

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>UNIFY INC. PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2009</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2009</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>26-2722137</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>561-923-7701</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>517000</u></td> </tr> </table>	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>	
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.	10/10/2022	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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1099
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)	151
a(2) Total number of active participants at the end of the plan year		6a(2)	135
b Retired or separated participants receiving benefits.....		6b	504
c Other retired or separated participants entitled to future benefits		6c	410
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1049
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	28
f Total. Add lines 6d and 6e		6f	1077
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 who 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) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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) <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.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

► **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>2021</u>		
2	Assets:		
	a Market value	2a	<u>320165330</u>
	b Actuarial value	2b	<u>320165330</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>517</u>	<u>178824710</u>
	b For terminated vested participants.....	<u>431</u>	<u>48468803</u>
	c For active participants	<u>151</u>	<u>31782167</u>
	d Total.....	<u>1099</u>	<u>259075680</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>4.83</u> %
6	Target normal cost.....		
	a Present value of current plan year accruals.....	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>267474</u>
	c Total (line 6a + line 6b)	6c	<u>267474</u>

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary <u>ROBERT S. PRICE, JR.</u> Type or print name of actuary <u>AON CONSULTING, INC.</u> Firm name <u>3550 LENOX ROAD</u> <u>SUITE 1700</u> <u>ATLANTA, GA 30326</u> Address of the firm	<u>09/30/2022</u> Date <u>20-05794</u> Most recent enrollment number <u>404-261-3400</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2021
v. 201209

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)	20852338	8521802
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)	20852338	8521802
10 Interest on line 9 using prior year's actual return of <u>11.97</u> %	2496025	1020060
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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>5.25</u> %		0
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		0
d Portion of (c) to be added to prefunding balance		0
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)	23348363	9541862

Part III Funding Percentages

14 Funding target attainment percentage	14	110.86 %
15 Adjusted funding target attainment percentage	15	123.56 %
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	116.25 %
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:
3.32 %2nd segment:
4.79 %3rd segment:
5.47 %☐ 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 6c)..... **31a** 267474**b** Excess assets, if applicable, but not greater than line 31a **31b** 267474**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 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**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 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

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
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
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	
DREYFUS CORPORATION - MBSC SECURITY	144 GLEN CURTIS BLVD, UNIONDALE, NJ 11558
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INVESTMENTS	P.O. BOX 770002 CINCINNATI, OH 45277
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ISHARE 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

THE VANGUARD 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

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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)

AMUNDI PIONEER

60 STATE ST
BOSTON, MA 02109-1820

(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	271686	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON CONSULTING, INC.

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	248425	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	TRUSTEE	184254	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)

RSM UP 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	24150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HILLCREST ASSET MANAGEMENT

2805 DALLAS PARKWAY
SUITE 250
PLANTO, 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	2362	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRANITE INVESTMENT PARTNERS

2321 ROSECRANS AVE
SUITE 4200
EL SEGUNDO, CA 90245

(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	2241	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:	RSM US LLP	b EIN:	42-0714325
c Position:	AUDITOR		
d Address:	1555 PALM BEACH LAKES BLVD SUITE 700 WEST PALM BEACH, FL 33401	e Telephone:	561-712-4808

Explanation: CHANGE AUDITORS

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
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)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1746203	2065261
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	25084894	11662759
(2) U.S. Government securities	1c(2)	43035374	53251217
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	104179850	135648503
(B) All other	1c(3)(B)	74709474	72084285
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	15199543	0
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	56209995	27792508

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	320165333 302504533
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	67892 118175
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	67892 118175
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	320097441 302386358

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.

		(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)	1361
	(B) U.S. Government securities	2b(1)(B)	307359
	(C) Corporate debt instruments	2b(1)(C)	6924070
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	366565
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	7599355
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	14593
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	14593
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	274441597
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	272315420
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	2126177
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-8389296
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-8389296

		(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)		
c Other income.....	2c		279415
d Total income. Add all income amounts in column (b) and enter total.....	2d		1630244
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	18366389	
(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)		18366389
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)	507112	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	280019	
(4) Other.....	2i(4)	187807	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		974938
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		19341327
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-17711083
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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

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

(1) Name: **HARDING, SHYMANSKI & COMPANY, PSC**

(2) EIN: **35-1346211**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 432022.

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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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>19</u>

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

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

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

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

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) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

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: 5.0 % Investment-Grade Debt: 94.0 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 1.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☒ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

UNIFY INC. PENSION PLAN

Financial Report

December 31, 2021

CONTENTS

Independent Auditor's Report

Page 2

Financial Statements:

Statements of Net Assets Available for Benefits	7
Statements of Changes in Net Assets Available for Benefits	8
Statements of Accumulated Plan Benefits	9
Statements of Changes in Accumulated Plan Benefits	10
Notes to Financial Statements	11

Supplemental Schedules:

Schedule of Assets (Held at End of Year)	22
Schedule of Reportable Transactions	26

INDEPENDENT AUDITOR'S REPORT



**HARDING, SHYMANSKI
& COMPANY, P.S.C.**

Certified Public Accountants
and Consultants

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Owned Member,
RSM US Alliance

Investment & Administrative Committee, Trustee, and Participants
Unify Inc. Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the financial statements of the Unify Inc. Pension Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits and of accumulated Plan benefits as of December 31, 2021, the related statements of changes in net assets available for benefits and of changes in accumulated Plan benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate, to the best of its knowledge.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Opinion on the 2021 Financial Statements (Continued)



- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)



Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and; therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)



Auditor's Responsibilities for the Audit of the 2021 Financial Statements (Continued)

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and reportable transactions as of December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Other Matters (Continued)

2021 Supplemental Schedules Required by ERISA (Continued)

In our opinion,

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

The statements of net assets available for benefits and of accumulated Plan benefits as of December 31, 2020, and the related statements of changes in net assets available for benefits and of changes in accumulated Plan benefits for the year then ended were audited by other auditors. Their report dated October 15, 2021, expressed an unmodified opinion on those financial statements.

Wardrig, Szymanski & Company, P.S.C.

Louisville, Kentucky
October 10, 2022

UNIFY INC. PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS December 31, 2021 and 2020

	2021	2020
<hr/>		
ASSETS		
Investments at fair value	\$ 300,439,272	\$ 318,419,130
Accrued income	<u>2,065,261</u>	<u>1,746,203</u>
Total assets	302,504,533	320,165,333
LIABILITIES		
Accrued expenses	<u>118,175</u>	<u>67,892</u>
Net assets available for benefits	<u><u>\$ 302,386,358</u></u>	<u><u>\$ 320,097,441</u></u>

See accompanying notes to the financial statements.

UNIFY INC. PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2021 and 2020

	2021	2020
Additions		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ (6,263,119)	\$ 29,839,823
Interest and dividends	7,613,948	6,828,322
Other income (expense)	<u>279,415</u>	<u>(1,261,374)</u>
Total additions	<u>1,630,244</u>	<u>35,406,771</u>
Deductions		
Benefits paid to participants	18,366,389	17,293,306
Administrative expenses	<u>974,938</u>	<u>475,605</u>
Total deductions	<u>19,341,327</u>	<u>17,768,911</u>
Net increase (decrease)	(17,711,083)	17,637,860
Net assets available for benefits:		
Beginning of year	<u>320,097,441</u>	<u>302,459,581</u>
End of year	<u><u>\$ 302,386,358</u></u>	<u><u>\$ 320,097,441</u></u>

See accompanying notes to the financial statements.

UNIFY INC. PENSION PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS

Years Ended December 31, 2021 and 2020

	2021	2020
Actuarial present value of accumulated Plan benefits		
Vested benefits:		
Participants and beneficiaries currently receiving payments	\$ 224,409,320	\$ 228,885,121
Other participants	<u>83,340,548</u>	<u>95,947,747</u>
Total actuarial present value of accumulated Plan benefits	<u><u>\$ 307,749,868</u></u>	<u><u>\$ 324,832,868</u></u>

See accompanying notes to the financial statements.

UNIFY INC. PENSION PLAN

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

Years Ended December 31, 2021 and 2020

	2021	2020
Actuarial present value of accumulated Plan benefits at beginning of year	<u>\$ 324,832,868</u>	<u>\$ 308,392,146</u>
Increase (decrease) during the year attributable to:		
Interest accumulation	7,103,267	8,994,282
Benefits paid	(18,366,389)	(17,293,306)
Change in actuarial assumptions	(9,572,583)	20,687,338
Other changes	<u>3,752,705</u>	<u>4,052,408</u>
Net increase (decrease)	<u>(17,083,000)</u>	<u>16,440,722</u>
Actuarial present value of accumulated Plan benefits at end of year	<u><u>\$ 307,749,868</u></u>	<u><u>\$ 324,832,868</u></u>

See accompanying notes to the financial statements.

UNIFY INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

Note 1 – Plan Description

The following description of the Unify Inc. Pension Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more 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. (Company or Plan Sponsor). The Investment & Administrative Committee is responsible for oversight of the Plan. The Plan's Investment & Administrative 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 Enterprise Communications, Inc. (Parent) contributed its enterprise business to the newly founded Company pursuant to the Local Asset Transfer Agreement (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 the Company 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.

Participant's Accounts

Participants continue to earn interest on existing cash balance accounts that are expressed in the form of individual hypothetical accounts, even after employment ends and until the benefit is paid.

UNIFY INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2021 and 2020

Note 1 – Plan Description (Continued)

Pension Benefits

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 participant's Benefit Commencement Date. Each Cash Balance participant'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 participants 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. Cash Balance benefits are payable as a monthly annuity or lump-sum payment. If the participant's total lump-sum present value of their benefit does not exceed \$5,000, a single lump-sum distribution will automatically be received by the participant.

Employees who are considered Final Average Pay participants, as defined by the Plan, are entitled to annual pension benefits beginning at the normal retirement age (65). Pension benefits as of December 31, 2021, are determined as the greater of:

- (a) 1.125% of the first \$12,000 of the Final Average Pay participant's Average Final Compensation plus 1.5% of the portion of the Final Average Pay participant'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. In the case of any Final Average Pay participant 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.

Final Average Pay benefits are payable as a monthly annuity payment. Final Average Pay participants are not eligible for a lump-sum payment option unless the participant's total lump-sum present value of their benefit does not exceed \$5,000, or the benefit payable is less than \$50 per month under the final average pay formula.

The Plan permits early retirement benefits at age 55 with ten years of employment service.

UNIFY INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

Note 1 – Plan Description (Continued)

Pension Benefits (Continued)

Any Final Average Pay participant retiring before the normal retirement date shall be entitled to receive retirement income commencing on the normal retirement date equal to the participant's accrued benefit. In lieu thereof, the Final Average Pay participant may, at any time between the date of early retirement and normal retirement date, inclusive, elect to receive an amount of retirement income, which shall be the participant's 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 participant'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 participant retiring before the normal retirement date and whose benefit commencement date is on or after the date such Final Average Pay participant reaches his or her 62nd birthday, there shall be no percentage reduction to such Final Average Pay participant's accrued benefit due to the benefit commencement date preceding the date the participant would have reached age 65.

Death and Disability Benefits

If a participant dies prior to the participant's retirement date, 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 a Cash Balance participant who becomes disabled, the participant continues to earn years of employment up to a maximum of 12 months, as well as continues to earn interest credits on their cash balance account if the balance remains in the Plan. The participant automatically becomes 100 percent vested in the Plan when employment ends following 12 months of being permanently or totally disabled. When employment ends, the cash balance account is payable as a monthly annuity or lump-sum payment. If the participant's benefit is less than \$5,000, a lump-sum distribution will automatically be received by the participant.

For a Final Average Pay participant who becomes disabled, the participant will continue to earn both benefit service and employment service under the final average pay formula if the participant has not retired or left the Company at the time of disability and completed at least ten years of employment service. If ten years of employment has not been completed, employment service and benefit service will end at the end of 12 months of being disabled. Benefits can be received any time after the age of 55, if permanently or totally disabled.

UNIFY INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

Note 1 – Plan Description (Continued)

Vesting

Participants meet the vesting requirements on the earliest of (i) completion of at least three years of employment, (ii) attainment of normal retirement age, (iii) termination of employment following a period of the participant's disability of at least 12 months, (iv) termination of employment by reason of permanent layoff, or (v) transfer of employment to an affiliated company located outside the United States of America that is not an employing company. An employee participant 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.

Funding Policy

Contributions to provide benefits under the Plan are made by the Company. Beginning in 2013, the Plan Sponsor 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, which has reduced the legally required minimum contributions under that methodology. There were no minimum required contributions for 2021 and 2020.

COVID-19 Pandemic

On January 30, 2020, the World Health Organization declared the COVID-19 outbreak a "Public Health Emergency of International Concern" and on March 11, 2020, declared it to be a pandemic. The pandemic in the United States and throughout the world has resulted in substantial volatility in financial markets. As a result, the Plan's investments have incurred and may continue to incur significant changes in fair value. While it is unknown how long these conditions will last and what the complete financial effect will be to the Plan, the Plan Sponsor cannot estimate, with any degree of certainty, the full impact of COVID-19 on future Plan performance.

Note 2 – Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

UNIFY INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

Note 2 – Significant Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of Plan assets and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated Plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated Plan benefits reported in the accompanying financial statements.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment & Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisors. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

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

UNIFY INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

Note 3 – Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Benefits under the Plan are based on affiliated companies' plan formulas, which include years of credited service, compensation, and other relevant factors as of the date of the plan freeze for applicable plans. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated Plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant methods and assumptions underlying the actuarial computations of accumulated benefits as of January 1, 2022 are as follows:

Life Expectancy of Participants	<i>Healthy:</i> Amounts-weighted aggregate rates from the Pri-2012 mortality study. Separate amounts-weighted contingent survivor rates for current survivors. Mortality rates are projected generationally from 2012 using Scale MP-2021.
	<i>Disabled:</i> Amounts-weighted aggregate disabled rates from the Pri-2012 mortality study. Mortality rates are projected generationally from 2012 using Scale MP-2021.
Retirement Age Assumption	100% by 70 years old
Interest Rate Used for Discount	2.60%
Assumed Asset Valuation Method	Fair market value
Assumed Average Rate of Return	2.60%
Assumed Actuarial Cost Method	Standard unit credit cost method

UNIFY INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

Note 3 – Actuarial Present Value of Accumulated Plan Benefits (Continued)

The change in actuarial assumptions presented in the accompanying statement of changes in accumulated plan benefits represents a change in the interest rate assumption from 2.25 percent to 2.60 percent and from 3.00 percent to 2.25 percent as of January 1, 2022 and 2021, respectively, and a change in the mortality improvement scale from MP-2020 to MP-2021. Other changes presented in the accompanying statement of changes in accumulated plan benefits represents the normal operation of the Plan and consists primarily of items of Plan experience that are not associated with Plan asset performance.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors may be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2022. Had the valuation been completed as of December 31, there would be no material differences.

Note 4 – Summary of Financial Data Certified by the Trustee

The following is a summary of the Plan's financial information as of December 31, 2021, and for the year then ended, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by Bank of America, the Trustee of the Plan. The Plan administrator has obtained certification from the Trustee that the following assets are complete and accurate, to the best of its knowledge. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and supplemental schedules related to the following assets.

Net Assets Available for Benefits Held by Trustee

Investments at fair value	\$ 300,439,272
Accrued income	<u>2,065,261</u>
	<u>\$ 302,504,533</u>

Statement of Changes in Net Assets Available for Benefits

Investment income	
Net depreciation in fair value of investments	\$ (6,263,119)
Interest and dividends	7,613,948
Other income	<u>279,415</u>
	<u>\$ 1,630,244</u>

UNIFY INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

Note 5 – Fair Value Measurements

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	<p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none">• 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. <p>If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.</p>
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Money market funds: The carrying amount approximates fair value because of the short maturity of the investment.

Corporate 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 credit ratings.

UNIFY INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

Note 5 – Fair Value Measurements (Continued)

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

U. S. government securities and agency bonds: Valued at the closing price reported on the active market or secondary exchange on which the individual securities are traded or 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, 2021 and 2020:

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 11,662,759	\$ 0	\$ 0	\$ 11,662,759
U.S. government and agency bonds	46,166,874	7,084,343	0	53,251,217
Exchange-traded funds	15,117,089	0	0	15,117,089
Corporate bonds	0	193,073,287	0	193,073,287
Foreign bonds	0	27,334,920	0	27,334,920
Total assets in the fair value hierarchy	<u>\$ 72,946,722</u>	<u>\$ 227,492,550</u>	<u>\$ 0</u>	<u>\$ 300,439,272</u>

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 25,084,894	\$ 0	\$ 0	\$ 25,084,894
U.S. government and agency bonds	35,772,264	7,263,110	0	43,035,374
Common stocks	15,199,543	0	0	15,199,543
Exchange-traded funds	49,068,286	0	0	49,068,286
Corporate bonds	0	164,468,746	0	164,468,746
Foreign bonds	0	21,562,287	0	21,562,287
Total assets in the fair value hierarchy	<u>\$ 125,124,987</u>	<u>\$ 193,294,143</u>	<u>\$ 0</u>	<u>\$ 318,419,130</u>

Note 6 – Related Party Transactions and Party-in-Interest Transactions

Bank of America is the Trustee, co-fiduciary, and investment advisor for the Plan and; therefore, these transactions qualify as party-in-interest transactions. The Plan also has additional investment advisors that are considered parties-in-interest. As described in Note 2, the Plan made direct payments to parties-in-interest and other service providers for the years ended December 31, 2021 and 2020 in the amount of \$974,938 and \$475,605, respectively. The Company provides certain administrative services at no cost to the Plan.

UNIFY INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

Note 7 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of 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:

- Benefits attributable to employee contributions, taking into account those paid out before termination.
- 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. Benefits guaranteed and insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. Government agency) up to the applicable limitations.
- Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations.
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- 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 2021, the ceiling is \$6,034 per month and 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 a 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

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

Note 8 – Tax Status

The Internal Revenue Service (IRS) 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 (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and; therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing authorities.

On February 21, 2018, the Plan received a notice from the Department of Labor (DOL) indicating that the 2015, 2016, and 2017 Plan year-ends have been selected for examination. The Plan has provided the requested documents to the DOL. Further correspondence was received from the DOL in January 2020 to communicate that the investigation remains ongoing. As the investigation is ongoing, the ultimate outcome is uncertain; therefore, no adjustment has been reflected in the financial statements. The Plan Sponsor intends to cooperate with the DOL and make any corrections necessary to maintain the Plan's qualified tax status. Penalties, if any, would need to be paid by the Plan Sponsor and not by the Plan.

Note 9 – Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the 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.

Note 10 – Subsequent Events

The Plan has evaluated subsequent events through October 10, 2022, the date the financial statements were available to be issued.

--- SUPPLEMENTAL SCHEDULES ---

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Unify Inc. Pension Plan
 EIN: 26-2722137 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2021

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										
35-39					1					
40-44										
45-49					4	3	1			
50-54				1	3	12	5	10		
55-59					3	3	2	14	19	1
60-64				1	5	3	2	5	28 N/A \$136,360	9
65-69					1	4			7	1
70+					1		1			1

N-151

Schedule SB Attachment (Form 5500)—2021 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 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.32%
2nd Segment Rate	4.79%
3rd Segment Rate	5.47%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2021), without regard to interest rate stabilization
1st Segment Rate	1.75%
2nd Segment Rate	3.04%
3rd Segment Rate	3.65%
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	2021 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(d) and IRS Notice 2019-67
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
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 are limited by the current IRC section 415 maximum benefit of \$230,000.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Valuation of Plan Assets	Fair market value.
Trust Expenses Included in Target Normal Cost	\$267,474
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2021

Schedule SB Attachment (Form 5500)—2021 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Actuarial Assumptions and Methods

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)—2021 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)—2021 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)—2021 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)—2021 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)—2021 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 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2021****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

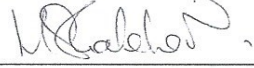
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ 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) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan UNIFY INC. PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/2009
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	2b Employer Identification Number (EIN) 26-2722137
	2c Plan Sponsor's telephone number 561-923-7701
	2d Business code (see instructions) 517000

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		10/10/2022	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

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

Form 5500 (2021)
v. 201209

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
3c Administrator's telephone number		3d Administrator's fax number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1, 099
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)	151
a(2) Total number of active participants at the end of the plan year		6a(2)	135
b Retired or separated participants receiving benefits.....		6b	504
c Other retired or separated participants entitled to future benefits		6c	410
d Subtotal. Add lines 6a(2), 6b, and 6c.....		6d	1, 049
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	28
f Total. Add lines 6d and 6e.		6f	1, 077
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 who 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 _____

UNIFY INC. PENSION PLAN

PLAN SPONSOR: UNIFY INC.

PLAN SPONSOR EIN: 26-2722137

PLAN NUMBER: 001

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS

December 31, 2021

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Expense incurred with transaction	(f) Cost of Asset	(g) Current Value of Asset on Transaction Date	(h) Net Gain
<i>Single transactions in excess of five percent of Plan assets</i>							
*Bank of America	Fimm Gov Portfolio Instl	\$ 40,636,920	\$ 0	\$ 0	\$ 40,636,920	\$ 40,636,920	\$ 0
*Bank of America	Fimm Gov Portfolio Instl	0	36,578,645	0	36,578,645	36,578,645	0
*Bank of America	iShares Core S&P 500 ETF	0	30,708,351	2,647	12,374,607	29,554,455	1,153,896
*Bank of America	Bank of America Temporary Overnight Deposit	50,000,000	0	0	50,000,000	50,000,000	0
*Bank of America	Bank of America Temporary Overnight Deposit	0	50,000,000	0	50,000,000	50,000,000	0
<i>Series of transactions in excess of five percent of Plan assets</i>							
*Bank of America	Fimm Gov Portfolio Instl	\$ 89,155,543	\$ 0	\$ 0	\$ 89,155,543	\$ 89,155,543	\$ 0
*Bank of America	Fimm Gov Portfolio Instl	0	102,215,146	0	102,215,146	102,215,146	0
*Bank of America	iShares Core S&P 500 ETF	0	32,159,965	0	32,159,965	32,159,965	0
*Bank of America	Bank of America Temporary Overnight Deposit	75,215,338	0	0	75,215,338	75,215,338	0
*Bank of America	Bank of America Temporary Overnight Deposit	0	75,577,870	0	75,577,870	75,577,870	0

See independent auditor's report.

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.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
► 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	001		
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>2021</u>		
2	Assets:		
	a Market value	2a	320,165,330
	b Actuarial value	2b	320,165,330
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	517	178,824,710
	b For terminated vested participants.....	431	48,468,803
	c For active participants	151	31,782,167
	d Total.....	1,099	259,075,680
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	4.83%
6	Target normal cost.....		
	a Present value of current plan year accruals.....	6a	0
	b Expected plan-related expenses	6b	267,474
	c Total (line 6a + line 6b)	6c	267,474

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	ROBERT S. PRICE, JR.  <div style="text-align: center;">Signature of actuary</div>
	09/30/2022 Date
	2005794 Most recent enrollment number
	404-261-3400 Telephone number (including area code)
	ROBERT S. PRICE, JR. Type or print name of actuary
	AON CONSULTING, INC. Firm name
	3550 LENOX ROAD SUITE 1700 ATLANTA GA 30326 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) 2021 v. 201209	

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.32 %2nd segment:
4.79 %3rd segment:
5.47 %☐ 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 6c)..... **31a** 267,474**b** Excess assets, if applicable, but not greater than line 31a **31b** 267,474**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 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

Schedule SB Attachment (Form 5500)—2021 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)	(b)	(c)	(d)
Age	Rate	Weight	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)—2021 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 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.32%
2nd Segment Rate	4.79%
3rd Segment Rate	5.47%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2021), without regard to interest rate stabilization
1st Segment Rate	1.75%
2nd Segment Rate	3.04%
3rd Segment Rate	3.65%
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	2021 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(d) and IRS Notice 2019-67
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
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 are limited by the current IRC section 415 maximum benefit of \$230,000.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Valuation of Plan Assets	Fair market value.
Trust Expenses Included in Target Normal Cost	\$267,474
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2021

Schedule SB Attachment (Form 5500)—2021 Plan Year
Unify Inc. Pension Plan
EIN: 26-2722137 PN: 001

Actuarial Assumptions and Methods

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)—2021 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)—2021 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)—2021 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)—2021 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)—2021 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)—2021 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)—2021 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)—2021 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 with a minimum of 4.06%.

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)—2021 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)—2021 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 Changes Reflected in the January 1, 2021 Valuation

The January 1, 2021 funding and plan reporting valuations reflected no changes.

Plan Changes Reflected in the January 1, 2020 Valuation

Effective January 1, 2020, the limits on annual benefits under IRC §415 increased from \$225,000 to \$230,000.

Plan Changes Reflected in the January 1, 2019 Valuation

Effective January 1, 2019, the limits on annual benefits under IRC §415 increased from \$220,000 to \$225,000.

Plan Changes Reflected in the January 1, 2018 Valuation

Effective January 1, 2018, the limits on annual benefits under IRC §415 increased from \$215,000 to \$220,000.

Plan Changes Reflected in the January 1, 2017 Valuation

Effective January 1, 2017, the limits on annual benefits under IRC §415 increased from \$210,000 to \$215,000.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year.

During 2021, Unify Inc. made an election to first apply the ARPA interest rate stabilization (for any purposes) to the Unify Inc. Pension Plan for the 2022 plan year. Therefore, this Schedule SB reflects stabilized 2021 minimum funding interest rates without regard to ARPA.

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Unify Inc. Pension Plan
 EIN: 26-2722137 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2021

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										
35-39					1					
40-44										
45-49					4	3	1			
50-54				1	3	12	5	10		
55-59					3	3	2	14	19	1
60-64				1	5	3	2	5	28 N/A \$136,360	9
65-69					1	4			7	1
70+					1		1			1

N-151

Schedule SB Attachment (Form 5500)—2021 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)	(b)	(c)	(d)
Age	Rate	Weight	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)—2021 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)—2021 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)—2021 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 with a minimum of 4.06%.

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.

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Schedule SB Attachment (Form 5500)—2021 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.
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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)—2021 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.

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Plan Changes Reflected in the January 1, 2018 Valuation

Effective January 1, 2018, the limits on annual benefits under IRC §415 increased from \$215,000 to \$220,000.

Plan Changes Reflected in the January 1, 2017 Valuation

Effective January 1, 2017, the limits on annual benefits under IRC §415 increased from \$210,000 to \$215,000.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

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Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year.

During 2021, Unify Inc. made an election to first apply the ARPA interest rate stabilization (for any purposes) to the Unify Inc. Pension Plan for the 2022 plan year. Therefore, this Schedule SB reflects stabilized 2021 minimum funding interest rates without regard to ARPA.

UNIFY INC. PENSION PLAN

PLAN SPONSOR: UNIFY INC.

PLAN SPONSOR EIN: 26-2722137

PLAN NUMBER: 001

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Investments at Fair Value				
		Money market fund		
	FIMM Gov Portfolio Instl	FIMM Gov Portfolio Instl	\$ 11,662,759	\$ 11,662,759
		U.S. government and agency bonds		
	Resolution Funding Corp	Resolution Funding Corp Coupon Strips Zero% Jul 15, 2024	258,373	500,251
	Resolution Funding Corp	Resolution Funding Corp Coupon Strips Zero% Apr 15, 2029	2,413,793	4,609,861
	Resolution Funding Corp	Resolution Funding Corp Principal Strips Zero% Jan 15, 2030	366,345	536,735
	Resolution Funding Corp	Resolution Funding Corp Principal Strips Zero% Apr 15, 2030	931,812	1,437,496
	U.S. Treasury Bond	U.S. Treasury Bond 4.500% Feb 15, 2036	1,715,687	1,534,060
	U.S. Treasury Bond	U.S. Treasury Bond 1.875% Feb 15, 2041	5,421,062	5,560,408
	U.S. Treasury Bond	U.S. Treasury Bond 2.000% Nov 15, 2041	2,577,791	2,587,460
	U.S. Treasury Note	U.S. Treasury Note 0.625% May 15, 2030	2,899,895	2,719,022
	U.S. Treasury Note	U.S. Treasury Note 0.500% Jun 30, 2027	3,687,392	3,522,126
	U.S. Treasury Note	U.S. Treasury Note 0.250% Jun 30, 2025	2,829,194	2,755,377
	U.S. Treasury Note	U.S. Treasury Note 0.125% Jul 15, 2023	7,924,071	7,868,336
	U.S. Treasury Note	U.S. Treasury Note 0.750% Jan 31 2028	2,947,266	2,891,370
	U.S. Treasury Note	U.S. Treasury Note 1.125% Feb 15, 2031	3,283,110	3,269,434
	U.S. Treasury Note	U.S. Treasury Note 0.125% Feb 28 2023	4,500,000	4,481,550
	U S Treasury Strips	U.S. Treasury Strips Zero% Nov 15, 2022	1,734,738	1,959,989
	U.S. Treasury Strip	U.S. Treasury Strip Zero% Nov 15, 2025	6,140,429	7,017,742
		Exchange-traded funds		
	IShares Core S&P 500 ETF	IShares Core S& P 500 ETF	2,547,852	7,731,995
	Vanguard Ftse Developed	Vanguard Ftse Developed Markets ETF	2,472,432	3,026,837
	Vanguard Ftse Emerging	Vanguard Ftse Emerging Markets ETF	1,093,611	1,377,412
	Vanguard Mid-Cap ETF	Vanguard Mid Cap ETF	1,347,118	1,541,613
	Vanguard Small Cap	Vanguard Small Cap	1,380,293	1,439,232
		Corporate bonds		
	AEP Texas Inc	AEP Texas Inc Ser G GLB 04.150% May 01, 2049	338,608	382,165
	AEP Texas Inc	AEP Texas Inc Ser H GLB 03.450% Jan 15, 2050	223,947	229,700
	AEP Transmission Co LLC	AEP Transmission Co Llc Ser M GLB 03.650% Apr 01, 2050	229,917	254,833
	Abbott Laboratories	Abbott Laboratories GLB 04.900% Nov 30, 2046	346,276	418,350
	Abbvie Inc	Abbvie Inc GLB 04.875% Nov 14, 2048	624,899	834,122
	Abbvie Inc	Abbvie Inc GLB 02.300% Nov 21, 2022	2,841,218	2,788,638
	Adventhealth Obl Grp	Adventhealth Obl Grp Ser E 02.795% Nov 15, 2051	2,000,000	1,957,340
	Alexandria Real Estate E	Alexandria Real Estate E Company Guarnt GLB 01.875% Feb 01, 2033	1,842,392	1,717,197
	Alexandria Real Estate E	Alexandria Real Estate E Company Guarnt GLB 02.000% May 18, 2032	1,465,485	1,434,345
	Amazon.Com Inc	Amazon.com Inc GLB 03.800% Dec 05, 2024	1,696,237	1,710,781
	Amazon.Com Inc	Amazon.com Inc GLB 04.800% Dec 05, 2034	17,229	19,183
	Amazon.Com Inc	Amazon.com Inc GLB 04.050% Aug 22, 2047	109,118	121,660
	Amazon.Com Inc	Amazon.com Inc GLB 02.700% Jun 03, 2060	276,685	271,116
	American Honda Finance	American Honda Finance Ser Mtn 01.800% Jan 13, 2031	2,841,930	2,853,250
	American Intl Group	American Intl Group GLB 04.500% Jul 16, 2044	95,963	117,341
	American Intl Group	American Intl Group GLB 04.375% Jan 15, 2055	814,158	1,101,817
	Anheuser-Busch Inbev Wor	Anheuser Busch Inbev Wor Company Guarnt GLB 04.000% Apr 13, 2028	707,437	790,322
	Apple Inc	Apple Inc GLB 04.500% Feb 23, 2036	2,325,150	2,261,628
	Apple Inc	Apple Inc GLB 02.950% Sep 11, 2049	1,563,550	1,633,925

See independent auditor's report.

UNIFY INC. PENSION PLAN

PLAN SPONSOR: UNIFY INC.

PLAN SPONSOR EIN: 26-2722137

PLAN NUMBER: 001

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Investments at Fair Value (Continued)			
		Corporate bonds (continued)		
	Florida Power & Light	Florida Power & Light 1st Mortgage 05.690% Mar 01, 2040	\$ 180,731	\$ 204,304
	Florida Power & Light	Florida Power & Light 1st Mortgage 03.800% Dec 15, 2042	403,062	461,137
	Florida Power & Light Co	Florida Power & Light Co 1st Mortgage 04.050% Oct 01, 2044	368,633	433,781
	Florida Power & Light Co	Florida Power & Light Co 1st Mortgage GLB 03.990% Mar 01, 2049	908,139	954,502
	General Motors Finl Co	General Motors Finl Co Company Guarnt GLB 03.950% Apr 13, 2024	2,773,646	2,736,240
	Goldman Sachs Group Inc	Goldman Sachs Group Inc GLB 06.250% Feb 01, 2041	939,438	1,100,314
	Goldman Sachs Group Inc	Goldman Sachs Group Inc GLB Var% Apr 23, 2029	280,616	299,365
	Goldman Sachs Group Inc	Goldman Sachs Group Inc GLB 02.600% Feb 07, 2030	1,634,428	1,664,005
	Goldman Sachs Group Inc	Goldman Sachs Group Inc GLB Var% Jul 21, 2032	520,000	512,590
	Home Depot Inc	Home Depot Inc GLB 04.875% Feb 15, 2044	295,418	330,623
	Home Depot Inc Cld	Home Depot Inc GLB 02.625% Jun 01, 2022	1,662,351	1,637,464
	Honeywell International	Honeywell International GLB 02.700% Aug 15, 2029	264,054	277,770
	Hyundai Capital America	Hyundai Capital America 144A 04.300% Feb 01, 2024	1,762,440	1,722,457
	Intel Corp	Intel Corp GLB 03.100% Feb 15, 2060	556,310	562,128
	Inter American Dev Bank	Inter American Dev Bank Sr Unsecured 04.375% Jan 24, 2044	4,234,450	4,213,270
	JPMorgan Chase & Co	JPMorgan Chase & Co GLB Var% Feb 01, 2028	2,839,407	2,962,552
	JPMorgan Chase & Co	JPMorgan Chase & Co GLB Var% Jan 23, 2029	1,425,404	1,457,988
	JPMorgan Chase & Co	JPMorgan Chase & Co Subordinated GLB Var% May 13, 2031	520,000	538,944
	Johnson & Johnson	Johnson & Johnson GLB 04.375% Dec 05, 2033	2,454,224	2,254,970
	Johnson & Johnson	Johnson & Johnson GLB 03.625% Mar 03, 2037	1,401,397	1,543,287
	Johnson & Johnson	Johnson & Johnson GLB 03.400% Jan 15, 2038	42,957	50,776
	Kinder Morgan Inc/Delawa	Kinder Morgan Inc/ Delawa Company Guarnt 144A 05.625% Nov 15, 2023	2,800,525	2,671,850
	MPLX LP	MPLX LP GLB 04.800% Feb 15, 2029	1,761,255	1,761,101
	Mars Inc	Mars Inc Company Guarnt 144A 03.600% Apr 01, 2034	2,473,900	2,234,560
	Mars Inc	Mars Inc 144A 01.625% Jul 16, 2032	1,828,926	1,701,180
	Mass Institute Of Tech	Mass Institute Of Tech 04.678% Jul 01, 2114	506,211	754,965
	Mass Institute Of Tech	Mass Institute Of Tech 03.885% Jul 01, 2116	1,420,788	1,585,475
	McDonald's Corp	McDonald's Corp Ser Mtn 03.700% Jan 30, 2026	941,825	990,279
	Medtronic Inc	Medtronic Inc Company Guarnt GLB 04.375% Mar 15, 2035	1,410,559	1,385,888
	Memorial Sloan-Kettering	Memorial Sloan Kettering 04.125% Jul 01, 2052	270,493	341,175
	Merck & Co Inc	Merck & Co Inc GLB 02.750% Feb 10, 2025	386,005	408,545
	Metlife Inc	Metlife Inc 04.875% Nov 13, 2043	439,816	500,743
	Metlife Inc	Metlife Inc GLB 04.050% Mar 01, 2045	414,504	476,944
	Microsoft Corp	Microsoft Corp GLB 03.450% Aug 08, 2036	2,909,450	2,883,625
	Microsoft Corp	Microsoft Corp GLB 02.525% Jun 01, 2050	0	1,586,077
	Microsoft Corp	Microsoft Corp GLB 02.675% Jun 01, 2060	0	555,760
	Midamerican Energy Co	Midamerican Energy Co 1st Mortgage 04.800% Sep 15, 2043	1,478,879	1,745,043
	Morgan Stanley	Morgan Stanley Ser Gmtn GLB Var% Jan 23, 2030	1,382,595	1,408,542
	Morgan Stanley	Morgan Stanley Ser Gmtn GLB 03.875% Jan 27, 2026	908,928	962,864
	Morgan Stanley	Morgan Stanley Subordinated GLB 04.875% Nov 01, 2022	1,610,490	1,550,595
	Nestle Holdings Inc	Nestle Holdings Inc Company Guarnt 144A 02.500% Sep 14, 2041	4,291,905	4,205,673
	Ny & Presbyterian Hospit	Ny & Presbyterian Hospit Ser 2019 03.954% Aug 01, 2119	145,000	176,900
	Northern States Pwr-Minn	Northern States Pwr Minn 1st Mortgage 03.400% Aug 15, 2042	508,880	557,240
	Northern States Pwr-Minn	Northern States Pwr Minn 1st Mortgage GLB 02.900% Mar 01, 2050	209,968	222,972
	NVIDIA Corp	NVIDIA Corp GLB 03.700% Apr 01, 2060	214,374	258,092
	PECO Energy Co	PECO Energy Co 1st Ref Mort GLB 04.150% Oct 01, 2044	153,610	178,674
	Pacificorp	Pacificorp 1st Mortgage 05.750% Apr 01, 2037	173,874	184,596
	Pacificorp	Pacificorp 1st Mortgage 02.700% Sep 15, 2030	199,640	206,114
	Pepsico Inc	Pepsico Inc GLB 02.625% Jul 29, 2029	739,412	780,103
	Pepsico Inc	Pepsico Inc GLB 01.625% May 01, 2030	393,298	383,462

See independent auditor's report.

UNIFY INC. PENSION PLAN

PLAN SPONSOR: UNIFY INC.

PLAN SPONSOR EIN: 26-2722137

PLAN NUMBER: 001

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Investments at Fair Value (Continued)	Corporate bonds (continued)		
	Pfizer Inc	Pfizer Inc GLB 04.125% Dec 15, 2046	\$ 1,806,317	\$ 2,163,975
	Pfizer Inc	Pfizer Inc GLB 04.100% Sep 15, 2038	2,346,054	2,131,734
	Piedmont Natural Gas Co	Piedmont Natural Gas Co GLB 03.350% Jun 01, 2050	223,396	231,543
	Pres & Fellows Of Harvar	Pres & Fellows Of Harvar 03.150% Jul 15, 2046	299,490	342,777
	Procter & Gamble Co/The	Procter & Gamble Co/ The GLB 03.550% Mar 25, 2040	3,524,070	3,479,520
	Procter & Gamble Co/The	Procter & Gamble Co/ The GLB 03.600% Mar 25, 2050	463,762	499,352
	Prudential Financial Inc	Prudential Financial Inc Ser Mtn 03.700% Mar 13, 2051	640,928	729,594
	Prudential Financial Inc	Prudential Financial Inc Ser Mtn GLB 02.100% Mar 10, 2030	1,657,432	1,570,698
	Public Service Colorado	Public Service Colorado 1st Mortgage GLB 04.050% Sep 15, 2049	124,627	142,763
	Public Service Colorado	Public Service Colorado 1st Mortgage Ser 36 GLB 02.700% Jan 15, 2051	108,076	105,969
	Pub Svc Elec & Gas	Pub Svc Elec & Gas Ser Mtn 03.650% Sep 01, 2042	177,456	199,910
	Schering Plough	Schering Plough Company Guarnt 06.500% Dec 01, 2033	1,692,163	1,530,820
	Semptra Energy	Semptra Energy 06.000% Oct 15, 2039	861,446	982,278
	Sherwin-Williams Co	Sherwin Williams Co GLB 02.300% May 15, 2030	1,429,475	1,422,521
	Southern Cal Edison	Southern Cal Edison 1st Ref Mort Ser 13 A 03.900% Mar 15, 2043	407,770	437,987
	Stanford Health Care	Stanford Health Care 03.027% Aug 15, 2051	2,000,000	2,087,580
	Synchrony Financial	Synchrony Financial GLB 05.150% Mar 19, 2029	375,188	432,456
	Teachers Insur & Annuity	Teachers Insur & Annuity Subordinated 144A 04.900% Sep 15, 2044	3,398,575	3,218,775
	Time Warner Cable Inc	Time Warner Cable Inc GLB 06.550% May 01, 2037	1,205,073	1,383,084
	Princeton University	Princeton University 05.700% Mar 01, 2039	1,913,990	1,821,670
	UDR Inc	UDR Inc Comp Guarnt Ser Mtn GLB 02.100% Aug 01, 2032	1,832,853	1,703,650
	UDR Inc	UDR Inc Comp Guarnt Ser Mtn GLB 02.100% Jun 15, 2033	1,461,420	1,416,225
	Union Pacific Corp	Union Pacific Corp 04.250% Apr 15, 2043	509,661	556,307
	Union Pacific Corp	Union Pacific Corp 04.375% Nov 15, 2065	630,607	742,432
	Union Pacific Corp	Union Pacific Corp GLB 03.750% Feb 05, 2070	139,937	159,370
	United Parcel Service	United Parcel Service GLB 06.200% Jan 15, 2038	1,439,440	1,446,780
	United Parcel Service	United Parcel Service 04.875% Nov 15, 2040	501,784	558,076
	United Parcel Service	United Parcel Service 03.750% Nov 15, 2047	362,090	483,262
	United Technologies Corp	United Technologies Corp 06.050% Jun 01, 2036	847,325	880,015
	United Technologies Corp	United Technologies Corp GLB 04.500% Jun 01, 2042	174,241	211,869
	United Technologies Corp	United Technologies Corp GLB 04.150% May 15, 2045	1,048,233	1,227,534
	United Technologies Corp	United Technologies Corp GLB 03.750% Nov 01, 2046	126,037	128,544
	United Technologies Corp	United Technologies Corp GLB 04.625% Nov 16, 2048	47,206	57,843
	Unitedhealth Group Inc	Unitedhealth Group Inc 05.950% Feb 15, 2041	490,009	668,982
	Unitedhealth Group Inc	Unitedhealth Group Inc GLB 04.625% Nov 15, 2041	297,000	346,319
	Unitedhealth Group Inc	Unitedhealth Group Inc GLB 04.750% Jul 15, 2045	1,359,471	1,569,298
	Unitedhealth Group Inc	Unitedhealth Group Inc GLB 04.450% Dec 15, 2048	277,075	320,143
	Unitedhealth Group Inc	Unitedhealth Group Inc GLB 03.500% Aug 15, 2039	2,340,140	2,117,731
	University Of Chicago	University Of Chicago Ser 12 B 04.683% Oct 01, 2042	114,986	117,811
	Verizon Communications	Verizon Communications GLB 04.522% Sep 15, 2048	660,956	839,608
	Verizon Communications	Verizon Communications GLB 04.672% Mar 15, 2055	1,422,209	1,769,657
	Verizon Communications	Verizon Communications GLB 04.500% Aug 10, 2033	458,854	541,489
	Verizon Communications	Verizon Communications GLB 02.650% Nov 20, 2040	951,980	952,980
	Virginia Elec & Power Co	Virginia Elec & Power Co Ser B GLB 04.200% May 15, 2045	32,423	35,600
	Virginia Elec & Power Co	Virginia Elec & Power Co Ser C GLB 04.000% Nov 15, 2046	336,634	389,377
	Visa Inc	Visa Inc GLB 04.300% Dec 14, 2045	253,846	302,988
	Visa Inc	Visa Inc GLB 01.900% Apr 15, 2027	5,630,472	5,474,736
	Wells Fargo & Company	Wells Fargo & Company Subordinated Ser M GLB 03.450% Feb 13, 2023	2,228,909	2,248,212

See independent auditor's report.

UNIFY INC. PENSION PLAN

PLAN SPONSOR: UNIFY INC.

PLAN SPONSOR EIN: 26-2722137

PLAN NUMBER: 001

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	<u>Investments at Fair Value (Continued)</u>			
		Corporate bonds (continued)		
	Wells Fargo & Company	Wells Fargo & Company Subordinated Ser Mtn 04.650% Nov 04, 2044	\$ 178,654	\$ 212,496
	Wells Fargo & Company	Wells Fargo & Company Subd Ser Gmtm GLB 04.900% Nov 17, 2045	522,069	611,784
	Wells Fargo & Company	Wells Fargo & Company Subordinated Ser Mtn 04.400% Jun 14, 2046	1,582,298	1,628,862
	Wells Fargo & Company	Wells Fargo & Company Ser Mtn Var% Oct 30, 2030	395,000	411,033
	Wells Fargo & Company	Wells Fargo & Company Ser Mtn Var% Feb 11, 2031	355,000	362,771
	Williams Cos	Williams Cos 07.750% Jun 15, 2031	1,237,830	1,273,540
		Foreign bonds		
	Actavis Funding Scs	Actavis Funding Scs Company Guarnt GLB 04.850% Jun 15, 2044	430,988	478,028
	Alcan Inc	Alcan Inc GLB 07.250% Mar 15, 2031	492,434	513,175
	Alibaba Group Holding	Alibaba Group Holding GLB 04.000% Dec 06, 2037	2,383,661	2,103,406
	USD America Movil Sa	USD America Movil Sa 6.125% Nov 15, 2037	521,989	700,168
	USD America Movil Sa	USD America Movil Sa 4.375% Jul 16, 2042	291,178	361,861
	USD BHP Finance Usa	USD BHP Finance Usa 5.000% Sep 30, 2043	909,221	1,100,763
	USD Canadian Natl Rr	USD Canadian Natl Rr 3.650% Feb 03, 2048	487,344	561,016
	USD Chile	USD Chile 2.550% Jul 27, 2033	1,570,637	1,531,688
	Rabobank Nederland	Rabobank Nederland Cgtd Ser Bknt GLB 05.250% May 24, 2041	3,504,109	3,620,013
	Deutsche Telekom	Deutsche Telekom Company Guarnt GLB 09.250% Jun 01, 2032	649,734	641,656
	Diageo Capital Plc	Diageo Capital Plc Company Guarnt GLB 02.375% Oct 24, 2029	510,344	526,443
	Diageo Capital Plc	Diageo Capital Plc Company Guarnt GLB 02.125% Apr 29, 2032	1,766,398	1,737,960
	USD France Telecom	USD France Telecom 5.375% Jan 13, 2042	772,275	917,136
	USD Hsbc Hldgs Plc	USD Hsbc Hldgs Plc 6.500% May 02, 2036	778,196	857,128
	Intesa Sanpaolo Spa	Intesa Sanpaolo Spa 144A 03.125% Jul 14, 2022	1,781,658	1,756,767
	Lloyds Banking Group Plc	Lloyds Banking Group Plc Subordinated GLB 04.582% Dec 10, 2025	421,040	436,540
	USD Lloyds Bk Gr Plc	USD Lloyds Bk Gr Plc 4.500% Nov 04, 2024	1,183,316	1,155,262
	Mizuho Fin Grp Cayman 3	Mizuho Fin Grp Cayman 3 Company Guarnt 144A 04.600% Mar 27, 2024	1,772,217	1,712,847
	Nationwide Bldg Soci Cld	Nationwide Bldg Society Ser 144A Var% Apr 26, 2023	1,765,461	1,702,765
	USD Rio Tinto Financ	USD Rio Tinto Financ 4.125% Aug 21, 2042	179,806	215,822
	USD Shell Intl Fin	USD Shell Intl Fin 3.625% Aug 21, 2042	139,022	143,198
	USD Shell Intl Fin	USD Shell Intl Fin 4.550% Aug 12, 2043	496,522	594,068
	Shell International Fin	Shell International Fin Company Guarnt GLB 04.000% May 10, 2046	571,214	682,590
	Societe Generale	Societe Generale 144A 02.625% Oct 16, 2024	1,770,303	1,758,070
	USD Mizuho Fin Group	USD Mizuho Fin Group Reg S 4.200% Jul 18, 2022	1,574,370	1,526,550
	Total investments		<u>\$ 281,732,310</u>	<u>\$ 300,439,272</u>

See independent auditor's report.