

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>UNIFY INC. PENSION PLAN</u>	1b	Three-digit plan number (PN) ► <u>001</u>
		1c	Effective date of plan <u>01/01/2009</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UNIFY INC.</u> <u>2650 NORTH MILITARY TRAIL</u> <u>FOUNTAIN PARK, SUITE 250</u> <u>BOCA RATON, FL 33431</u>	2b	Employer Identification Number (EIN) <u>26-2722137</u>
		2c	Plan Sponsor's telephone number <u>561-923-7701</u>
		2d	Business code (see instructions) <u>517000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2017	MARGARET KALEHER
	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 ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1346
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 329 6a(2) 292 6b 405 6c 601 6d 1298 6e 10 6f 1308 6g 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: 1A 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department 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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **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>UNIFY INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>UNIFY INC.</u>	D Employer Identification Number (EIN) <u>26-2722137</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>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>302406912</u>
b Actuarial value	2b <u>302406912</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>387</u> (2) Vested Funding Target <u>124090562</u> (3) Total Funding Target <u>124090562</u>
b For terminated vested participants.....	<u>630</u> <u>67175223</u> <u>67175223</u>
c For active participants.....	<u>329</u> <u>62484268</u> <u>63565695</u>
d Total.....	<u>1346</u> <u>253750053</u> <u>254831480</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>5.99 %</u>
6 Target normal cost.....	6 <u>218000</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		<u>08/23/2017</u>
	Signature of actuary	Date
<u>AL-KARIM ALIDINA</u>	Type or print name of actuary	<u>17-06110</u>
<u>AON CONSULTING, INC.</u>	Firm name	Most recent enrollment number
<u>1120 20TH STREET, NW</u> <u>SUITE 600</u> <u>WASHINGTON, DC 20036</u>	Address of the firm	<u>220-223-0673</u>
		Telephone number (including area code)

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, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

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)	15773526	4542617
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	15773526	4542617
10	Interest on line 9 using prior year's actual return of <u>-1.89</u> %	-298120	-85855
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1645391
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 <u>6.20</u> %		102014
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		1747405
d	Portion of (c) to be added to prefunding balance		1747405
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	15475406	6204167

Part III Funding Percentages			
14	Funding target attainment percentage	14	110.16%
15	Adjusted funding target attainment percentage	15	118.66%
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	127.27%
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
Totals ►			18(b)	0	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	0

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: 4.43%	2nd segment: 5.91%
		3rd segment: 6.65%	☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
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 218000
b Excess assets, if applicable, but not greater than line 31a			31b 218000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
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
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)			34 0
	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 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
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
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016	
A Name of plan UNIFY INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNIFY INC.	D Employer Identification Number (EIN) 26-2722137

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	
THE VANGURAD GROUP INC.	455 DEVON PARK DRIVE WAYNE, PA 19087

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DREYFUSS CORPORATION - MBSC SECURIT	144 GLENN CURTIS BLVD. UNIONDALE, NJ 11558

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ISHARES BLACKROCK	400 HOWARD STREET SAN FRANCISCO, CA 94105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
OPPENHEIMER FUNDS SERVICES	12100E ILIFF AVENUE, SUITE 300 AURORA, CO 80014

(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)

BANK OF AMERICA

94-1687665

(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?
15 21 27 28 50	TRUST INVESTMENT ADVISOR	234246	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

COLUMBIA MANAGEMENT INVESTMENT

P.O. BOX 8081
BOSTON, MA 02266-8081

(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 50 51	NONE	133714	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON HEWITT

22-2232264

(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?
13 50	NONE	115061	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)

CAMBIAR INVESTORS, LLC

200 COLUMBINE STREET, #800
DENVER, CO 80206

(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 50 51	NONE	46009	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ROBECO INVESTMENT MANAGEMENT, INC.

900 THIRD AVENUE 32ND FLOOR
NEW YORK, NY 10022

(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 50 51	NONE	11136	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BAIRD FUNDS

615 E. MICHIGAN STREET, 3RD FLOOR
MILWAUKEE, WI 53202

(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 50 51	NONE	10923	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

APEX

10050 INNOVATION DRIVE, SUITE 120
DAYTON, OH 45342

(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 50 51	NONE	7936	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

HILLCREST ASSET MANAGEMENT

2805 DALLAS PARKWAY
SUITE 250
PLANO, TX 75093

(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 50 51	NONE	7039	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RSM US LLP

42-0714325

(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?
10 50	AUDITOR	6590	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)

FIERA CAPITAL INC.

10050 INNOVATION DRIVE
SUITE 120
DAYTON, OH 45342

(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 50 51	NONE	5545	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>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> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan UNIFY INC. PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNIFY INC.	D Employer Identification Number (EIN) 26-2722137	

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)	215000	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	2047106	2021012
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	12208720	19754912
(2) U.S. Government securities	1c(2)	43659466	33980914
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	75683416	82260764
(B) All other.....	1c(3)(B)	41655668	50142579
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	27620361	22842104
(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)	11400823	10366482
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	87916777	89375198

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	302407337	310743965

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	203977	183655
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	203977	183655

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	302203360	310560310
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	47727	
(B) U.S. Government securities	2b(1)(B)	46474	
(C) Corporate debt instruments	2b(1)(C)	6038694	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	882586	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7015481
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	484259	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	138931	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		623190
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	386332410	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	381875738	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		4456672
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	10325344	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		10325344

		(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)		-304341
c Other income.....	2c		1675699
d Total income. Add all income amounts in column (b) and enter total.....	2d		23792045

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14796307	
(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)		14796307
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)	355898	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	222301	
(4) Other	2i(4)	60589	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		638788
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15435095

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8356950
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) ☐ 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: RSM US LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
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			
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			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4014411. (See instructions.)

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 sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>UNIFY INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNIFY INC.</u>	D Employer Identification Number (EIN) <u>26-2722137</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>94-1687665</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>37</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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2016
v. 160205

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: <u>7.4</u> % Investment-Grade Debt: <u>57.1</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>35.5</u> %	
	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
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / /	

Unify Inc.

Pension Plan

Financial Report
December 31, 2016

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Independent Auditor's Report

To the Participants and Plan Administrator
Unify Inc. Pension Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Unify Inc. Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years ended December 31, 2016 and 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 31, 2016 and 2015, and the changes in its financial status for the years ended December 31, 2016 and 2015, in accordance with accounting principles generally accepted in the United States of America.

Other Matter – Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held as of December 31, 2016, and reportable transactions for the year ended December 31, 2016, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

RSM VS LLP

West Palm Beach, Florida
October 6, 2017

Unify Inc. Pension Plan

Statements of Net Assets Available for Benefits December 31, 2016 and 2015

	2016	2015
Assets		
Investments at fair value:		
Shares of registered investment companies (mutual funds)	\$ 30,121,394	\$ 23,609,544
U.S. government and agency bonds	33,980,914	43,659,466
Municipal bonds	10,293,139	11,593,995
Corporate bonds	119,335,540	103,222,935
Foreign bonds	19,232,761	20,495,909
Common stocks	22,842,104	27,620,361
Exchange traded funds	72,917,101	69,943,021
Total investments	308,722,953	300,145,231
Contributions receivable	-	215,000
Accrued income	2,021,012	2,047,106
Total assets	310,743,965	302,407,337
Accrued expenses	183,655	203,977
Net assets available for benefits	\$ 310,560,310	\$ 302,203,360

See notes to financial statements.

Unify Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2016 and 2015

	2016	2015
Changes to net assets attributed to:		
Investment results:		
Net appreciation (depreciation) in fair value of investments	\$ 14,477,675	\$ (14,881,392)
Interest and dividends	7,638,671	7,529,190
Other income	1,675,699	1,690,070
Total investment results	23,792,045	(5,662,132)
Employers' contribution	-	1,720,000
Deductions from net assets attributed to:		
Benefits paid to participants	14,796,307	17,519,243
Administrative expenses	638,788	709,134
Total deductions	15,435,095	18,228,377
Net increase (decrease)	8,356,950	(22,170,509)
Net assets available for benefits:		
Beginning	302,203,360	324,373,869
Ending	<u>\$ 310,560,310</u>	<u>\$ 302,203,360</u>

See notes to financial statements.

Unify Inc. Pension Plan

Notes to Financial Statements

Note 1. Description of Plan

The following description of the Unify Inc. Pension Plan (the Plan) provides only general information. The Plan's documents should be referred to for a complete description of the Plan's provisions.

General: The Plan is a defined benefit pension plan established on January 1, 2009, for certain employees of Unify Inc. (the Company and Plan Sponsor). The Plan Committee is responsible for oversight of the Plan. The Plan's Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan Administrator. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On August 31, 2008, Siemens Communications, Inc. (the Parent) contributed its "Enterprise Business" to the newly founded Company pursuant to the Local Asset Transfer Agreement (the Agreement) signed between the two entities. The Agreement included in its attachments a list of active and inactive employees that are considered part of the business and whose benefits are the responsibility of the Company. The terms and conditions of the Plan apply only to individuals who were participants in the Siemens Pension Plan as of December 31, 2008, and were listed on Part A or Part C of Schedule 4 in the Agreement, as they were either actively employed by the Parent on August 31, 2008, or retired or terminated employment with the Parent on or after October 1, 2006, but before August 31, 2008, provided they were employed by the Parent primarily in connection with the business ultimately comprising Unify Inc. at their last day of employment with the Parent.

Eligible employees of the Company continued to accrue benefits under the Siemens Pension Plan until the date of establishment of the Plan on January 1, 2009. Subsequent to the establishment of the Plan, accrued benefits under the Siemens Pension Plan were transferred to the Plan for those employees who became participants in the Plan.

On September 30, 2009, the Board of Directors of the Company adopted a resolution to freeze future benefits in the Plan. Effective December 31, 2009, the Plan was frozen for accrual of new benefits.

Effective October 15, 2013, the Company changed its name from Siemens Enterprise Communications, Inc. to Unify Inc. and concurrently the Board of Directors adopted a resolution to rename the Plan to Unify Inc. Pension Plan.

On January 20, 2016, the Company was acquired by ATOS.

Benefits and benefit obligations: Participants in the Plan are classified as either Cash Balance or Final Average Pay Participants. Cash Balance benefits are calculated as of the last day of each calendar month ending prior to a Cash Balance Member's Benefit Commencement Date. Each Cash Balance Member's Account is credited with an Interest Credit equal to the interest calculated for the month on the balance in the account as of the first day of the month based on a pro rata portion of the annual rate of interest on 30-year Treasury securities as of the preceding August. As of the last day of each calendar month, those Cash Balance Members that continue to be actively employed are credited with a Pay Credit for their services equal to the applicable yearly percentage applied pro rata to their yearly income. Pay Credits ceased effective December 31, 2009 when the Plan was frozen for accrual of new benefits.

Unify Inc. Pension Plan

Notes to Financial Statements

Note 1. Description of Plan (Continued)

Employees who are considered Final Average Pay Members, as defined by the Plan, are entitled to annual pension benefits, beginning at normal retirement age (65). Pension benefits as of December 31, 2016, are determined as the greater of:

- (a) 1.125% of the first \$12,000 of the Final Average Pay Member's Average Final Compensation (average of the participant's four highest consecutive years of annual compensation through December 31, 2009) and number of years of Service Credit, plus 1.5% of the portion of the Final Average Pay Member's Average Final Compensation in excess of \$12,000, multiplied by the number of years and completed months, expressed as a fraction of a year, of Benefit Service through December 31, 2009. In the case of any Final Average Pay Member whose cumulative permitted disparity fraction reaches 35, the Final Average Pay Benefit Service shall be determined at the rate of 1.5% of his or her Average Final Compensation or;
- (b) The minimum benefit. If a participant was a member of the Plan prior to January 1, 2001, then the participant will not receive a benefit less than the Minimum Benefit accrued under the Final Average Pay formula or any other grandfathered prior plan as of December 31, 2000, as further described in the Plan Document.

The Plan permits early retirement benefits at age 55 with 10 years of service credit.

Any Final Average Pay Member retiring before his or her normal retirement date shall be entitled to receive retirement income commencing on his or her normal retirement date equal to his or her accrued benefit. In lieu thereof, the Final Average Pay Member may, at any time between his or her date of early retirement and his or her normal retirement date, inclusive, elect to receive an amount of retirement income, which shall be his or her accrued benefit multiplied by a percentage derived by subtracting from one hundred percent five-twelfths of one percentage point for each of the first 24 months, plus one-half of one percentage point for each additional month, if any, by which the benefit commencement date of the Final Average Pay Member's retirement benefit precedes the first day of the month coincident with or next following his or her 62nd birthday. For any Final Average Pay Member retiring before his or her normal retirement date and whose benefit commencement date is on or after the date such Final Average Pay Member attains his or her 62nd birthday, there shall be no percentage reduction to such Final Average Pay Member's accrued benefit due to his or her benefit commencement date preceding the date he or she would have attained age 65.

The Plan also provides benefits due to death or disability. Death benefits are determined as the return of accumulated employee contributions, if any, and the account balance or Actuarially Equivalent annuity, is payable to the beneficiary regardless of Vesting Service accrued by the participant. For disability benefits, a participant's account balance is immediately vested and interest credits are granted until the account is paid out or an annuity payment is elected. No Pay Credits are granted unless pay is received.

On August 4, 2017, the Plan was amended to allow for a special lump sum distribution for certain individuals who have terminated employment with the Company on or before May 31, 2017, are entitled to a deferred vested Average Final Compensation Benefit as of October 1, 2017, and has not commenced any portion of his or her plan benefit prior to October 1, 2017. In order to participate, a participant must have elected this option prior to August 31, 2017. The participant may elect to receive this benefit in the form of a lump-sum payment or any of the available optional forms of payment, including annuity monthly payments.

Unify Inc. Pension Plan

Notes to Financial Statements

Note 1. Description of Plan (Continued)

Vested benefits: Participants meet the vesting requirements on the earliest of (i) completion of at least three years of employment, (ii) attainment of his or her normal retirement age, (iii) termination of employment following a period of the member's disability of at least 12 months, (iv) termination of employment by reason of permanent layoff, or (v) his or her transfer of employment to an affiliate company located outside the United States of America that is not an employing company. An employee member who has not satisfied the vesting requirements upon termination of employment shall have no right to receive any portion of his or her accrued benefit derived during the time of his or her employment. All eligible participants, at the time of the transfer from the Siemens Pension Plan, are fully vested. Participants have the option of receiving their vested benefit in the form of a lump sum payment if the actuarial equivalent of the age-65 monthly retirement benefits payable as a life annuity is less than \$5,000 or a monthly annuity payable for their lifetime.

Effective November 1, 2012, the Plan was amended to clarify the benefits of certain former employees who were rehired by the Company on or after January 1, 2009. In the event that a Final Average Pay Member, less than age 65, who was receiving benefits from the Parent or the Plan, becomes rehired by the Company or an affiliate on or after January 1, 2009, the benefits payable shall be suspended for each month during the benefit-suspension service, which is defined as a calendar month with 40 or more hours of service. At the completion of the benefit-suspension service, the benefit payments shall be determined under the applicable provisions of the Plan. Actuarial adjustments are applicable for any Final Average Pay Member whose retirement income commenced under the Plan prior to his or her commencement of the benefit-suspension service.

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 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, liabilities and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates and assumptions.

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 Committee determines the Plan's valuation policies utilizing information provided by the investment custodian and advisors. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a settlement basis, which is not materially different than a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded when earned. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Plan invests in various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Plan's financial statements. Management believes that the trustee maintains the Plan's investments with high quality institutions and attempts to limit the exposure to any particular investment.

Unify Inc. Pension Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Payment of benefits: Benefit payments are recorded when paid.

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are those future 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' compensation during each year 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 the Company's independent actuary and is the 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 disability, withdrawals or retirement) between the valuation date and the expected date of payment. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective. The valuation date used by the Plan's actuary is January 1, 2017. Had the valuation been performed as of December 31, there would have been no material differences.

Expenses: Administrative expenses are either paid by the Plan or the Company. Expenses include investment management, investment advisory, actuarial services, plan administration, trust and custodian services, audit and legal fees. The Company provides certain administrative and accounting services to the Plan at no cost. Total administrative expenses for the years ended December 31, 2016 and 2015, were \$638,788 and \$709,134, respectively.

Subsequent events: The Plan has evaluated subsequent events through October 6, 2017, the date the financial statements were available to be issued.

Note 3. Funding Policy

Contributions to provide benefits under the Plan are made by the Company. Beginning with the Plan year 2013, the Plan Sponsor has elected to measure its pension liability using the 25-year average of segment rates plus or minus a corridor, as allowed by the Moving Ahead for Progress in the 21st Century Act (MAP-21), which has reduced the legally required minimum contributions under that methodology. The minimum required contributions for each of 2016 and 2015 were \$0. The Company's funding contribution for 2016 and 2015 was \$0 and \$1,720,000, respectively.

Unify Inc. Pension Plan

Notes to Financial Statements

Note 4. Actuarial Present Value of Accumulated Plan Benefits

The statement of accumulated plan benefits and changes in accumulated plan benefits as of and for the years ended December 31, 2016 and 2015, are presented from information provided by the actuary as of January 1, 2017 and 2016, in the following tables. There have been no significant changes in the Plan's provisions or coverage from December 31 to January 1. As noted in Note 1, accrual of new benefits was frozen as of December 31, 2009.

The actuarial present value of accumulated plan benefits as of December 31, 2016 and 2015, are as follows:

	2016	2015
Vested benefits:		
Participants currently receiving payments	\$ 163,578,591	\$ 154,010,951
Vested benefits for other participants	155,369,798	159,042,511
Total vested benefits	318,948,389	313,053,462
Nonvested benefits	220,667	1,054,137
Total actuarial present value of accumulated plan benefits	<u>\$ 319,169,056</u>	<u>\$ 314,107,599</u>

The changes in the actuarial present value of accumulated benefits for the years ended December 31, 2016 and 2015, consist of the following:

	2016	2015
Actuarial present value of accumulated benefits, beginning of year	<u>\$ 314,107,599</u>	<u>\$ 326,627,318</u>
Increase (decrease) during year attributable to:		
Interest accumulation	13,038,423	12,718,143
Benefit payments	(14,796,307)	(17,519,243)
Change in actuarial assumptions (1)	4,439,439	(8,767,580)
Other changes	2,379,902	1,048,961
Net increase (decrease)	<u>5,061,457</u>	<u>(12,519,719)</u>
Actuarial present value of accumulated benefits, end of year	<u>\$ 319,169,056</u>	<u>\$ 314,107,599</u>

(1) Represents a change in the interest rate assumption from 4.25% to 3.90% and from 4.00% to 4.25% as of December 31, 2016 and 2015, respectively.

Significant assumptions underlying the actuarial computations as of January 1, 2017, were: (a) life expectancy of participants and disabled mortality rates were calculated using the RP-2014 mortality tables and the RP-2014 disabled retirement mortality table, respectively, with mortality rates for both life expectancy and disable rates projected generationally using scale MP-2016, (b) retirement age assumptions ranging from age 55 through age 70+, and (c) interest rate of 3.90%.

The foregoing actuarial assumptions are based on the assumption 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.

Unify Inc. Pension Plan

Notes to Financial Statements

Note 5. Investments and Fair Value Disclosures

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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the best level of 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, 2016 and 2015:

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

Corporate, municipal and foreign bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Common stocks, exchange traded funds and preferred stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Unify Inc. Pension Plan

Notes to Financial Statements

Note 5. Investments and Fair Value Disclosures (Continued)

U. S. government securities and agency bonds: Valued using pricing models maximizing the use of observable inputs for similar securities.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015.

Description	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Shares of registered investment companies	\$ 30,121,394	\$ -	\$ -	\$ 30,121,394
U.S. government and agency bonds	33,980,914	-	-	33,980,914
Common stocks	22,842,104	-	-	22,842,104
Exchange traded funds	72,917,101	-	-	72,917,101
Corporate bonds	-	119,335,540	-	119,335,540
Municipal bonds	-	10,293,139	-	10,293,139
Foreign bonds	-	19,232,761	-	19,232,761
Total assets at fair value	<u>\$ 159,861,513</u>	<u>\$ 148,861,440</u>	<u>\$ -</u>	<u>\$ 308,722,953</u>

Description	Assets as Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Shares of registered investment companies	\$ 23,609,544	\$ -	\$ -	\$ 23,609,544
U.S. government and agency bonds	43,659,466	-	-	43,659,466
Common stocks	27,620,361	-	-	27,620,361
Exchange traded funds	69,943,021	-	-	69,943,021
Corporate bonds	-	103,222,935	-	103,222,935
Municipal bonds	-	11,593,995	-	11,593,995
Foreign bonds	-	20,495,909	-	20,495,909
Total assets at fair value	<u>\$ 164,832,392</u>	<u>\$ 135,312,839</u>	<u>\$ -</u>	<u>\$ 300,145,231</u>

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits.

Unify Inc. Pension Plan

Notes to Financial Statements

Note 6. Related Party and Parties-In-Interest Transactions

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Plan investments are managed by Bank of America. Bank of America is the investment advisor, co-fiduciary and trustee as defined by the Plan; and, therefore, these transactions qualify as party-in-interest transactions. During the years ended December 31, 2016 and 2015, the Plan paid from the trust account \$234,246 and \$393,495, respectively, for trust and custodian services, investment management and advisory fees to Bank of America, contracted by the Plan Sponsor for the Plan. The Company provides certain administrative services for the Plan and is not reimbursed for their service to the Plan.

Note 7. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated July 9, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (Code). The Plan Administrator believes the Plan is currently designed and is currently being operated in compliance with the applicable requirements of the Code and therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken any significant uncertain tax positions that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. Risks and Uncertainties

Plan contributions are made and the actuarial present value of accumulated 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 estimations 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.

The Pension Protection Act of 2006 (PPA) as amended by the Worker, Retiree and Employer Recovery Act of 2008 (WRERA) imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The "At-Risk" status is referred to as the Funding Target Attainment Percentage (FTAP). A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). The AFTAP for the Plan was 97.36% for 2016 in accordance with ASC 960. Because the Plan's AFTAP equals or exceeds 80%, the Plan is not subject to any benefit limitations for 2016.

Unify Inc. Pension Plan

Notes to Financial Statements

Note 9. Plan Termination

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

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the 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. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2016, that ceiling is \$5,011 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are 65 years old at the time of retirement or Plan termination, whichever comes later. For younger annuitants, or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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.

Unify Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2016

Employer Identification Number: 26-2722137

Plan Number: 001

Identity of Issue and Description of Investment	Cost	Current Value
Shares of registered investment companies:		
DREYFUS CASH MANAGEMENT FUND	\$ 4,486,467	\$ 19,754,257
OPPENHEIMER INTL GROWTH FUND CL Y SHS	10,777,773	10,366,482
BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT	388	655
Exchange traded funds:		
VANGUARD FTSE EMERGING MKTS ETF	12,520,959	12,327,069
ISHARES CORE S&P 500 ETF	32,138,205	60,590,032
Common stocks:		
AMDOCS LTD COM GUERNSEY	41,308	51,668
AON PLC COM UNITED KINGDOM	46,265	52,085
ARGO GROUP INTL HLDGS LTD COM BERMUDA	62,945	79,541
ARRIS INTERNATIONAL PLC COM UNITED KINGDOM	39,099	39,952
COCA COLA EUROPEAN PARTNERS PLC COM UNITED KINGDOM	13,661	14,632
EATON CORP PLC COM IRELAND	18,077	17,846
HELEN OF TROY LTD COM BERMUDA	64,468	56,075
HORIZON PHARMA PLC COM IRELAND	34,476	29,173
ICON PLC COM IRELAND	41,361	61,739
INGERSOLL-RAND CO LTD COM IRELAND	33,446	39,171
TRAVELPORT WORLDWIDE LTD COM BERMUDA	23,350	102,155
PERRIGO CO COM IRELAND	11,174	8,822
XL GROUP LTD COM BERMUDA	11,968	12,929
TE CONNECTIVITY LTD COM SWITZERLAND	21,684	26,811
MELLANOX TECHNOLOGIES LTD COM ISRAEL	25,264	20,450
AERCAP HOLDINGS NV COM NETHERLANDS	189,795	209,506
MOBILEYE NV COM NETHERLANDS	33,784	30,229
BROADCOM LTD COM SINGAPORE	7,502	17,147
FLEXTRONICS COM SINGAPORE	23,961	32,218
ACS ACTIV DE CONSTRUCC Y SERV UNSPONSORED ADR SPAIN	192,602	194,670
AMN HEALTHCARE SVCS INC COM	69,787	122,079
ANI PHARMACEUTICALS INC COM	31,701	36,736
AARONS INC CL A COM	77,430	74,793
ACADIA HEALTHCARE CO INC COM	54,615	36,311
ACADIA PHARMACEUTICALS INC COM	18,513	16,929
ACETO CORP COM	63,576	63,933
ACTIVISION BLIZZARD INC COM	35,115	47,990
ACUITY BRANDS INC COM	45,429	62,794
ADECCO GROUP S A ADR SWITZERLAND	148,788	207,882
ADVANCED AUTO PTS INC COM	15,753	17,758
AEGON N V NY REGISTRY SHS	341,493	277,147
ADVANCED ENERGY INDS COM	58,340	57,323
AFFILIATED MANAGERS GROUP COM	56,895	54,197
AGIOS PHARMACEUTICALS INC COM	19,760	8,722
AIRBUS GROUP UNSPONSORED ADR NETHERLANDS	284,514	326,081
AKAMAI TECHNOLOGIES INC COM	52,857	57,278
AKORN INC COM	43,771	34,142
ALDER BIOPHARMACEUTICALS INC COM	22,382	12,626
ALLEGHANY CORP DEL COM	38,047	53,515
ALLIANCE DATA SYS CORP COM	79,656	90,715
ALLIANT CORP COM	16,436	21,863
ALLSTATE CORP COM	27,458	33,576

(Continued)

Unify Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

Employer Identification Number: 26-2722137

Plan Number: 001

Identity of Issue and Description of Investment	Cost	Current Value
AMBEV S A SPONSORED ADR BRAZIL	\$ 224,948	\$ 183,389
AMEREN CORP COM	15,130	19,620
AMERICAN ELEC PWR INC COM	39,137	47,157
AMERICAN EQUITY INVT LIFE HLDG COM	35,980	51,617
ANADARKO PETE CORP COM	10,389	16,805
ANDERSONS INC COM	39,963	49,617
APOGEE ENTERPRISES INC COM	66,988	78,787
ARGAN INC COM	23,473	38,450
ARROW ELECTRS INC COM	31,457	42,851
ARTISAN PARTNERS ASSET MGMT INC COM CL A	33,519	33,439
ASTELLAS PHARMA INC SER A ADR JAPAN	241,358	209,371
AVERY DENNISON CORP COM	6,341	7,654
AVISTA CORP COM	68,365	68,663
AXA SA SPONSORED ADR FRANCE	294,400	324,725
BB&T CORP COM	18,793	26,425
B & G FOODS INC CL A COM	33,895	40,296
BHP BILLITON PLC SPONSORED ADR UNITED KINGDOM	175,531	207,227
BANCO BILBAO VIZCAYA ARGENTARIA S A SPONSORED ADR SPAIN	284,256	214,880
BANK OF THE OZARKS INC COM	33,406	42,335
BEACON ROOFING SUPPLY INC COM	32,370	32,618
BECTON DICKINSON & CO COM	25,461	27,647
BERKLEY W R CORP COM	24,067	31,326
BERRY PLASTICS GROUP INC COM	25,175	33,624
BEST BUY INC COM	8,967	11,606
BIG LOTS INC COM	38,701	39,164
BLACK HILLS CORP COM	88,358	91,826
BLACKBAUD INC COM	32,061	30,016
BORG WARNER INC COM	17,113	18,852
BOSTON BEER INC CL A COM	42,956	36,008
BOSTON SCIENTIFIC CORP COM	28,575	38,415
BRIGGS & STRATTON CORP COM	77,214	76,196
BROADSOFT INC COM	30,731	38,486
BRUKER CORP COM	8,308	8,218
BRUNSWICK CORP COM	31,129	42,978
BURLINGTON STORES INC COM	42,786	128,905
CDW CORP COM	58,798	73,916
CK HUTCHISON HLDGS LTD UNSPONSORED ADR CAYMAN ISLANDS	227,823	206,275
CSG SYS INTL INC COM	42,436	43,415
CABLE ONE INC COM	61,231	73,986
CABOT CORP COM	44,588	53,522
CAL MAINE FOODS INC NEW COM	32,461	33,661
CALERES INC COM	39,585	60,028
CALLON PETE CO DEL COM	49,527	68,012
CAMBREX CORP COM	49,489	70,081
CARDINAL HEALTH INC COM	22,873	21,735
CARLSBERG AS SPONSORED ADR DENMARK	196,812	203,319
CARREFOUR SA SPONSORED ADR FRANCE	220,377	199,133
CARRIZO OIL & CO INC COM	86,198	123,703

(Continued)

Unify Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

Employer Identification Number: 26-2722137

Plan Number: 001

Identity of Issue and Description of Investment	Cost	Current Value
CASEYS GEN STORES INC COM	\$ 46,324	\$ 45,174
CENTRAL GARDEN & PET CO COM	25,260	30,873
CHARLES RIV LABORATORIES INTL INC COM	35,340	40,152
CHEMED CORP COM	28,589	61,277
CHINA BIOLOGIC PRODS INC COM	15,966	23,332
CHINA MOBILE LTD SPONSORED ADR HONG KONG	326,996	282,860
CHURCH & DWIGHT INC COM	36,744	46,046
CIENA CORP NEW COM	35,530	43,767
CIMAREX ENERGY CO COM	6,169	8,698
CIRRUS LOGIC CORP COM	23,431	110,479
COGNIZANT TECHNOLOGY SOLUTIONS CL A	18,113	18,154
COLUMBIA SPORTSWEAR CO COM	21,934	20,405
COMMScope HLDG CO INC COM	13,809	16,554
COMSCORE INC COM	42,793	28,896
CONSTELLATION BRANDS INC CL A	3,197	6,746
COOPER COS INC COM NEW	53,505	57,202
COOPER TIRE & RUBR CO COM	42,440	42,424
CORE-MARK HLDG CO INC COM	39,000	35,274
CRACKER BARREL OLD CTRY STORE INC COM	40,898	51,931
CRITEO S A SPONSORED ADR FRANCE	22,789	21,444
CROWN HLDGS INC COM	24,823	26,653
CURTISS WRIGHT CORP COM	9,437	21,147
CUSTOMERS BANCORP INC COM	80,816	107,496
DBS GROUP HLDGS LTD SPONSORED ADR SINGAPORE	155,267	164,914
DNB NOR ASA SPONSORED ADR REPSTG NORWAY	188,107	204,958
DAVE & BUSTERS ENTMT INC COM	38,566	45,941
DAVITA INC COM	23,656	23,882
DEUTSCHE POST AG SPONSORED ADR GERMANY	187,990	222,708
DIAMONDBACK ENERGY INC COM	32,680	105,305
DINEEQUITY INC COM	39,125	32,186
DISCOVER FINL SVCS COM	46,024	67,044
DOLLAR GEN CORP NEW COM	60,703	66,145
DOMINOS PIZZA INC COM	32,636	43,473
DR PEPPER SNAPPLE INC COM	50,965	49,596
DYCOM INDS INC COM	45,746	38,700
E ON SE SPONSORED ADR GERMANY	291,027	215,310
EQT CORP COM	32,413	30,673
EAST WEST BANCORP INC COM	49,383	110,809
EBAY INC COM	27,701	32,421
EDISON INTL COM	40,290	52,409
EDWARDS LIFESCIENCES CORP COM	55,951	60,062
EMCOR GROUP INC COM	32,017	39,767
ENERGEN CORP COM	46,706	50,461
ENGIE SPONSORED ADR FRANCE	254,816	210,936
EURONET WORLDWIDE INC COM	70,295	152,827
EVERCORE PARTNERS INC CL A COM	41,266	42,731
EXLSERVICE HLDGS INC COM	38,881	38,133
EXPEDIA INC DEL NEW COM	13,692	19,711
FASTENAL CO COM	53,998	53,980
FIDELITY NATL INFORMATION SVCS INC COM	41,248	50,981

(Continued)

Unify Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

Employer Identification Number: 26-2722137

Plan Number: 001

Identity of Issue and Description of Investment	Cost	Current Value
FIFTH THIRD BANCORP COM	\$ 36,774	\$ 59,981
FINANCIAL ENGINES INC COM	28,754	33,002
FIRST BUSEY CORP NEW COM	46,291	66,392
FIRST INTST BANCSYSTEM INC CL A COM	77,037	114,417
FIRST REP BK SAN FRANCISCO CA NEW COM	32,140	40,357
FISERV INC COM	48,756	67,382
FIRSTENERGY CORP COM	7,790	7,185
FLUOR CORP COM NEW	15,261	14,706
FORTIVE CORP COM	58,461	59,476
FORTUNE BRANDS HOME & SEC INC COM	43,837	51,803
FRESENIUS MED CARE AG SPONSORED ADR GERMANY	228,324	214,342
G-III APPAREL GROUP LTD COM	49,098	29,057
GARTNER GROUP INC NEW CL A	48,579	62,562
GEMALTO NV SPONSORED ADR NETHERLANDS	219,702	196,723
GIGAMON INC COM	23,697	29,061
GLATFELTER COM	32,433	38,582
GLOBAL BRASS & COPPER HLDGS INC COM	77,967	76,215
GLOBUS MED INC CL A COM	21,679	22,106
GRACO INC COM	42,347	46,032
GRAPHIC PACKAGING HLDG CO COM	31,746	41,109
GREAT PLAINS ENERGY INC COM	21,776	23,330
GREAT WESTN BANCORP INC COM	66,531	86,570
GROUP 1 AUTOMOTIVE INC COM	38,339	47,933
GULFPORT ENERGY CORP NEW COM	13,818	10,387
HD SUPPLY HLDGS INC COM	13,330	17,854
HFF INC CL A COM	27,443	23,172
HSBC HLDGS PLC SPON ADR NEW UNITED KINGDOM	331,047	308,221
HARRIS CORP DEL COM	45,281	61,072
HASBRO INC COM	20,920	90,548
HAWAIIAN HLDGS INC COM	40,910	49,248
HEXCEL CORP NEW COM	36,192	43,981
HILLTOP HLDGS INC COM	51,797	77,659
HOMESTREET INC COM	75,765	73,660
HUBBELL INC COM	16,307	19,139
HUNT J B TRANS SVCS INC COM	39,790	51,544
HUNTINGTON BANCSHARES INC COM	32,712	50,461
HUNTINGTON INGALLS INDS INC COM	7,171	19,893
IAC / INTERACTIVECORP PAR \$.001 COM	19,128	22,029
IDEXX LABS INC COM	36,981	64,499
IMAX CORP COM CANADA	35,025	31,400
INC RESEARCH HLDGS INC CL A COM	65,915	80,110
INNOSPEC INC COM	46,379	65,281
INSPERITY INC COM	32,107	33,701
INSULET CORP COM	25,298	22,495
INTERACTIVE BROKERS GROUP INC COM	30,987	36,875
INTERPUBLIC GROUP COS INC COM	25,360	25,657
INTESA SANPAOLO SPONSORED ADR ITALY	336,391	319,481
INTUITIVE SURGICAL INC COM	65,909	69,125
J & J SNACK FOODS CORP COM	41,703	47,234
JABIL CIRCUIT INC COM	14,843	17,800

(Continued)

Unify Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

Employer Identification Number: 26-2722137

Plan Number: 001

Identity of Issue and Description of Investment	Cost	Current Value
JANUS CAP GROUP INC COM	\$ 42,129	\$ 34,343
J2 GLOBAL INC COM	25,476	29,284
JULIUS BAER GROUP LTD ADR SWITZERLAND	238,904	212,574
KNOLL INC NEW COM	64,373	75,607
KOMATSU LTD SPON ADR NEW JAPAN	207,852	205,403
KONINKLIJKE PHILIPS NV SPONSORED ADR NY REGISTRY SH NEW 2000 NETHERLANDS	187,444	218,637
LKQ CORP COM	50,196	56,181
LA Z BOY INC COM	44,274	51,388
LABORATORY CORP AMER HLDGS NEW COM	31,251	62,136
LEIDOS HLDGS INC COM	14,055	14,421
LITHIA MTRS INC CL A	45,034	49,964
LOEWS CORP COM	25,581	29,175
LULULEMON ATHLETICA INC COM	61,437	55,306
MAINSOURCE FINL GROUP INC COM	32,565	49,983
MANHATTAN ASSOCS INC COM	31,854	37,863
MANPOWERGROUP INC COM	30,921	38,303
MARATHON OIL CORP COM	32,233	37,476
MARATHON PETE CORP COM	24,333	29,404
MARKETAXESS HLDGS INC COM	25,108	23,360
MARRIOTT VACATIONS WORLDWIDE CORP COM	40,179	51,165
MARSH & MCLENNAN COS INC COM	22,319	31,159
MASCO CORP COM	22,430	32,158
MATRIX SVC CO COM	30,078	31,962
MAXIMUS INC COM	26,538	47,366
MAZDA MTR CORP ADR COM JAPAN	203,963	209,696
MCCORMICK & CO INC COM NON VTG	45,213	58,891
MEDIDATA SOLUTIONS INC COM	41,738	44,355
MICROSEMI CORP COM	17,027	30,817
MIDDLEBY CORP COM	47,517	70,459
MITSUBISHI ESTATE LTD UNSPONSORED ADR JAPAN	235,089	208,310
MOMENTA PHARMACEUTICALS INC COM	22,130	28,264
MONOLITHIC PWR SYS INC COM	39,338	50,960
MOODYS CORP COM	7,022	8,861
MURATA MFG CO CO LTD ADR JAPAN	214,251	213,984
NRG YIELD INC CL C COM	65,783	65,949
NATIONAL GEN HLDGS CORP COM	66,734	76,145
NATUS MEDICAL INC COM	40,329	38,593
NAVIENT CORP COM	20,687	26,682
NETEASE INC SPONSORED ADR COM CAYMAN ISLAND	15,331	26,702
NEWELL RUBBERMAID INC COM	26,270	36,479
NEWFIELD EXPL CO COM	34,010	32,603
O REILLY AUTOMOTIVE INC NEW COM	48,997	69,603
OLLIES BARGAIN OUTLET HLDGS INC COM	50,622	52,974
OMNICOM GROUP INC COM	15,563	20,341
ON SEMICONDUCTOR CORP COM	13,098	17,047
OPHTHOTECH CORP COM	28,766	2,937
ORANGE S A SPONSORED ADR FRANCE	232,810	207,993
OSHKOSH TRUCK CORP COM	42,419	44,064
OTSUKA HLDGS CO LTD ADR JAPAN	176,398	209,400
PG&E CORP COM	32,343	37,556

(Continued)

Unify Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

Employer Identification Number: 26-2722137

Plan Number: 001

Identity of Issue and Description of Investment	Cost	Current Value
PPG INDS INC COM	\$ 15,803	\$ 15,256
PRA GROUP INC COM	27,247	36,598
PACIFIC CONTL CORP COM	37,609	48,289
PANASONIC CORP ADR JAPAN	202,948	193,873
PANERA BREAD CO CL A	50,237	48,401
PARSLEY ENERGY INC COM	30,591	51,486
PLY GEM HLDGS INC COM	50,271	57,850
POLYONE CORP COM	24,663	24,254
POOL CORP COM	32,362	35,580
PORTLAND GEN ELEC CO COM NEW	15,559	18,155
POWER INTEGRATIONS INC COM	26,519	46,749
PRESTIGE BRANDS HLDGS INC COM	31,168	30,479
PROTO LABS INC COM	28,969	26,034
PULTEGROUP INC COM	8,254	8,492
QEP RES INC COM	12,115	12,519
QORVO INC COM	15,008	14,132
QUALYS INC COM	23,519	24,624
RSP PERMIAN INC COM	20,395	32,350
RADIUS HEALTH INC COM	16,886	10,078
RAYMOND JAMES FINL INC COM	29,807	43,848
REINSURANCE GROUP AMER INC COM	30,783	46,305
RICE ENERGY INC COM	9,233	7,729
ROBERT HALF INTL INC COM	35,435	43,365
ROCHE HLDG LTD SPONSORED ADR SWITZERLAND	379,747	313,962
ROCKWELL AUTOMATION INC COM	38,695	45,965
ROYAL DSM N V SPONSORED ADR	172,865	193,623
ROYAL DUTCH SHELL PLC SPONSORED ADR CL A DUTCH LISTING	316,405	328,673
ROYAL KPN NV SPONSORED ADR NETHERLANDS	261,432	215,521
RUTHS HOSPITALITY GROUP INC COM	22,723	23,644
SEI INVESTMENTS CO COM	16,218	22,360
SLM CORP COM	12,657	19,219
SANMINA CORP COM	62,990	88,766
SCHLUMBERGER LTD COM CURACAO	289,228	315,736
SCHWAB CHARLES CORP NEW COM	5,221	9,749
SCIENCE APPLICATIONS INTL CORP NEW COM	34,709	54,272
SEACOAST BKG CORP FLA NEW COM	47,613	61,371
SEALED AIR CORP NEW COM	36,424	34,594
SECOM LTD ADR JAPAN	181,871	208,962
SEIKO EPSON CORP UNSPONSORED ADR JAPAN	153,904	215,128
SERVICENOW INC COM	49,650	48,395
SHUTTERSTOCK INC COM	22,802	23,712
SIMMONS 1ST NATL CORP CL A \$10 PAR	71,205	93,349
SKECHERS U S A INC CL A	25,609	27,382
SMITH & NEPHEW PLC SPDN ADR NEW UNITED KINGDOM	241,656	200,995
SMITH A O COM	50,853	73,866
SNAP ON INC COM	45,890	49,326
SOCIETE GENERALE FRANCE SPONSORED ADR FRANCE	180,496	217,701
SPORTSMANS WHSE HLDGS INC COM	33,022	22,329

(Continued)

Unify Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

Employer Identification Number: 26-2722137

Plan Number: 001

Identity of Issue and Description of Investment	Cost	Current Value
STANLEY BLACK & DECKER INC COM	\$ 37,915	\$ 46,220
STATE STR CORP COM	19,583	23,627
STEEL DYNAMICS INC COM	20,426	33,232
STERLING BANCORP DEL COM	65,200	94,208
SUNTRUST BKS INC COM	34,410	51,559
SUNTORY BEVERAGE & FOOD LTD ADR JAPAN	211,347	207,360
SUPERIOR ENERGY SVCS INC COM	32,360	30,063
SYNCHRONOSS TECHNOLOGIES INC COM	40,800	32,402
SYNAPTICS INC COM	28,042	67,243
SYNOPSYS INC COM	39,968	48,442
SYNERGY RES CORP COM	70,044	87,603
SYNCHRONY FINL COM	11,064	11,969
TD AMERITRADE HLDG CORP COM	33,977	55,198
TENNECO INC COM	65,842	94,205
TESORO CORP COM	10,912	11,106
TESSERA HLDG CORP COM	22,507	33,106
TEXTRON INC COM	22,593	27,242
TIMKEN CO COM	18,114	19,374
TORCHMARK CORP COM	17,795	25,890
TOTAL S A SPONSORED ADR FRANCE	306,599	324,322
TOTAL SYS SVCS INC COM	11,211	14,219
TREX INC COM	31,264	43,084
TRIMBLE NAVIGATION LTD COM	51,804	50,833
TRINET GROUP INC COM	33,775	33,972
TUTOR PERINI CORP COM	76,066	73,864
TYLER TECHNOLOGIES INC COM	55,160	53,253
UBIQUITI NETWORKS INC COM	24,415	26,126
ULTA SALON COSMETICS & FRAGRANCE INC COM	58,742	57,871
ULTIMATE SOFTWARE GROUP INC COM	50,336	57,076
UNIVERSAL FST PRODS INC COM	76,825	74,489
UNIVERSAL HLTH SVCS INC CL B	19,037	16,383
UNUM GROUP COM	42,633	55,528
VEEVA SYS INC CL A COM	44,285	58,242
VERISK ANALYTICS INC COM	47,149	46,835
VIVENDI SA ADR FRANCE	260,728	206,266
WABCO HLDGS INC COM	18,276	78,551
WAGeworks INC COM	38,040	47,488
WATSCO INC COM	52,933	76,726
WEB COM GROUP INC COM	76,506	79,122
WESCO INTL INC COM	26,517	29,482
WESTERN ALLIANCE BANCORP COM	42,636	56,942
WESTERN DIGITAL CORP COM	8,867	9,717
WESTROCK CO COM	19,340	26,857
WINNEBAGO INDS INC COM	76,459	68,396
ZIMMER BIOMET HLDGS INC COM	16,858	16,409
COMPUTER SCIENCES CORP COM	13,602	15,589

(Continued)

Unify Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

Employer Identification Number: 26-2722137

Plan Number: 001

Identity of Issue and Description of Investment	Cost	Current Value
U.S. government and agency bonds:		
RESOLUTION FDG CORP		
DTD 09/26/94 ZR CPN DUE 07/15/24	\$ 509,708	\$ 827,292
RESOLUTION FDG CORP CPN STRIPS		
DTD 09/26/94 ZR CPN DUE 04/15/29	2,413,793	3,521,598
RESOLUTION FDG CORP FED		
DTD 09/26/94 ZR CPN DUE 10/15/19	1,494,215	1,630,096
RESOLUTION FDG CORP		
DTD 01/30/90 ZR CPN 01/15/30	366,345	401,989
RESOLUTION FDG CORP PRIN STRIPS		
DTD 04/15/90 ZR CPN DUE 04/15/30	931,812	1,075,697
UNITED STATES TREAS BD		
DTD 05/15/13 ZR CPN DUE 05/15/43	69,551	61,172
UNITED STATES TREAS BD		
DTD 11/15/13 ZR CPN DUE 11/15/43	40,458	41,346
UNITED STATES TREAS BD		
DTD 02/17/15 ZR CPN DUE 02/15/45	3,831,504	3,807,030
UNITED STATES TREAS BD		
DTD 08/15/16 2.250% DUE 08/15/46	2,383,971	2,402,529
UNITED STATES TREAS NT		
DTD 08/17/15 ZR CPN DUE 08/15/25	2,838,237	2,677,488
UNITED STATES TREAS NT		
DTD 05/31/12 0.625% DUE 05/31/17	4,999,023	5,000,400
UNITED STATES TREAS NT		
DTD 11/15/16 2.000% DUE 11/15/26	142,009	139,512
UNITES STATES TREAS SEC STRIPPE	5,698,396	5,989,804
UNITED STATES TREAS SEC		
DTD 11/15/97 ZR CPN DUE 11/15/27	6,927,816	6,404,962
Municipal bonds:		
CALIFORNIA ST		
DTD 04/28/09 07.550 DUE 04/01/39	2,574,659	3,033,283
CENTRAL PUGET SOUND WA REGL		
DTD 12/19/16 5.000% DUE 11/01/46	213,391	215,198
CHICAGO ILL WTR REV		
DTD 11/10/10 06.742 DUE 11/01/40	89,442	100,501
DALLAS TEX AREA RAPID TRAN SAL		
DTD 10/07/10 05.022 DUE 12/01/48	523,640	609,034
JOBSONIO BEVERAGE SYS OHIO STA		
DTD 02/01/13 04.532 DUE 01/01/35	594,351	631,825
LOS ANGELES CALIF CMNTY COLLEG		
DTD 07/22/10 06.750 DUE 08/01/49	266,240	251,955
LOS ANGELES CALIF UNI SCH DIST		
DTD 03/04/10 06.758 DUE 07/01/34	98,120	100,650
METROPOLITAN GOVT NASHVILLE &		
DTD 06/10/10 05.707 DUE 07/01/34	1,012,660	1,186,184
NEW YORK N Y		
DTD 12/21/10 06.271 DUE 12/01/37	151,793	162,346
NEW YORK N Y CITY MUN WTR FIN		
DTD 11/05/09 05.750 DUE 06/15/41	352,524	441,788

(Continued)

Unify Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

Employer Identification Number: 26-2722137

Plan Number: 001

Identity of Issue and Description of Investment	Cost	Current Value
OHIO ST WTR DEV AUTH WTR POLLU DTD 08/24/10 04.879 DUE 12/01/34	\$ 1,075,000	\$ 1,199,023
PORT AUTH N Y & N J DTD 10/10/12 04.458 DUE 10/01/62	239,221	222,508
UNIVERSITY CALIF REVS FOR PREV DTD 03/01/12 04.858 DUE 05/15/12	595,000	575,073
UNIVERSITY TEX PERM UNIV FD DTD 09/01/09 05.262 DUE 07/01/39	1,279,785	1,548,892
Foreign bonds:		
ACTAVIS FUNDING SR UNSECD DTD 03/12/15 4.550% DUE 03/15/35	942,738	926,443
ALCAN INC DTD 03/23/01 7.250% DUE 03/15/31	492,434	440,707
AMERICA MOVIL S A B DE C V DTD 10/30/07 6.125% DUE 11/15/37	482,478	548,865
AMERICA MOVIL S A B DE C V DTD 07/16/12 4.375% DUE 07/16/42	291,178	282,406
BHP BILLITON FIN USA LTD DTD 09/30/13 5.000% DUE 09/30/43	699,526	759,533
BANK MONTREAL UNSECD DTD 07/14/14 VAR RT DUE 07/14/17	1,225,000	1,225,453
BARCLAYS PLC DTD 03/16/15 3.650% DUE 03/16/25	1,060,475	1,116,677
BURLINGTON RES FIN CO DTD 06/01/02 7.400% DUE 12/01/31	839,586	795,574
CANADIAN NAT RES LTD DTD 08/17/06 6.500% DUE 02/15/37	52,499	62,934
CANADIAN NAT RES LTD DTD 03/19/07 6.250% DUE 03/15/38	409,408	402,732
CANADIAN NAT RES LTD DTD 01/17/08 6.750% DUE 02/01/39	19,199	23,338
COLOMBIA REP DTD 10/20/09 6.125% DUE 01/18/41	1,295,624	1,188,000
DEUTSCHE TELEKOM INTL FIN B V DTD 05/29/02 9.250% DUE 06/01/32	667,165	635,531
FRANCE TELECOM SA DTD 01/13/12 5.375% DUE 01/13/42	410,364	419,588
HSBC HLDGS PLC DTD 05/03/06 6.500% DUE 05/02/36	531,093	530,285
KREDITANSTALT FUR WIEDERAUFBAU DTD 04/19/06 ZR CPN DUE 04/18/36	162,981	163,145
LYONDELLBASELL INDS N V UNSECD DTD 03/05/15 4.625% DUE 02/26/55	1,031,056	998,933
NEXEN INC DTD 05/04/07 6.400% DUE 05/15/37	240,234	248,892
PANAMA REP SR UNSECD DTD 01/26/06 6.700% DUE 01/26/36	468,252	473,265
PERU REP DTD 03/14/07 6.550% DUE 03/14/37	784,943	797,243

(Continued)

Unify Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

Employer Identification Number: 26-2722137

Plan Number: 001

Identity of Issue and Description of Investment	Cost	Current Value
PHILIPPINES REP		
DTD 10/23/09 6.375% DUE 10/23/34	\$ 1,438,669	\$ 1,385,267
REPUBLICA ORIENTAL DEL URUGUAY		
DTD 11/20/12 4.125% DUE 11/20/45	515,359	473,513
RIO TINTO FIN USA PLC SR UNSECD		
DTD 08/21/12 4.125% DUE 08/21/42	137,409	137,508
SHELL INTL FIN B V		
DTD 08/12/13 4.550% DUE 08/12/43	370,414	364,991
SHELL INTL FIN B V		
DTD 05/10/16 4.000% DUE 05/10/46	79,997	76,501
SUNCOR ENERGY INC		
DTD 06/28/07 6.500% DUE 06/15/38	388,696	389,711
TELEFONICA EMISIONES S A U		
DTD 06/20/06 7.045% DUE 06/20/36	569,898	539,730
TEVA PHARMACEUTICAL FIN NETH III		
DTD 07/21/16 4.100% DUE 10/01/46	372,485	359,881
THOMSON REUTERS CORP		
DTD 11/21/13 5.650% DUE 11/23/43	59,245	66,093
TORONTO DOMINION BK		
DTD 01/13/15 VAR RT DUE 01/06/17	1,005,000	1,005,020
TRANSCANADA PIPELINES LTD		
DTD 08/11/08 7.250% DUE 08/15/38	445,817	479,243
TRANSCANADA TR SUB NT SER 16-A		
DTD 08/11/16 5.875% DUE 08/15/76	260,000	270,400
UNITED MEXICAN STS		
DTD 01/11/08 6.050% DUE 01/11/40	1,205,325	1,070,685
UNITED MEXICAN STS		
DTD 03/08/12 4.750% DUE 03/08/44	669,590	574,678
Corporate bonds:		
AT&T INC		
DTD 02/03/09 6.550% DUE 02/15/39	2,307,000	2,315,440
AT&T INC SR UNSECD GBL NT		
DTD 06/10/14 4.800% DUE 06/15/44	357,645	335,443
AT&T INC		
DTD 05/04/15 4.750% DUE 05/15/46	123,903	127,902
AT&T INC SR UNSECD		
DTD 02/15/16 6.000% DUE 08/15/40	1,056,260	1,099,110
ABBVIE INC		
DTD 05/12/16 4.450% DUE 05/14/46	585,094	560,155
ACE INA HLDG INC		
DTD 03/13/13 4.150% DUE 03/13/43	527,784	484,589
ACE INA HLDGS INC		
DTD 11/03/15 3.350% DUE 05/03/26	1,089,615	1,068,620
ACE INA HLDGS INC		
DTD 11/03/15 4.350% DUE 11/03/45	89,775	95,067
AETNA INC NEW		
DTD 06/09/16 4.375% DUE 06/15/46	261,721	261,079

(Continued)

Unify Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

Employer Identification Number: 26-2722137

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Identity of Issue and Description of Investment	Cost	Current Value
ALTRIA GROUP INC UNSECD SR GBL DTD 09/16/16 3.875% DUE 09/16/46	\$ 154,754	\$ 143,048
AMERICAN EXPRESS CR CORP DTD 06/05/14 VAR RT DUE 06/05/17	1,125,000	1,125,878
AMERICAN INTL GROUP INC DTD 04/20/06 6.250% DUE 05/01/36	199,464	203,289
AMERICAN INTL GROUP INC DTD 10/02/13 4.125% DUE 02/15/24	387,889	404,906
AMERICAN INTL GROUP INC DTD 01/15/15 3.875% DUE 01/15/35	303,990	286,496
AMGEN INC DTD 01/16/09 6.400% DUE 02/01/39	1,524,164	1,492,310
AMGEN INC DTD 09/16/10 4.950% DUE 10/01/41	15,306	15,564
AMGEN INC DTD 05/01/15 4.400% DUE 05/01/45	561,038	498,446
ANADARKO PETE CO DTD 03/16/10 6.200% DUE 03/15/40	445,528	440,937
ANADARKO PETE CORP DTD 09/19/06 6.450% DUE 09/15/36	12,471	11,902
ANHEUSER-BUSCH INBEV FIN INC DTD 01/25/16 3.300% DUE 02/01/23	1,086,433	1,079,812
ANHEUSER-BUSCH INBEV FIN INC DTD 01/25/16 4.700% DUE 02/01/36	704,986	741,568
ANHEUSER-BUSCH INBEV FIN INC DTD 01/25/16 4.900% DUE 02/01/46	108,488	102,683
ANHEUSER-BUSCH INBEV FIN INC DTD 01/25/16 3.650% DUE 02/01/26	6,543,743	6,299,254
APPLE INC DTD 02/09/15 3.450% DUE 02/09/45	1,140,830	1,085,660
APPLE INC DTD 02/23/16 4.650% DUE 02/23/46	421,249	437,339
ARCHER DANIELS MIDLAND CO DTD 10/16/12 4.016% DUE 04/16/43	156,882	176,285
ARIZONA PUB SVC CO DTD 05/06/16 3.750% DUE 05/15/46	194,440	182,887
BECTON DICKINSON & CO DTD 12/15/14 4.685% DUE 12/15/44	819,036	782,142
BERKSHIRE HATHAWAY FIN CORP DTD 01/13/10 5.750% DUE 01/15/40	764,428	904,278
BERKSHIRE HATHAWAY INC DEL DTD 03/15/16 3.125% DUE 03/15/26	1,302,298	1,281,628
BIOGEN IDEC INC DTD 09/15/15 5.200% DUE 09/15/45	110,824	117,717
BOEING CO DTD 03/13/09 6.875% DUE 03/15/39	1,313,105	1,589,400

(Continued)

Unify Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

Employer Identification Number: 26-2722137

Plan Number: 001

Identity of Issue and Description of Investment	Cost	Current Value
BOEING CO DTD 07/28/09 5.875% DUE 02/15/40	\$ 2,497	\$ 2,537
BURLINGTON NORTHN SANTA FE CP DTD 08/08/00 7.950% DUE 08/15/30	159,599	170,675
CSX CORP DTD 10/21/10 5.500% DUE 04/15/41	241,377	252,549
CSX CORP DTD 04/21/15 3.950% DUE 05/01/50	380,790	350,727
CVS CAREMARK CORP DTD 07/20/15 5.125% DUE 07/20/45	769,874	729,965
CATERPILLAR INC DTD 05/27/11 5.200% DUE 05/27/41	801,391	788,671
CITIGROUP INC DTD 07/23/09 8.125% DUE 07/15/39	1,550,272	1,695,446
CITIGROUP INC DTD 07/25/16 4.125% DUE 07/25/28	1,330,875	1,318,740
COLUMBIA PIPELINE GROUP INC DTD 12/01/15 5.800% DUE 06/01/45	540,476	523,236
COMCAST CORP DTD 11/14/05 6.500% DUE 11/15/35	726,139	729,931
COMCAST CORP NEW DTD 03/01/10 6.400% DUE 03/01/40	1,518,024	1,561,908
COMCAST CORP NEW DTD 01/14/13 4.250% DUE 01/15/33	389,076	405,861
COMCAST CORP NEW DTD 05/27/15 4.400% DUE 08/15/35	475,456	475,994
COMMONWEALTH EDISON CO DTD 03/06/06 5.900% DUE 03/15/36	1,399,912	1,566,299
COMMONWEALTH EDISON CO DTD 10/01/12 3.800% DUE 10/01/42	23,911	23,985
CONAGRA FOODS INC DTD 01/25/13 3.200% DUE 01/25/23	277,450	264,754
CONOCOPHILLIPS DTD 02/03/09 6.500% DUE 02/01/39	208,140	208,875
CONSOLIDATED EDISON CO NY INC DTD 11/16/16 4.300% DUE 12/01/56	109,042	109,849
CONSUMERS ENERGY CO DTD 05/17/13 3.950% DUE 05/15/43	404,217	398,309
DETROIT EDISON CO DTD 06/22/12 3.950% DUE 06/15/42	159,304	158,960
DIAGEO INVT CORP DTD 05/11/12 4.250% DUE 05/11/42	953,081	970,829
DOMINION RES INC VA NEW DTD 06/17/08 7.000% DUE 06/15/38	47,976	44,700
DOMINION RES INC DEL DTD 12/16/02 6.750% DUE 12/15/32	749,658	723,192
DUKE ENERGY CORP NEW DTD 08/12/16 3.750% DUE 09/01/46	365,224	328,577
DUKE ENERGY CAROLINAS DTD 01/10/08 6.000% DUE 01/15/38	1,492,158	1,610,206

(Continued)

Unify Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

Employer Identification Number: 26-2722137

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Identity of Issue and Description of Investment	Cost	Current Value
DUKE ENERGY CAROLINAS LLC DTD 12/08/11 4.250% DUE 12/15/41	\$ 20,006	\$ 20,460
DUKE ENERGY PROGRESS INC DTD 08/13/15 4.200% DUE 08/15/45	388,023	396,845
EL PASO PIPELINE PARTNERS OPER DTD 11/19/10 7.500% DUE 11/15/40	941,576	932,685
ELECTRONIC DATA SYS CORP DTD 10/12/99 7.450% DUE 10/15/29	148,048	154,705
ENTERPRISE PRODS OPER LLC DTD 05/07/15 4.900% DUE 05/15/46	415,552	431,130
ENTERPRISE PRODUCTS OPER DTD	599,079	598,824
EXPRESS SCRIPTS HLDG CO DTD 02/25/16 4.500% DUE 02/25/26	524,832	540,472
EXXON MOBIL CORP DTD 03/06/15 3.567% DUE 03/06/45	299,959	302,777
FEDEX CORP DTD 01/09/14 5.100% DUE 01/15/44	249,576	260,410
FEDEX CORP DTD 10/23/15 4.750% DUE 11/15/45	510,303	528,192
FIFTH THIRD BANCORP DTD 03/04/08 8.250% DUE 03/01/38	150,890	152,904
FLORIDA PWR & LT CO DTD 12/20/12 3.800% DUE 12/15/42	840,957	830,956
FLORIDA PWR & LT CO DTD 09/10/14 4.050% DUE 10/01/44	303,829	312,500
FLORIDA PWR CORP DTD 06/18/08 5.650% DUE 06/15/18	306,518	264,298
GENERAL ELEC CAP CORP DTD 08/21/95 7.500% DUE 08/21/35	499,279	468,969
GENERAL ELEC CO DTD 01/19/16 5.000% DUE 12/29/49	941,160	965,061
GENERAL ELEC CAP CORP DTD 01/14/08 5.875% DUE 01/14/38	2,049,989	2,038,819
GENERAL ELEC CAP CORP DTD 01/09/09 6.875% DUE 01/10/39	1,312,052	1,649,630
GEORGIA PWR CO DTD 08/31/10 4.750% DUE 09/01/40	1,152,008	1,217,710
GILEAD SCIENCES INC DTD 09/14/15 4.750% DUE 03/01/46	313,431	320,748
GOLDMAN SACHS GROUP INC DTD 01/28/11 6.250% DUE 02/01/41	2,225,769	2,237,424
GOLDMAN SACHS GROUP INC DTD 01/23/15 3.500% DUE 01/23/25	1,388,578	1,386,314
HSBC BK USA N A DTD 10/25/04 5.875% DUE 11/01/34	173,282	203,740
HALLIBURTON CO DTD 03/13/09 7.450% DUE 09/15/39	94,602	107,459
HALLIBURTON CO DTD 11/13/15 5.000% DUE 11/15/45	224,123	242,651

(Continued)

Unify Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

Employer Identification Number: 26-2722137

Plan Number: 001

Identity of Issue and Description of Investment	Cost	Current Value
HARTFORD FINL SVCS GROUP INC DTD 04/18/13 4.300% DUE 04/15/43	\$ 241,867	\$ 222,314
HOME DEPOT INC DTD 12/19/06 5.875% DUE 12/16/36	758,501	776,966
HOME DEPOT INC DTD 09/10/13 4.875% DUE 02/15/44	120,135	112,358
HOME DEPOT INC DTD 06/02/15 2.625% DUE 06/01/22	1,131,627	1,105,302
HONEYWELL INTL INC DTD 02/17/11 5.375 DUE 03/01/41	1,238,593	1,262,741
INTEL CORP DTD 09/19/11 4.800% DUE 10/01/41	92,908	93,571
INTEL CORP DTD 05/19/16 4.100% DUE 05/19/46	78,746	79,294
JPMORGAN CHASE & CO DTD 07/21/11 5.600% DUE 07/15/41	2,720,544	2,792,193
JOHNSON & JOHNSON DTD 12/05/13 1.650% DUE 12/05/18	505,375	502,750
JOHNSON & JOHNSON DTD 12/05/13 4.500% DUE 12/05/43	488,462	489,007
KINDER MORGAN ENERGY PARTNERS LP DTD 06/21/07 6.950% DUE 01/15/38	1,432,674	1,287,567
KINDER MORGAN ENERGY PARTNERS LP DTD 03/04/11 6.375% DUE 03/01/41	25,749	27,119
KOHL'S CORP DTD 07/17/15 5.550% DUE 07/17/45	213,981	214,873
KRAFT FOODS GROUP INC DTD 12/04/12 5.000% DUE 06/04/42	554,396	511,970
L-3 COMMUNICATIONS CORP UNSECD DTD 12/05/16 3.850% DUE 12/15/26	276,163	273,353
LOCKHEED MARTIN CORP DTD 08/30/06 6.150% DUE 09/01/36	374,246	412,840
LOCKHEED MARTIN CORP DTD 02/20/15 3.800% DUE 03/01/45	321,042	321,987
LOCKHEED MARTIN CORP DTD 11/23/15 4.500% DUE 05/15/36	316,058	326,396
LOEWS CORP DTD 03/22/16 3.750% DUE 04/01/26	909,875	914,868
LOWES COS INC DTD 04/15/10 5.800% DUE 04/15/40	643,607	649,679
MACYS RETAIL HLDGS INC DTD 02/06/98 7.000% DUE 02/15/28	985,979	988,548
MASSACHUSETTS INST TECHNOLOGY DTD 04/08/14 4.678% DUE 07/01/67	506,211	508,353
MASSACHUSETTS INST TECHNOLOGY MCKESSON CORP	125,000	106,945
MCKESSON CORP DTD 02/28/11 6.000% DUE 03/01/41	811,401	778,668
MEDTRONIC INC DTD 03/15/15 4.375% DUE 03/15/35	560,708	588,209

(Continued)

Unify Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

Employer Identification Number: 26-2722137

Plan Number: 001

Identity of Issue and Description of Investment	Cost	Current Value
MEMORIAL SLOAN-KETTERING CANCER DTD 12/05/12 4.125% DUE 07/01/52	\$ 270,493	\$ 260,720
MERCK & CO INC NEW DTD 02/10/15 3.700% DUE 02/10/45	493,640	495,841
METLIFE INC METLIFE INC	916,552	1,120,550
DTD 08/06/10 5.875% DUE 02/06/41	269,966	291,540
MICROSOFT CORP DTD 02/12/15 4.000% DUE 02/12/55	475,928	453,974
MICROSOFT CORP DTD 11/03/15 4.450% DUE 11/03/45	1,666,130	1,566,167
MICROSOFT CORP DTD 08/08/16 3.700% DUE 08/08/46	344,438	324,807
MIDAMERICAN ENERGY CO 1ST MTG DTD 09/19/13 4.800% DUE 09/15/43	661,861	735,603
MIDAMERICAN ENERGY CO DTD 04/03/14 4.400% DUE 10/15/44	25,644	26,555
MOLSON COORS BREWING CO DTD 05/03/12 5.000% DUE 05/01/42	460,582	517,448
MOLSON COORS BREWING CO DTD 07/07/16 3.000% DUE 07/15/26	759,915	713,709
MOLSON COORS BREWING CO DTD 07/07/16 4.200% DUE 07/15/46	163,748	151,037
MORGAN STANLEY DTD 04/03/02 7.250% DUE 04/01/32	772,233	751,981
MORGAN STANLEY DTD 01/27/16 3.875% DUE 01/27/26	1,739,168	1,732,339
MORGAN STANLEY DTD 09/23/09 5.625% DUE 09/23/19	711,501	775,031
NEVADA PWR CO DTD 09/14/10 5.375% DUE 09/15/40	1,325,525	1,494,264
NEW YORK & PRESBYTERIAN HOSP DTD 06/28/16 3.563% DUE 08/01/36	64,998	62,183
NEWELL RUBBERMAID INC DTD 03/30/16 5.500% DUE 04/01/46	283,963	327,189
NISOURCE FIN CORP DTD 12/08/10 6.250% DUE 12/15/40	226,421	219,179
NISOURCE FIN CORP DTD 06/10/11 5.950% DUE 06/15/41	403,757	480,832
NISOURCE FIN CORP DTD 06/14/12 5.250% DUE 02/15/43	64,403	71,918
NOBLE ENERGY INC DTD 11/08/13 5.250% DUE 11/15/43	96,612	113,066
NOBLE ENERGY INC DTD 11/07/14 5.050% DUE 11/15/44	464,000	467,375
NORTHERN STS PWR CO MINN DTD 08/13/12 3.400% DUE 08/15/42	509,636	472,549
NORTHROP GRUMMAN CORP DTD 02/06/15 3.850% DUE 04/15/45	533,064	569,172

(Continued)

Unify Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

Employer Identification Number: 26-2722137

Plan Number: 001

Identity of Issue and Description of Investment	Cost	Current Value
OCCIDENTAL PETE CORP DTD 04/04/16 3.400% DUE 04/15/26	\$ 179,786	\$ 181,357
OCCIDENTAL PETE CORP DTD 04/04/16 4.400% DUE 04/15/46	94,606	96,676
ORACLE CORP DTD 07/08/09 6.125% DUE 07/08/39	255,269	264,262
ORACLE CORP DTD 05/05/15 4.375% DUE 05/15/55	791,031	825,535
ORACLE CORP DTD 07/07/16 3.850% DUE 07/15/36	135,774	131,749
ORACLE CORP DTD 07/07/16 4.000% DUE 07/15/46	95,855	90,868
ORACLE CORP DTD 07/07/16 2.650% DUE 07/15/26	370,322	351,208
PECO ENERGY CO 1ST REF MTG DTD 09/15/14 4.150% DUE 10/01/44	104,640	107,233
PNC FINL SVCS GROUP INC JR SUB DTD 05/07/13 4.850% DUE 05/29/49	192,500	192,040
PPL CAP FDG INC DTD 05/24/13 4.700% DUE 06/01/43	706,458	697,775
PACIFIC GAS & ELEC CO DTD 03/13/07 5.800% DUE 03/01/37	288,751	292,793
PACIFIC GAS & ELEC CO DTD 03/01/16 2.950% DUE 03/01/26	1,362,269	1,331,426
PACIFICORP DTD 03/14/07 5.750% DUE 04/01/37	173,874	171,510
PEMEX PROJ FDG MASTER TR DTD 12/15/05 6.625% DUE 06/15/35	1,993,329	1,704,050
PEPSICO INC DTD 08/13/12 1.250% DUE 08/13/17	501,265	500,190
PEPSICO INC DTD 07/17/15 3.100% DUE 07/17/22	1,374,949	1,335,516
PEPSICO INC DTD 10/14/15 4.450% DUE 04/14/46	97,527	101,183
PFIZER INC DTD 05/15/14 4.400% DUE 05/15/44	734,561	676,006
PFIZER INC DTD 11/21/16 4.125% DUE 12/15/46	661,221	671,392
PHILIP MORRIS INTL INC DTD 11/10/14 4.250% DUE 11/10/44	420,943	380,153
PHILLIPS 66 DTD 11/17/14 4.875% DUE 11/15/44	255,081	258,737
PRESIDENT & FELLOWS HARVARD CLG DTD 05/06/13 3.619% DUE 10/01/37	235,000	233,266
PRESIDENT & FELLOWS HARVARD DTD 10/13/16 3.150% DUE 07/15/46	299,490	268,410
PROGRESS ENERGY INC DTD 11/19/09 6.000% DUE 12/01/39	228,253	246,336
PRUDENTIAL FINL INC DTD 03/22/13 5.200% DUE 03/15/44	995,145	978,288

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Unify Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

Employer Identification Number: 26-2722137
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Identity of Issue and Description of Investment	Cost	Current Value
PUBLIC SVC ELEC GAS CO DTD 09/13/12 3.650% DUE 09/01/42	\$ 119,416	\$ 114,888
ROGERS COMMUNICATIONS INC DTD 08/06/08 7.500% DUE 08/15/38	196,271	193,330
SCHERING PLOUGH CORP DTD 09/17/07 6.550% DUE 09/15/37	322,378	315,584
SEMPRA ENERGY DTD 10/08/09 6.000% DUE 10/15/39	81,353	83,409
SOUTHERN CALIF EDISON CO SECD DTD 03/07/13 3.900% DUE 03/15/43	814,940	806,421
SOUTHERN CA EDISON CO SECD 1ST DTD 10/02/13 4.650% DUE 10/01/43	333,108	303,243
SOUTHERN CALIF GAS CO DTD 03/13/14 4.450% DUE 03/15/44	556,601	594,199
SOUTHERN CO DTD 05/24/16 4.400% DUE 07/01/46	239,748	237,389
TARGET CORP DTD 04/11/16 3.625% DUE 04/15/46	874,046	826,997
21ST CENTY FOX AMER INC DTD 02/13/09 7.850% DUE 03/01/39	41,665	40,300
UNION PAC CORP DTD 03/15/13 4.250% DUE 04/15/43	123,332	118,442
UNION PAC CORP DTD 10/25/13 4.750% DUE 12/15/43	294,089	277,685
UNION PAC CORP DTD 10/29/15 4.375% DUE 11/15/65	442,485	422,654
UNITED PARCEL SVC INC DTD 01/15/08 6.200% DUE 01/15/38	607,449	631,459
UNITED TECHNOLOGIES CORP DTD 05/26/06 6.050% DUE 06/01/36	847,325	795,357
UNITED TECHNOLOGIES CORP DTD 06/01/12 4.500% DUE 06/01/42	174,241	181,968
UNITED TECHNOLOGIES CORP DTD 05/04/15 4.150% DUE 05/15/45	553,570	575,694
UNITEDHEALTH GROUP INC DTD 02/17/11 5.950% DUE 02/15/41	424,202	517,845
UNIVERSITY CHICAGO DTD 02/02/12 4.683% DUE 10/01/42	114,986	116,823
VERIZON COMMUNICATIONS INC DTD 03/17/14 5.050% DUE 03/15/34	2,609,368	2,722,108
VERIZON COMMUNICATIONS INC DTD 03/13/15 4.522% DUE 09/15/48	2,108,066	1,999,327
VIRGINIA ELEC & PWR CO DTD 11/16/16 4.000% DUE 11/15/46	298,547	299,017
VISA INC DTD 12/14/15 4.300% DUE 12/14/45	339,894	353,596
VOYA FINL INC DTD 06/13/16 3.650% DUE 06/15/26	327,050	320,712
WACHOVIA BK NATL ASSN DTD 01/29/07 5.850% DUE 02/01/37	1,302,412	1,596,068

(Continued)

Unify Inc. Pension Plan**Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)
December 31, 2016**

Employer Identification Number: 26-2722137

Plan Number: 001

Identity of Issue and Description of Investment	Cost	Current Value
WAL-MART STORES INC DTD 08/24/07 6.500% DUE 08/15/37	\$ 731,925	\$ 840,230
WAL-MART STORES INC DTD 04/15/08 6.200% DUE 04/15/38	1,021,402	1,054,552
WAL-MART STORES INC DTD 04/22/14 1.000% DUE 04/21/17	501,630	500,065
WATSON PHARMACEUTICALS INC DTD 10/02/12 4.625% DUE 10/01/42	281,697	251,771
WELLS FARGO & CO NEW DTD 02/13/13 3.450% DUE 02/13/23	1,353,950	1,324,752
WELLS FARGO & CO NEW DTD 10/28/13 5.375% DUE 11/02/43	388,846	430,424
WELLS FARGO & CO NEW DTD 11/04/14 4.650% DUE 11/04/44	848,242	816,911
WILLIAMS PARTNERS L P DTD 02/09/10 6.300% DUE 04/15/40	125,076	122,750
FEDEX CORP DTD 03/24/16 4.550% DUE 04/01/46	212,749	202,309
	<u>\$ 260,268,173</u>	<u>\$ 308,722,953</u>

Unify Inc. Pension Plan

Schedule H, Line 4j – Schedule of Reportable Transactions Year Ended December 31, 2016

Employer Identification Number: 26-2722137

Plan Number: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
*Bank of America	Anheuser-Busch INBEV FIN Inc.	\$ 12,350,436	\$ -	\$ 12,350,436	\$ 12,350,436	\$ -
*Bank of America	Anheuser-Busch INBEV FIN Inc.	-	5,889,706	5,806,694	5,806,694	83,012
*Bank of America	Dreyfus Cash Management Fund	78,874,104	-	78,874,104	78,874,104	-
*Bank of America	Dreyfus Cash Management Fund	-	91,082,437	91,082,437	91,082,437	-
*Bank of America	Fidelity Government Portfolio Institutional Class	61,298,893	-	61,298,893	61,298,893	-
*Bank of America	Fidelity Government Portfolio Institutional Class	-	41,544,636	41,544,636	41,544,636	-
*Bank of America	iShares Core S&P 500 ETF	3,754,309	-	3,754,309	3,754,309	-
*Bank of America	iShares Core S&P 500 ETF	-	12,003,036	12,003,036	12,003,036	-
*Bank of America	United States Treasury BD Stripped PRIN PMT 6.87% DTD 08/15/95 ZR CPN DUE 08/15/25	18,990,586	-	18,990,586	18,990,586	-
*Bank of America	United States Treasury BD Stripped PRIN PMT 6.875% DTD 08/15/95 ZR CPN DUE 08/15/25	-	19,170,323	19,044,658	19,044,658	125,665
*Bank of America	United States Treasury BD DTD 11/16/15 3.000% DUE 11/15/45	8,075,341	-	8,075,341	8,075,341	-
*Bank of America	United States Treasury BD DTD 11/16/15 3.000% DUE 11/15/45	-	8,077,602	8,075,341	8,075,341	2,261
*Bank of America	United States Treasury NT Stripped PRIN PMT 2.000% DTD 08/17/15 ZR CPN DUE 08/15/25	14,453,163	-	14,453,163	14,453,163	-
*Bank of America	United States Treasury NT Stripped PRIN PMT 2.000% DTD 08/17/15 ZR CPN DUE 08/15/25	-	11,728,000	11,614,926	11,614,926	113,074
*Bank of America	United States Treas SEC Stripped Generic TINT PMT Zero CPN DUE 11/15/22	2,867,963	-	2,867,963	2,867,963	-
*Bank of America	United States Treas SEC Stripped Generic TINT PMT Zero CPN DUE 11/15/22	-	28,033,196	27,304,946	27,304,946	728,250
*Bank of America	United States Treas SEC Stripped INT PMT DTD 11/15/97 ZR CPN DUE 11/15/27	11,787,270	-	11,787,270	11,787,270	-

(Continued)

Unify Inc. Pension Plan

Schedule H, Line 4j – Schedule of Reportable Transactions (Continued) Year Ended December 31, 2016

Employer Identification Number: 26-2722137

Plan Number: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
*Bank of America	United States Treas SEC Stripped INT PMT DTD 11/15/97 ZR CPN DUE 11/15/27	\$ -	\$ 4,773,383	\$ 4,859,454	\$ 4,859,454	\$ (86,071)
*Bank of America	Bank of America Temporary Overnight Deposit	36,147,537	-	36,147,537	36,147,537	-
*Bank of America	Bank of America Temporary Overnight Deposit	-	36,147,270	36,147,270	36,147,270	-

*Designates party-in-interest.

Transactions are measured against the December 31, 2015 net asset value of \$302,203,360.

Schedule SB Attachment (Form 5500)—2016 Plan Year
 Unify Inc. Pension Plan
 EIN: 26-2722137 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

Attained Age	Number of Participants, Average Compensation and Average Cash Balance Account									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				1						
35-39				1						
40-44				9	9	3				
45-49			4	6	19	9	12			
50-54			5	5	9	4	18	30 N/A \$116,363	1	1
55-59			1	6	8	5	11	66 N/A \$76,418	22 N/A \$71,020	2
60-64			1	2	9	2	3	26 N/A \$102,891	3	2
65-69				2	2	1	2	4	2	1
70+										

N-329

Note: Average Compensation is shown as N/A since there are no longer benefit accruals under the plan and compensation is not collected.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2016), without regard to interest rate stabilization
1st Segment Rate	1.41%
2nd Segment Rate	3.96%
3rd Segment Rate	4.97%
Salary Increases	Not applicable since there are no longer benefit accruals under the plan.
Cash Balance Interest Crediting Rate	4.25%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 61
Mortality Rates	
Healthy and Disabled	Generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(d)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500)—2016 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

For ERISA Requirements

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits and compensation are limited by the current IRC Section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	218,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

Schedule SB Attachment (Form 5500)—2016 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Table 1

Retirement Rates

Age	Rate
55	8.00%
56	8.00%
57	8.00%
58	12.00%
59	12.00%
60	15.00%
61	20.00%
62	25.00%
63	20.00%
64	20.00%
65	35.00%
66	20.00%
67	30.00%
68	35.00%
69	35.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Table 2—Page 1 of 4

Withdrawal Rates—Male

Age	Years of Service					
	0	1	2	3	4	5+
15	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
16	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
17	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
18	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
19	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
20	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
21	23.70%	23.70%	23.70%	23.70%	23.70%	23.70%
22	21.90%	21.90%	21.90%	21.90%	21.90%	21.90%
23	19.90%	19.90%	19.90%	19.90%	19.90%	19.90%
24	22.80%	22.80%	18.20%	22.80%	18.20%	13.70%
25	21.30%	21.30%	17.00%	21.30%	17.00%	12.80%
26	19.90%	19.90%	15.90%	19.90%	15.90%	11.90%
27	19.10%	19.10%	15.30%	19.10%	15.30%	11.50%
28	18.40%	18.40%	14.70%	18.40%	14.70%	11.00%
29	21.20%	17.60%	14.10%	14.10%	10.60%	14.10%
30	20.30%	16.90%	13.50%	13.50%	10.10%	13.50%
31	19.40%	16.10%	12.90%	12.90%	9.70%	12.90%
32	18.50%	15.40%	12.30%	12.30%	9.20%	12.30%
33	17.60%	14.60%	11.70%	11.70%	8.80%	11.70%
34	19.40%	16.70%	13.90%	13.90%	11.10%	11.10%
35	18.40%	15.80%	13.10%	13.10%	10.50%	10.50%
36	17.30%	14.90%	12.40%	12.40%	9.90%	9.90%
37	16.30%	14.00%	11.60%	11.60%	9.30%	9.30%
38	15.20%	13.10%	10.90%	10.90%	8.70%	8.70%
39	18.20%	16.20%	16.20%	12.20%	10.10%	10.10%
40	17.30%	15.40%	15.40%	11.60%	9.60%	9.60%
41	16.40%	14.60%	14.60%	11.00%	9.10%	9.10%
42	15.80%	14.00%	14.00%	10.50%	8.80%	8.80%
43	15.10%	13.40%	13.40%	10.10%	8.40%	8.40%
44	20.80%	17.60%	16.00%	14.40%	9.60%	8.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Table 2—Page 2 of 4

Withdrawal Rates—Male

Age	Years of Service					
	0	1	2	3	4	5+
45	19.80%	16.80%	15.30%	13.70%	9.20%	7.60%
46	18.90%	16.00%	14.50%	13.10%	8.70%	7.30%
47	17.90%	15.10%	13.80%	12.40%	8.30%	6.90%
48	16.90%	14.30%	13.00%	11.70%	7.80%	6.50%
49	18.40%	15.90%	14.70%	12.30%	11.00%	7.40%
50	17.30%	15.00%	13.80%	11.50%	10.40%	6.90%
51	15.80%	13.70%	12.60%	10.50%	9.50%	6.30%
52	14.30%	12.40%	11.40%	9.50%	8.60%	5.70%
53	12.40%	10.70%	9.90%	8.30%	7.40%	5.00%
54	10.90%	12.30%	13.10%	9.40%	9.40%	6.50%
55	9.00%	10.20%	10.80%	7.80%	7.80%	5.40%
56	7.10%	8.10%	8.60%	6.20%	6.20%	4.30%
57	5.30%	6.00%	6.30%	4.60%	4.60%	3.20%
58	3.80%	4.30%	4.50%	3.30%	3.30%	2.30%
59+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Table 2—Page 3 of 4

Withdrawal Rates—Female

Age	Years of Service					
	0	1	2	3	4	5+
15	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
16	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
17	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
18	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
19	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
20	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
21	28.70%	28.70%	28.70%	28.70%	28.70%	28.70%
22	28.50%	28.50%	28.50%	28.50%	28.50%	28.50%
23	28.20%	28.20%	28.20%	28.20%	28.20%	28.20%
24	34.90%	34.90%	27.90%	34.90%	27.90%	20.90%
25	34.60%	34.60%	27.70%	34.60%	27.70%	20.80%
26	32.90%	32.90%	26.30%	32.90%	26.30%	19.70%
27	31.10%	31.10%	24.90%	31.10%	24.90%	18.70%
28	29.00%	29.00%	23.20%	29.00%	23.20%	17.40%
29	32.10%	26.80%	21.40%	21.40%	16.10%	21.40%
30	29.70%	24.80%	19.80%	19.80%	14.90%	19.80%
31	27.60%	23.00%	18.40%	18.40%	13.80%	18.40%
32	25.50%	21.30%	17.00%	17.00%	12.80%	17.00%
33	23.40%	19.50%	15.60%	15.60%	11.70%	15.60%
34	24.90%	21.30%	17.80%	17.80%	14.20%	14.20%
35	22.40%	19.20%	16.00%	16.00%	12.80%	12.80%
36	20.70%	17.70%	14.80%	14.80%	11.80%	11.80%
37	18.90%	16.20%	13.50%	13.50%	10.80%	10.80%
38	17.30%	14.90%	12.40%	12.40%	9.90%	9.90%
39	20.90%	18.60%	18.60%	14.00%	11.60%	11.60%
40	20.30%	18.00%	18.00%	13.50%	11.30%	11.30%
41	19.60%	17.40%	17.40%	13.10%	10.90%	10.90%
42	18.90%	16.80%	16.80%	12.60%	10.50%	10.50%
43	18.20%	16.20%	16.20%	12.20%	10.10%	10.10%
44	25.40%	21.50%	19.50%	17.60%	11.70%	9.80%

Schedule SB Attachment (Form 5500)—2016 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Table 2—Page 4 of 4

Withdrawal Rates—Female

Age	Years of Service					
	0	1	2	3	4	5+
45	24.40%	20.60%	18.80%	16.90%	11.30%	9.40%
46	23.40%	19.80%	18.00%	16.20%	10.80%	9.00%
47	22.40%	19.00%	17.30%	15.50%	10.40%	8.60%
48	21.50%	18.20%	16.50%	14.90%	9.90%	8.30%
49	23.60%	20.50%	18.90%	15.80%	14.20%	9.50%
50	22.50%	19.50%	18.00%	15.00%	13.50%	9.00%
51	21.00%	18.20%	16.80%	14.00%	12.60%	8.40%
52	19.10%	16.60%	15.30%	12.80%	11.50%	7.70%
53	17.60%	15.30%	14.10%	11.80%	10.60%	7.10%
54	15.80%	17.90%	18.90%	13.70%	13.70%	9.50%
55	13.50%	15.30%	16.20%	11.70%	11.70%	8.10%
56	11.60%	13.20%	14.00%	10.10%	10.10%	7.00%
57	9.80%	11.10%	11.70%	8.50%	8.50%	5.90%
58	7.50%	8.50%	9.00%	6.50%	6.50%	4.50%
59+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____

Part II	Basic Plan Information—enter all requested information										
1a Name of plan UNIFY INC. PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 30%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2009</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 26-2722137</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 561-923-7701</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 517000</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/2009		2b Employer Identification Number (EIN) 26-2722137		2c Plan Sponsor's telephone number 561-923-7701		2d Business code (see instructions) 517000	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 01/01/2009											
2b Employer Identification Number (EIN) 26-2722137											
2c Plan Sponsor's telephone number 561-923-7701											
2d Business code (see instructions) 517000											
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) UNIFY INC. 2650 NORTH MILITARY TRAIL FOUNTAIN PARK, SUITE 250 BOCA RATON FL 33431											

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		<u>10/10/2017</u>	MARGARET KALEHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			Enter name of individual signing as employer or plan sponsor
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			Enter name of individual signing as DFE
	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

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

Form 5500 (2016)

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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1, 346
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) 329
a(2) Total number of active participants at the end of the plan year	6a(2) 292
b Retired or separated participants receiving benefits.....	6b 405
c Other retired or separated participants entitled to future benefits	6c 601
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1, 298
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 10
f Total. Add lines 6d and 6e	6f 1, 308
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: 1A 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 _____

Plan Name	Unify Inc. Pension Plan
Plan Sponsor EIN	26-2722137
ERISA Plan No.	001
Plan Year End	12/31/2016

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

SCHEDULE SB (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>	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.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

► **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 UNIFY INC. PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNIFY INC.	D Employer Identification Number (EIN) 26-2722137	
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>01</u> Day <u>01</u> Year <u>2016</u>			
2 Assets:			
a Market value.....	2a	302,406,912	
b Actuarial value.....	2b	302,406,912	
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	387	124,090,562	124,090,562
b For terminated vested participants	630	67,175,223	67,175,223
c For active participants	329	62,484,268	63,565,695
d Total	1,346	253,750,053	254,831,480
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	5.99%	
6 Target normal cost	6	218,000	

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	AL-KARIM ALIDINA	08/23/2017
Signature of actuary		Date
AL-KARIM ALIDINA		1706110
Type or print name of actuary		Most recent enrollment number
AON CONSULTING, INC.		220-223-0673
Firm name		Telephone number (including area code)
1120 20TH STREET, NW SUITE 600 WASHINGTON DC 20036		
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, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

(b) Prefunding balance

(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
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	218,000										
b Excess assets, if applicable, but not greater than line 31a	31b	218,000										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
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											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement		0	0									
36 Additional cash requirement (line 34 minus line 35)	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
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 SB Attachment (Form 5500)—2016 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	8.00%	1.0000	4.44
56.5	8.00%	0.9200	4.16
57.5	8.00%	0.8464	3.89
58.5	12.00%	0.7787	5.47
59.5	12.00%	0.6852	4.89
60.5	15.00%	0.6030	5.47
61.5	20.00%	0.5126	6.30
62.5	25.00%	0.4101	6.41
63.5	20.00%	0.3075	3.91
64.5	20.00%	0.2460	3.17
65.5	35.00%	0.1968	4.51
66.5	20.00%	0.1279	1.70
67.5	30.00%	0.1023	2.07
68.5	35.00%	0.0716	1.72
69.5	35.00%	0.0466	1.13
70	100.00%	0.0303	2.12
Weighted Average			61.36

Schedule SB Attachment (Form 5500)—2016 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2016), without regard to interest rate stabilization
1st Segment Rate	1.41%
2nd Segment Rate	3.96%
3rd Segment Rate	4.97%
Salary Increases	Not applicable since there are no longer benefit accruals under the plan.
Cash Balance Interest Crediting Rate	4.25%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 61
Mortality Rates	
Healthy and Disabled	Generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(d)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500)—2016 Plan Year

Unify Inc. Pension Plan

EIN: 26-2722137 PN: 001

For ERISA Requirements

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits and compensation are limited by the current IRC Section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	218,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

Schedule SB Attachment (Form 5500)—2016 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Table 1

Retirement Rates

Age	Rate
55	8.00%
56	8.00%
57	8.00%
58	12.00%
59	12.00%
60	15.00%
61	20.00%
62	25.00%
63	20.00%
64	20.00%
65	35.00%
66	20.00%
67	30.00%
68	35.00%
69	35.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Table 2—Page 1 of 4

Withdrawal Rates—Male

Age	Years of Service					
	0	1	2	3	4	5+
15	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
16	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
17	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
18	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
19	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
20	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
21	23.70%	23.70%	23.70%	23.70%	23.70%	23.70%
22	21.90%	21.90%	21.90%	21.90%	21.90%	21.90%
23	19.90%	19.90%	19.90%	19.90%	19.90%	19.90%
24	22.80%	22.80%	18.20%	22.80%	18.20%	13.70%
25	21.30%	21.30%	17.00%	21.30%	17.00%	12.80%
26	19.90%	19.90%	15.90%	19.90%	15.90%	11.90%
27	19.10%	19.10%	15.30%	19.10%	15.30%	11.50%
28	18.40%	18.40%	14.70%	18.40%	14.70%	11.00%
29	21.20%	17.60%	14.10%	14.10%	10.60%	14.10%
30	20.30%	16.90%	13.50%	13.50%	10.10%	13.50%
31	19.40%	16.10%	12.90%	12.90%	9.70%	12.90%
32	18.50%	15.40%	12.30%	12.30%	9.20%	12.30%
33	17.60%	14.60%	11.70%	11.70%	8.80%	11.70%
34	19.40%	16.70%	13.90%	13.90%	11.10%	11.10%
35	18.40%	15.80%	13.10%	13.10%	10.50%	10.50%
36	17.30%	14.90%	12.40%	12.40%	9.90%	9.90%
37	16.30%	14.00%	11.60%	11.60%	9.30%	9.30%
38	15.20%	13.10%	10.90%	10.90%	8.70%	8.70%
39	18.20%	16.20%	16.20%	12.20%	10.10%	10.10%
40	17.30%	15.40%	15.40%	11.60%	9.60%	9.60%
41	16.40%	14.60%	14.60%	11.00%	9.10%	9.10%
42	15.80%	14.00%	14.00%	10.50%	8.80%	8.80%
43	15.10%	13.40%	13.40%	10.10%	8.40%	8.40%
44	20.80%	17.60%	16.00%	14.40%	9.60%	8.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Table 2—Page 2 of 4

Withdrawal Rates—Male

Age	Years of Service					
	0	1	2	3	4	5+
45	19.80%	16.80%	15.30%	13.70%	9.20%	7.60%
46	18.90%	16.00%	14.50%	13.10%	8.70%	7.30%
47	17.90%	15.10%	13.80%	12.40%	8.30%	6.90%
48	16.90%	14.30%	13.00%	11.70%	7.80%	6.50%
49	18.40%	15.90%	14.70%	12.30%	11.00%	7.40%
50	17.30%	15.00%	13.80%	11.50%	10.40%	6.90%
51	15.80%	13.70%	12.60%	10.50%	9.50%	6.30%
52	14.30%	12.40%	11.40%	9.50%	8.60%	5.70%
53	12.40%	10.70%	9.90%	8.30%	7.40%	5.00%
54	10.90%	12.30%	13.10%	9.40%	9.40%	6.50%
55	9.00%	10.20%	10.80%	7.80%	7.80%	5.40%
56	7.10%	8.10%	8.60%	6.20%	6.20%	4.30%
57	5.30%	6.00%	6.30%	4.60%	4.60%	3.20%
58	3.80%	4.30%	4.50%	3.30%	3.30%	2.30%
59+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
 Unify Inc. Pension Plan
 EIN: 26-2722137 PN: 001

Table 2—Page 3 of 4

Withdrawal Rates—Female

Age	Years of Service					
	0	1	2	3	4	5+
15	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
16	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
17	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
18	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
19	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
20	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
21	28.70%	28.70%	28.70%	28.70%	28.70%	28.70%
22	28.50%	28.50%	28.50%	28.50%	28.50%	28.50%
23	28.20%	28.20%	28.20%	28.20%	28.20%	28.20%
24	34.90%	34.90%	27.90%	34.90%	27.90%	20.90%
25	34.60%	34.60%	27.70%	34.60%	27.70%	20.80%
26	32.90%	32.90%	26.30%	32.90%	26.30%	19.70%
27	31.10%	31.10%	24.90%	31.10%	24.90%	18.70%
28	29.00%	29.00%	23.20%	29.00%	23.20%	17.40%
29	32.10%	26.80%	21.40%	21.40%	16.10%	21.40%
30	29.70%	24.80%	19.80%	19.80%	14.90%	19.80%
31	27.60%	23.00%	18.40%	18.40%	13.80%	18.40%
32	25.50%	21.30%	17.00%	17.00%	12.80%	17.00%
33	23.40%	19.50%	15.60%	15.60%	11.70%	15.60%
34	24.90%	21.30%	17.80%	17.80%	14.20%	14.20%
35	22.40%	19.20%	16.00%	16.00%	12.80%	12.80%
36	20.70%	17.70%	14.80%	14.80%	11.80%	11.80%
37	18.90%	16.20%	13.50%	13.50%	10.80%	10.80%
38	17.30%	14.90%	12.40%	12.40%	9.90%	9.90%
39	20.90%	18.60%	18.60%	14.00%	11.60%	11.60%
40	20.30%	18.00%	18.00%	13.50%	11.30%	11.30%
41	19.60%	17.40%	17.40%	13.10%	10.90%	10.90%
42	18.90%	16.80%	16.80%	12.60%	10.50%	10.50%
43	18.20%	16.20%	16.20%	12.20%	10.10%	10.10%
44	25.40%	21.50%	19.50%	17.60%	11.70%	9.80%

Schedule SB Attachment (Form 5500)—2016 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Table 2—Page 4 of 4

Withdrawal Rates—Female

Age	Years of Service					
	0	1	2	3	4	5+
45	24.40%	20.60%	18.80%	16.90%	11.30%	9.40%
46	23.40%	19.80%	18.00%	16.20%	10.80%	9.00%
47	22.40%	19.00%	17.30%	15.50%	10.40%	8.60%
48	21.50%	18.20%	16.50%	14.90%	9.90%	8.30%
49	23.60%	20.50%	18.90%	15.80%	14.20%	9.50%
50	22.50%	19.50%	18.00%	15.00%	13.50%	9.00%
51	21.00%	18.20%	16.80%	14.00%	12.60%	8.40%
52	19.10%	16.60%	15.30%	12.80%	11.50%	7.70%
53	17.60%	15.30%	14.10%	11.80%	10.60%	7.10%
54	15.80%	17.90%	18.90%	13.70%	13.70%	9.50%
55	13.50%	15.30%	16.20%	11.70%	11.70%	8.10%
56	11.60%	13.20%	14.00%	10.10%	10.10%	7.00%
57	9.80%	11.10%	11.70%	8.50%	8.50%	5.90%
58	7.50%	8.50%	9.00%	6.50%	6.50%	4.50%
59+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2016 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 2009.
Eligibility	Only participants under the Siemens Pension Plan effective December 31, 2008 are eligible for the plan.
Final Average Pay	
Normal Retirement Eligibility	Later of age 65 or completion of three years of vesting service.
Benefit	<p>The annual pension is greater of (a) or (b):</p> <p>(a) 1.125% of AFC up to \$12,000 plus 1.50% of such AFC in excess of \$12,000, all multiplied by years of benefit service. AFC is the average annual total cash compensation in the four consecutive plan years out of the last 10 plan years prior to the normal retirement date which produces the highest such average. AFC will be frozen as of December 31, 2009.</p> <p>(b) The minimum benefit as summarized in the Appendix to the Unify, Inc. Pension Plan.</p>
Early Retirement Eligibility	Age 55 with 10 years of vesting service.
Benefit	The annual pension is the accrued benefit deferred to age 65 or if payments commence before age 65, such accrued benefit is reduced by five-twelfths for each of the first 24 months by which the starting date precedes age 62 and by ½% for each additional month in excess of 24 months. There is no reduction if the starting date is between ages 62 and 65.

Schedule SB Attachment (Form 5500)—2016 Plan Year

Unify Inc. Pension Plan

EIN: 26-2722137 PN: 001

Disability Retirement

Eligibility

Ten years of vesting service or qualifies for Workmen's Compensation in connection with the disability.

Benefit

The annual pension that is deferred to age 65 is the accrued benefit (based on normal retirement (a) above) at the time of disablement. The participant shall be credited with vesting and benefit service during the period of disability prior to the earliest commencement of retirement benefits, the participant's death, or the participant's recovery from disability. The disability benefit is payable from age 55 until the earlier of the date on which the participant recovers from disability or the date of the participant's death.

Termination

Eligibility

100% vested with three years of vesting service.

Benefit

The annual pension is determined as in normal retirement (a) above, but reduced actuarially if payments begin after age 55 but before age 65.

Death Benefits

Before Retirement

Return of accumulated employee contributions, if any, or if vested right to any portion of accrued benefit or death resulted from injury or accident to which Workmen's Compensation applies, annual pension payable for life to spouse is 50% of reduced joint and 50% survivor benefit, but not less than \$360. If spouse is more than 15 years younger than the member, the pension is reduced by 1% for each year or fraction thereof, by which the difference in age exceeds 15 years.

After Retirement

Return of accumulated employee contributions, if any, guaranteed or if member has a spouse, 50% of the pension which the member would receive under the reduced joint and 50% survivor option will be payable to the spouse for life.

Other Benefits

Certain operating companies receive special minimum benefits based on the terms of agreement when they entered the plan. In addition, certain benefit provisions from prior plans that were subsequently merged into this plan continue.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Cash Balance

Cash Balance Account
Account Balance

The account is increased monthly with pay and interest credits.

Interest Credits

Based on 30-year Treasury rate for the August immediately preceding the plan year.

Pay Credits

Based on vesting service:

Service	S200	S300
< 5	2.00%	3.00%
5–9	2.50%	3.75%
10–14	3.00%	4.50%
15–19	4.00%	6.00%
20–24	5.00%	7.50%
25–29	6.00%	9.00%
30 +	7.50%	11.25%

Note that participants will not receive pay credits on or after January 1, 2010.

Minimum Benefit

If a participant was a member of the plan prior to January 1, 2001, then the participant will not receive a benefit less than the minimum benefit accrued under the final average pay formula or any other grandfathered prior plan as of December 31, 2000.

Normal Retirement
Eligibility

Later of age 65 or completion of three years of vesting service.

Benefit

Account balance or actuarially equivalent annuity payable upon retirement.

Termination
Eligibility

100% vested with three years of vesting service.

Benefit

Account balance or actuarially equivalent annuity payable upon retirement.

Schedule SB Attachment (Form 5500)—2016 Plan Year

Unify Inc. Pension Plan

EIN: 26-2722137 PN: 001

Disability Eligibility	Ten years of vesting service or Workmen's Compensation in connection with the disability.
Benefit	Account balance is immediately vested upon termination due to disability. Interest credits granted until the account is paid out or an annuity payment is elected. No pay credits granted unless pay is received.
Death Benefits Before Retirement	Return of accumulated employee contributions, if any. Account balance or actuarially equivalent annuity payable to beneficiary. Paid regardless of vesting service accrued by the participant.
After Retirement	Return of accumulated employee contributions, if any. Payments to beneficiary based on the optional form selected at the time of the participant's retirement. If the participant received a lump sum payment at retirement, the beneficiary will not receive a death benefit.
Definitions Vesting Service	From date of hire.
Benefit Service	Elapsed time in years from membership date. Benefit service will be frozen effective December 31, 2009.
Total Cash Compensation	Eligible compensation includes cash compensation, tax-deferred contributions to the Siemens Savings Plan, bonuses, special pay, overtime pay, shift differential, commissions, salary continuation payments, and Section 125 contributions. Compensation shall not exceed the limit described in IRC Section 401(a)(17).
Form of Payment Normal Form of Annuity	50% joint and survivor, if married; life annuity, if single.
Optional Forms	50% joint and survivor, 66⅔% joint and survivor, 75% joint and survivor, 100% joint and survivor, 120-month certain and life, and lump sum (for Cash Balance participants only).

Schedule SB Attachment (Form 5500)—2016 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Lump Sum Cashout	Benefit paid immediately to participant as a lump sum if the actuarial equivalent of the age-65 monthly retirement benefits payable as a life annuity is less than \$5,000.
Actuarial Equivalence Optional Forms (Excluding Lump Sum Payments)	7.00% interest and UP 1984 mortality table.
Lump Sum Payments	Interest based on three-segment yield curve and IRC Section 417(e) mortality table.
Plan Year	Calendar year.

Plan Changes Since the Prior Year

The funding and plan reporting valuations do not reflect any changes.

Plan Changes Reflected in the January 1, 2015 Valuation

The January 1, 2015 funding and plan reporting valuations reflected no changes.

Plan Changes Reflected in the January 1, 2014 Valuation

Siemens Enterprise Communications, Inc. formally changed its corporate name to Unify Inc. effective October 15, 2013. In connection therewith, the Pension Plan was amended to incorporate the name change, effective also as of October 15, 2013.

Effective January 1, 2014, the limits on annual benefits under IRC §415 increased from \$205,000 to \$210,000.

Plan Changes Reflected in the January 1, 2013 Valuation

Effective January 1, 2013, the limits on annual benefits under IRC §415 increased from \$200,000 to \$205,000.

Plan Changes Reflected in the January 1, 2012 Valuation

Effective January 1, 2012, the limits on annual benefits under IRC §415 increased from \$195,000 to \$200,000.

Schedule SB Attachment (Form 5500)—2016 Plan Year
 Unify Inc. Pension Plan
 EIN: 26-2722137 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

Attained Age	Number of Participants, Average Compensation and Average Cash Balance Account									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				1						
35-39				1						
40-44				9	9	3				
45-49			4	6	19	9	12			
50-54			5	5	9	4	18	30 N/A \$116,363	1	1
55-59			1	6	8	5	11	66 N/A \$76,418	22 N/A \$71,020	2
60-64			1	2	9	2	3	26 N/A \$102,891	3	2
65-69				2	2	1	2	4	2	1
70+										

N-329

Note: Average Compensation is shown as N/A since there are no longer benefit accruals under the plan and compensation is not collected.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	8.00%	1.0000	4.44
56.5	8.00%	0.9200	4.16
57.5	8.00%	0.8464	3.89
58.5	12.00%	0.7787	5.47
59.5	12.00%	0.6852	4.89
60.5	15.00%	0.6030	5.47
61.5	20.00%	0.5126	6.30
62.5	25.00%	0.4101	6.41
63.5	20.00%	0.3075	3.91
64.5	20.00%	0.2460	3.17
65.5	35.00%	0.1968	4.51
66.5	20.00%	0.1279	1.70
67.5	30.00%	0.1023	2.07
68.5	35.00%	0.0716	1.72
69.5	35.00%	0.0466	1.13
70	100.00%	0.0303	2.12
Weighted Average			61.36

Schedule SB Attachment (Form 5500)—2016 Plan Year
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Unify Inc. Pension Plan

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Unify Inc. Pension Plan

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Unify Inc. Pension Plan
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Plan Changes Reflected in the January 1, 2012 Valuation

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Plan Name	Unify Inc. Pension Plan
Plan Sponsor EIN	26-2722137
ERISA Plan No.	001
Plan Year End	12/31/2016

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)