract

The Plan has a group annuity contract with First Great-West Life & Annuity Insurance Company ("Great- West") that invests contributions in the Key Guaranteed Portfolio Fund. The Key Guaranteed Portfolio Fund is a general account product. The methodology for calculating the interest crediting rate is based on the earnings of underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. The interest crediting rate is reset quarterly.

Contract value is the relevant measurement attribute for that portion of net assets available for benefits attributable to the group annuity contract since the contract was determined to be fully benefit-responsive. The contract is included in the financial statements at fair value which approximates contract value. The account is credited with earnings of the underlying investments and charged for participant withdrawals and administrative expenses. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value on a daily basis. The group annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2015 and 2014 was $2,731,619 and $2,578,535, respectively. The crediting interest is based on a formula agreed upon with the issuer but may not be less than zero percent. Such interest rates are reset quarterly and averaged 1.20% and 1.25% during 2015 and 2014, respectively.

Note 5 – Group Annuity Contract (continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following:

a) amendments to the Plan document (including complete or partial Plan termination or merger with another plan),
b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions,
c) bankruptcy of the Plan sponsor or other Plan sponsor events that cause a significant withdrawal from the Plan or
d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

The Plan administrator does not believe that any event which would limit the Plan's ability to transact at contract value with participants has occurred. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The group annuity contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Note 6 - Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). 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;

Note 6 - Fair Value Measurements (continued)

- 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.

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 maximize the use of relevant 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, 2015 and 2014.

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 to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Group annuity contract: The group annuity contract is valued at contract value, which approximates fair value (see Note 5).

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

December 31, 2015

	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Domestic Value Funds	$ 1,033,082	$ -	$ -	$ 1,033,082
Domestic Blend Funds	1,439,900	-	-	1,439,900
Domestic Growth Funds	3,187,516	-	-	3,187,516
International Funds	1,076,264	-	-	1,076,264
Target Date Funds	451,418	-	-	451,418
Bond Funds	478,099	-	-	478,099
Group Annuity Contract	-	2,731,619	-	2,731,619
Total	$ 7,666,279	$ 2,731,619	$ -	$10,397,898

Note 6 - Fair Value Measurements (continued)

December 31, 2014

	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Domestic Value Funds	$ 1,192,894	$ -	$ -	$ 1,192,894
Domestic Blend Funds	1,471,489	-	-	1,471,489
Domestic Growth Funds	3,056,862	-	-	3,056,862
International Funds	1,099,141	-	-	1,099,141
Target Date Funds	428,562	-	-	428,562
Bond Funds	755,171	-	-	755,171
Group Annuity Contract	-	2,578,535	-	2,578,535
Total	$ 8,004,119	$ 2,578,535	$ -	$ 10,582,654

Note 7 – Reconciliation of Financial Statements to the Form 5500

The following is a reconciliation of net assets available for benefits and the changes in net assets available for benefits per the financial statements to the Form 5500:

	December 31, 2015	December 31, 2014
Net assets available for benefits, per financial statements	$ 10,572,261	$10,769,405
Add: Corrective distributions payable to participants	-	2,313
Net assets available for benefits, per the Form 5500	$ 10,572,261	$10,771,718

	Year Ended December 31, 2015
Net decrease in net assets per the financial statements	$ (197,144)
Less: 2014 Accrued corrective distributions paid in 2015	(2,313)
Net decrease in net assets per the Form 5500	$ (199,457)

Note 8 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, the Company is required to direct the timely distribution of the participant's account balances. Each participant will receive either the entire amount finally credited to the participant's account, or such amount as may be held by the Trustees until the participant's normal retirement date.

Note 9 - Income Tax Status

The Internal Revenue Service has determined and informed Great-West Trust Company, LLC, the Plan's custodian, via a favorable opinion letter dated March 31, 2014 that the Great-West Trust Company, LLC Prototype Non-standardized Profit Sharing Plan with CODA (the prototype plan upon which the Plan is based) is qualified under Section 401(a) of the Internal Revenue Code ("IRC") and that the Trust is exempt from Federal income taxes under Section 501(a), which provides that income is taxable only upon distribution thereof. The Plan has been amended since receiving the opinion letter; however, the Plan administrator believes that the Plan is currently designed, and being operated, in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

Note 10 - Party-In-Interest Transactions

Great-West Trust Company, LLC is the custodian of the Plan's assets. Certain participant investments are in First Great-West Life & Annuity Insurance Company investment vehicles, which are managed by Great-West Trust Company, LLC and these transactions are considered as party-in-interest transactions.

Participant loans granted in accordance with the Plan are secured by the balances in the participants' accounts. These transactions are considered as party-in-interest transactions.

Administrative fees incurred by the Plan and paid to the custodian for the year ended December 31, 2015 amounted to $13,826 and are considered as party-in-interest transactions.

Note 11 - Risks and Uncertainties

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

Note 12 – Subsequent Events

Effective July 1, 2016, the Custodian for the Plan changed to Milliman, Inc. from Great-West Trust Company, LLC. As a result of the change in Custodian, the recordkeeping, investment management services and assets of the Plan transferred to Milliman, Inc., other than assets totaling approximately $811,000 which remained with Great-West Trust Company, LLC at the time of the change, due to the investments in the Key Guaranteed Portfolio Fund which requires a minimum one year holding period before the transfer to Milliman, Inc. could occur.

The Company has evaluated subsequent events from January 1, 2016 through October 11, 2016, the date the financial statements were available to be issued, and has determined that there are no events to disclose.

Unity International Group 401(k) Plan

Schedule H, line 4i— Schedule of Assets (Held at End of Year)

EIN: 13-2932294 **Plan No. 002**

December 31, 2015

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
*	First GWL&A Key Guaranteed Portfolio Fund	Group annuity contract. Interest crediting rate, net of asset charges, was 1.25% for the year ended December 31, 2015.	a	**$ 2,731,619**
*	Great West Lifetime 2015 Portfolio II T1	1,429 shares—a mutual fund which is invested in a mix of underlying portfolios tailored for investors planning to retire near the transition year. There is no maturity date, rate of interest collateral, par or maturity value due to the nature of the fund.	a	**18,096**
*	Great West Moderate Portfolio II Fund I	45,655 shares—a mutual fund that seeks long term capital appreciation through investments in underlying portfolios with equal emphasis on equity and fixed income investments. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**315,475**
*	Great West Aggressive Portfolio II Fund I	16,081 shares—a mutual fund that seeks long term capital appreciation through investments in underlying portfolios that emphasize equity investments. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**106,777**
*	Great West S&P Small-Cap 600 Index Fund	4,194 shares—a mutual fund that seeks capital preservation through investments in underlying portfolios that emphasize fixed income investments. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**46,675**
	American Funds Europacific Growth R3	8,081 shares—a mutual fund that invests primarily in common stocks of growth companies in Europe and the Pacific Basin. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**359,592**
	Oppenheimer Global Fund A	4,291 shares—a mutual fund that invests primarily in common stocks of U.S. and foreign companies. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**369,649**
	Clearbridge Small Cap Equity Income A	12,685 shares— a mutual fund that invests at least 80% of its net assets in U.S. small cap companies. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**336,013**

Unity International Group 401(k) Plan

Schedule H, line 4i— Schedule of Assets (Held at End of Year)

EIN: 13-2932294 **Plan No. 002**

December 31, 2015

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
	Royce Total Return K	52,199 shares—a mutual fund that invests at least 65% of its net assets in equity securities of dividend paying companies. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**427,514**
*	Great West T Rowe Price Equity Income	36,724 shares—a mutual fund that invests at least 65% of assets in common stocks of high dividend paying well established companies. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**616,959**
	RidgeWorth Mid-Cap Value Equity A	34,240 shares—a mutual fund that invests at least 80% of its net assets in U.S. mid cap companies. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**411,569**
	Fidelity Advisor Leveraged Co Stock - T	1,003 shares—a mutual fund that invests at least 80% of its net assets in leveraged companies. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**51,626**
	American Funds Growth Fund of Amer R3	26,382 shares—a mutual fund that invests primarily in common stocks of growth companies. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**1,071,621**
	Davis NY Venture R	25,877 shares—a mutual fund that invests primarily in common stocks of large cap companies. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**799,339**
	Marsico Focus	5,718 shares—a mutual fund that invests primarily in common stocks of large cap companies. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**92,689**
*	Great West S&P 500 Index	19,793 shares—a mutual fund that invests at least 80% of assets in common stocks of the S&P 500 ® Index. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**347,762**
*	Great-West Ariel Mid-cap Value Fund I	41,923 shares— a mutual fund that invests at least 80% of its net assets in securities of mid cap companies. There is no maturity date, rate of interest collateral, par or maturity value due to the nature of the fund.	a	**62,885**

Unity International Group 401(k) Plan

Schedule H, line 4i— Schedule of Assets (Held at End of Year)

EIN: 13-2932294 **Plan No. 002**

December 31, 2015

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
	PIMCO Total Return Admin	35,985 shares—a mutual fund that invests primarily in investment grade debt securities. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**362,372**
*	Great West American Century Growth Fund I	5,431 shares—a mutual fund that seeks long-term growth and invests primarily in U.S. securities. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**58,216**
*	Great West Bond Index Fund I	7,535 shares—a mutual fund that invests at least 80% of assets in fixed income securities. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**101,266**
*	Great West U.S. Government Mortgage Securities Fund	82 shares—a mutual fund that invests at least 80% of assets in mortgage related securities issued or guaranteed by the U.S. government. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**981**
*	Great West T. Rowe Price Mid-Cap Growth Fund I	38,338 shares—a mutual fund that invests at least 80% of assets in securities of S&P Midcap 400 Index and Russell Midcap Growth Index companies. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**829,638**
*	Great-West Invesco Small Cap Value Fund	14 shares— a mutual fund that invests at least 80% of its net assets in securities of small cap companies. There is no maturity date, rate of interest collateral, par or maturity value due to the nature of the fund.	a	**136**
*	Great-West International Index Fund I	2,431 shares—a mutual fund that invests at least 80% of assets in common stocks of benchmark indices in Europe, Australasia, and Far East. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**24,558**

Unity International Group 401(k) Plan

Schedule H, line 4i— Schedule of Assets (Held at End of Year)

EIN: 13-2932294 **Plan No. 002**

December 31, 2015

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
*	Great-West S&P Mid-Cap 400 Index Fund	3,226 shares—a mutual fund that invests at least 80% of assets in common stocks included in the S&P MidCap 400® Index. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the fund.	a	**43,094**
*	Great-West Lifetime 2025 Fund II TI	4,039 shares—a mutual fund invested in a mix of underlying portfolios tailored for investors planning to retire near the transition year. There is no maturity date, rate of interest collateral, par or maturity value due to the nature of the fund.	a	**55,824**
*	Great-West Lifetime 2035 Fund II TI	22,172 shares—a mutual fund invested in a mix of underlying portfolios tailored for investors planning to retire near the transition year. There is no maturity date, rate of interest collateral, par or maturity value due to the nature of the fund.	a	**336,127**
*	Great-West Lifetime 2045 Fund II TI	589 shares-a mutual fund invested in a mix of underlying portfolios tailored for investors planning to retire near the transition year. There is no maturity date, rate of interest collateral, par or maturity value due to the nature of the fund.	a	**9,118**
*	Great-West Lifetime 2055 Fund II TI	2,077 shares—a mutual fund invested in a mix of underlying portfolios tailored for investors planning to retire near the transition year. There is no maturity date, rate of interest collateral, par or maturity value due to the nature of the fund.	a	**32,253**
*	Great-West Conservative Profile II Fund I	3,633 shares—a mutual fund invested in a mix of underlying portfolios that seeks capital preservation with an emphasis on fixed-income investments. There is no maturity date, rate of interest collateral, par or maturity value due to the nature of the fund.	a	**28,412**
	Columbia Diversified Equity Income A	807 shares—a mutual fund that seeks a high level of current income with a secondary consideration of steady growth capital; over 80% of net assets invested in dividend-paying common and preferred stocks. There is no maturity date, rate of interest collateral, par or maturity value due to the nature of the fund.	a	**9,679**
	Invesco Comstock A	204 shares—a mutual fund that seeks total return through growth of capital and current income; over 80% of net assets invested in common stocks, derivatives, and other securities. There is no maturity date, rate of interest collateral, par or maturity value due to the nature of the fund.	a	**4,418**

Unity International Group 401(k) Plan

Schedule H, line 4i— Schedule of Assets (Held at End of Year)

EIN: 13-2932294 **Plan No. 002**

December 31, 2015

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
*	Great-West MFS INTL Value Fund I	27,895 shares— a mutual fund that invests at least 80% of its net assets in securities of foreign companies. There is no maturity date, rate of interest collateral, par or maturity value due to the nature of the fund.	a	**322,466**
*	Great-West Loomis Sayles Bond Fund I	1,135 shares—a mutual fund that seeks high total investment return through a combination of current income and capital appreciation; at least 80% of net assets usually invested in fixed income securities. There is no maturity date, rate of interest collateral, par or maturity value due to the nature of the fund.	a	**13,480**
		Sub-total		**10,397,898**
*	Notes Receivable from Participants	Loans to participants with maturities through June 2023, interest rates ranging from 4.25% to 6.00%, collateralized by participants' vested account balances.	-0-	**174,363**
		Total		**$10,572,261**

*Represents a party in interest as defined by ERISA.
a – The cost of participant-direct investments is not required to be disclosed.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

TruStile 401k Plan
01-JAN-15 to 31-DEC-15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1RCJTX			12,495.19	11,727.70
1RCCTX			7,617.23	7,349.16
1RCETX			339,706.39	326,872.37
1RCFTX			51,521.99	49,538.02
1RCKTX			110,918.05	107,361.50
1RCHTX			9,028.77	8,627.40
1RCITX			58,800.45	57,068.25
1RCMTX			290.32	273.10
1MDIHX			197,142.07	192,497.00
1TBGVX			52,374.62	48,500.33
1PETAX1			67,050.16	65,199.32
1DFTPX			103,878.49	95,260.55
1NAESX			105,417.07	109,462.99
1WSCGX			66,759.86	66,211.84
1NMPAX			169,791.34	170,910.52
1MGRXTM			221,769.77	233,735.67
1SPVZX			121,821.26	108,736.52
1ALARX			132,975.55	142,751.36
1ACSTX			90,051.50	80,874.31
1JMIEX			26,694.28	22,264.49
1VFINX			301,980.23	389,912.44
1VWELX			1,058,004.35	1,082,160.69
1MNTRX			82,038.65	81,349.67
1KGPF		1.200	501,014.27	525,529.01
			3,889,141.86	**3,984,174.21**
PARTICIPANT LOANS	VARIOUS	3.250-8.250	129,531.77	129,558.64
FORFEITURES			1,288.80	1,321.64

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 14-1876339

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

TruStile 401k Plan
01-JAN-15 to 31-DEC-15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1RCJTX	American Funds 2015 Target Date Fund R3	1RCCTX	American Funds 2020 Target Date Fund R3
1RCETX	American Funds 2030 Target Date Fund R3	1RCFTX	American Funds 2035 Target Date Fund R3
1RCKTX	American Funds 2040 Target Date Fund R3	1RCHTX	American Funds 2045 Target Date Fund R3
1RCITX	American Funds 2050 Target Date Fund R3	1RCMTX	American Funds Trgt Date Ret 2055 R3
1MDIHX	MFS International Diversification R3	1TBGVX	Tweedy, Browne Global Value
1PETAX1	PIMCO Real Estate Real Return Strategy A	1DFTPX	DFA US Targeted Value R2
1NAESX	Vanguard Small Cap Index Fund	1WSCGX	Wells Fargo Small Co Growth I
1NMPAX	Columbia Mid Cap Index Fund Z	1MGRXTM	Great-West T Rowe Price MidCap Gr Fund I
1SPVZX	Prudential QMA Mid-Cap Value Z	1ALARX	Alger Capital Appreciation Instl I
1ACSTX	Invesco Comstock A	1JMIEX	JPMorgan Emerging Markets Fund Inst
1VFINX	Vanguard 500 Index Investor	1VWELX	Vanguard Wellington Fund
1MNTRX	Wells Fargo Core Bond Admin	1KGPF	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year