Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SUNGARD DATA SYSTEMS INC. SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1983

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
SUNGARD DATA SYSTEMS INC.

680 E SWEDESFORD RD
WAYNE, PA 19087-1605

2b Employer Identification Number (EIN)
51-0267091

2c Sponsor's telephone number
484-582-2000

2d Business code (see instructions)
541512

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.	10/15/2010	MICHELLE BRUNO
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
SUNGARD DATA SYSTEMS INC.

680 E SWEDESFORD RD
WAYNE, PA 19087-1605

3b Administrator's EIN
51-0267091

3c Administrator's telephone number
484-582-2000

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	15364
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	10405
b	Retired or separated participants receiving benefits	**6b**	21
c	Other retired or separated participants entitled to future benefits	**6c**	4330
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	14756
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	11
f	Total. Add lines **6d** and **6e**	**6f**	14767
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	14614
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	417
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 Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2R 2S 2T 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
SUNGARD DATA SYSTEMS INC. SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SUNGARD DATA SYSTEMS INC.

D Employer Identification Number (EIN)
51-0267091

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE VANGUARD GROUP

23-1945930

(b) Enter name and EIN or address of person who provided you disclosure 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)

THE VANGUARD GROUP

23-1945930

(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 16 33 37 52	NONE	103776	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ENNIS KNUPP AND ASSOCIATES

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 27	NONE	95863	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRICEWATERHOUSE COOPERS

13-4008324

(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	NONE	48100	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
SUNGARD DATA SYSTEMS INC. SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SUNGARD DATA SYSTEMS INC.

D Employer Identification Number (EIN)
51-0267091

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD RETIREMENT SAVINGS TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
23-2186884-022	C	57354300

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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b Name of sponsor of entity listed in (a):

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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
SUNGARD DATA SYSTEMS INC. SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SUNGARD DATA SYSTEMS INC.

D Employer Identification Number (EIN)
51-0267091

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)	1163476	1293087
(2) Participant contributions	1b(2)	2238070	2391298
(3) Other	1b(3)	0	10709
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	1406099
(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)	15409015	17239345
(9) Value of interest in common/collective trusts	1c(9)	51319156	57354300
(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)	696618327	935574740
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	-5604

			(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	766748044	1015263974
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	10368
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	10368
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	766748044	1015253606

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	36485010	
	(B) Participants	2a(1)(B)	72500311	
	(C) Others (including rollovers)	2a(1)(C)	2600485	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		111585806
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	996027	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		996027
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	5017	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	18867098	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		18872115
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	759959	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	769071	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-9112

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	45944	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		45944
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3496767
(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)		175374203
c Other income	2c		293736
d Total income. Add all **income** amounts in column (b) and enter total	2d		310655486
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	62084355	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	47741	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		62132096
f Corrective distributions (see instructions)	2f		4556
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	48100	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	95863	
(4) Other	2i(4)	91839	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		235802
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		62372454
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		248283032
l Transfers of assets:			
(1) To this plan	2l(1)		222530
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: PRICEWATERHOUSECOOPERS LLP (2) EIN: 13-4008324

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		15000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
SUNGARD DATA SYSTEMS INC. SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SUNGARD DATA SYSTEMS INC.

D Employer Identification Number (EIN)
51-0267091

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**

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): 23-2186884

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **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 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(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

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

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

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 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 items (a) through (c)

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

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

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

PRICEWATERHOUSECOOPERS

PricewaterhouseCoopers LLP
Two Commerce Square, Suite 1700
2001 Market Street
Philadelphia PA 19103-7042
Telephone (267) 330 3000
Facsimile (267) 330 3300
pwc.com

Report of Independent Auditors

To the Participants and Administrator of the
SunGard Data Systems Inc. Savings Plan

We were engaged to audit the financial statements and the supplemental schedule of SunGard Data Systems Inc. Savings Plan (the "Plan") at December 31, 2009 and 2008 and for the years then ended, as listed in the accompanying index. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements and supplemental schedule of assets (held at end of year), other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PricewaterhouseCoopers LLP

Philadelphia, Pennsylvania
October 15, 2010

SunGard Data Systems Inc.
Savings Plan
Financial Statements
As of and for the Years Ended December 31, 2009 and 2008
Supplemental Schedule as of December 31, 2009

SunGard Data Systems Inc.
Savings Plan
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* Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

PRICEWATERHOUSECOOPERS

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Facsimile (267) 330 3300
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Report of Independent Auditors

To the Participants and Administrator of the
SunGard Data Systems Inc. Savings Plan

We were engaged to audit the financial statements and the supplemental schedule of SunGard Data Systems Inc. Savings Plan (the "Plan") at December 31, 2009 and 2008 and for the years then ended, as listed in the accompanying index. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements and supplemental schedule of assets (held at end of year), other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PricewaterhouseCoopers LLP

Philadelphia, Pennsylvania
October 15, 2010

SunGard Data Systems Inc.
Savings Plan
Statements of Net Assets Available for Benefits
At December 31, 2009 and 2008

	2009	2008
Investments, at fair value		
Mutual Funds	$934,812,307	$696,618,327
Common/Collective Trust	57,354,300	51,319,156
Brokerage option	2,162,928	-
Participant loans	17,239,345	15,409,015
Total investments	1,011,568,880	763,346,498
Receivables		
Employers' contributions	1,293,087	1,163,476
Participants' contributions	2,391,298	2,238,070
Due from broker for unsettled trades	10,709	-
Total receivables	3,695,094	3,401,546
Liabilities		
Due to broker for unsettled trades	10,368	-
Net assets available for benefits at fair market value	1,015,253,606	766,748,044
Adjustments from fair value to contract value for interest in a common collective trust relating to fully benefit-responsive investment contracts	(1,239,895)	670,908
Net assets available for benefits	$1,014,013,711	$767,418,952

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

SunGard Data Systems Inc.
Savings Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2009 and 2008

	2009	2008
Additions		
Investment income		
Dividend income	$18,872,115	$28,654,566
Interest income	2,581,992	3,060,392
Net appreciation (depreciation) in fair value of investments	175,411,066	(344,907,596)
	196,865,173	(313,192,638)
Contributions		
Employer	36,485,010	33,875,971
Participant	72,794,015	73,091,826
Rollovers	2,600,485	5,099,540
	111,879,510	112,067,337
Total additions (reductions)	308,744,683	(201,125,301)
Deductions		
Payment of benefits	62,088,910	71,054,644
Administrative expenses	283,544	310,568
Total deductions	62,372,454	71,365,212
Plan transfers		
Transfers in from plan mergers (Note 9)	222,530	16,486,507
Net transfers	222,530	16,486,507
Net increase (decrease)	246,594,759	(256,004,006)
Net assets available for plan benefits		
Beginning of period	767,418,952	1,023,422,958
End of period	$1,014,013,711	$767,418,952

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

1. Description of Plan

The following description of the SunGard Data Systems Inc. Savings Plan (the "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 contribution plan for the employees of SunGard Data Systems Inc. (the "Company") and its participating subsidiaries covering all U.S. eligible employees on a voluntary participation basis. Participants are eligible for the Plan upon one hour of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan was originally adopted in February 1983 for the benefit of employees of certain of the Company's subsidiaries. Following that date, other subsidiaries have adopted the Plan for the benefit of their employees. Amounts transferred into the Plan from these subsidiaries are allocated among the investment options as directed by the participants.

Contributions

Contributions consist of participant contributions and Company matching contributions. The Company's policy is to remit contributions to the Plan's trustee concurrent with the Company's payroll disbursement schedule. Employees may contribute from 1% to 25% of their eligible wages on a pre-tax and/or Roth after-tax basis subject to IRS limits of $16,500 for the Plan year ended December 31, 2009 and $15,500 (pre-tax deferrals only) for the Plan year ended December 31, 2008. Additionally, participants may elect to contribute from 1% to 6% of eligible wages on a traditional after-tax basis. Company matching contributions are made on pre-tax and Roth after-tax contributions up to the first 4% that each participant contributes to the Plan on a combined basis. These contributions are allocated among the investment options in a manner consistent with participant contributions.

The Plan also provides for the Company to make discretionary Company profit-sharing contributions as a percentage of net income. No discretionary Company profit-sharing contributions were made during the years ended 2009 or 2008.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contribution and (b) Plan earnings. Each participant's account is charged with an allocation of administrative expenses, if any. Allocations are based on participant earnings or account balances, as defined in the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

All participant contributions and the related plan earnings are 100% vested and nonforfeitable. Company matching and profit-sharing contributions and the related plan earnings are 100% vested upon the earlier of completion of one year of employment, attainment of normal retirement age, death, or total disability of the participant.

Participant Loans
Loans are available to participants based, with certain limitations, on the lesser of 50% of the participant's aggregate vested account balance or $50,000. Participant loans bear interest at a fixed rate, commensurate with local prevailing rates as of the date of the loan, which approximates the prime interest rate plus 1%. Interest rates on loans at December 31, 2009 range from 4.25% to 12% with the maturity ranging from 2010 to 2035. Loans are repayable within five years unless the loan was taken for the purpose of acquiring or rehabilitating the participant's principal residence, in which case the term of the loan may be for a period longer than five years.

Repayments of loan principal are made through periodic payroll deductions. Payments of interest on loans, also made through semi-monthly payroll deductions, are allocated to the participant's investment funds in a manner consistent with the allocation of the participant's elective contributions.

Payment of Benefits
Distributions from the Plan are permitted upon retirement, death, permanent disability, termination of employment, qualified hardship or age 59-1/2.

Distributions in excess of $1,000 are made in either single lump sum payments or installments as designated by the participant. Distributions of less than $1,000 are made in single lump sum payments.

Forfeitures
Forfeitures of unvested matching and profit-sharing contributions may be used to reduce future Company matching contributions or defray administrative expenses borne by the Plan. Forfeited nonvested account balances were $85,661 and $115,820, at December 31, 2009 and 2008, respectively. Forfeitures used to offset employer contributions in 2009 and 2008 were $258,538 and $327,731, respectively. Forfeitures used to defray administrative expenses borne by the Plan were $102,963 and $267,323 in 2009 and 2008, respectively.

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 of Plan termination, participants will become 100% vested in their accounts.

New Provisions in 2009
Effective January 1, 2009, the IRS pre-tax contribution limit increased from $15,500 in 2008 to $16,500 in 2009. Additionally, on January 1, 2008, the Plan adopted an automatic enrollment provision, whereby if a newly hired employee has not made an election after 60 days with the Company, he or she will be automatically enrolled in the plan at a pre-tax contribution rate of 4%. Effective January 1, 2009, the automatic enrollment feature is extended to include all eligible employees, who either: have not enrolled in the plan; or previously enrolled in the Plan, but have a contribution rate of 0%. Contributions will be allocated to a Vanguard Target Retirement Fund, chosen based on the employee's age and projected retirement date. Employees have the option to opt out of this program. Beginning January 1, 2009, the plan added Roth after-tax contributions option. Participants may elect to contribute to this option, provided that their combined pre-tax deferrals and/or Roth after-tax contributions do not exceed the lesser of 25% of eligible compensation or $16,500 in 2009.

2. Summary of Accounting Policies

The following accounting policies, which conform to accounting principles generally accepted in the United States of America, have been used consistently in the preparation of the Plan's financial statements:

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reported period. Actual results could differ from those estimates.

As described in Financial Accounting Standards Board (FASB) Staff Position, FSP AAG INV-1 and SOP 94-4-1, Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans (the "FSP"), investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a collective trust. Contract value for this collective trust is based on the net asset value of the fund as reported by the investment advisor. As required by the FSP, the Statement of Net Assets Available for Benefits presents the fair value of the investment in the collective trust as well as the adjustment of the investment in the collective trust from fair value to contract value relating to the investment contracts. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. The fair value of the Plan's interest in the common collective trust that has investments in fully benefit-responsive investment contracts is determined using the market price of the underlying securities and the value of the investment contracts. The Plan's interest in this common collective trust is valued based on information reported by the investment advisor using the audited financial statements of the common collective trust at year-end. Equities are valued at last quoted sales price as of the close of trading at year-end; such securities not traded on the year-end date are valued at the last quoted bid prices. Fixed income securities are valued using the last quoted bid price. Participant loans are valued at their outstanding balances, which approximate fair value.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

The net appreciation (depreciation) in the fair value of investments consists of realized gains or losses and unrealized appreciation or depreciation on those investments.

Payment of Benefits
Benefits are recorded when paid.

Expenses
The Company, at its discretion, may pay a portion of expenses related to administering and operating the Plan.

New Accounting Pronouncements
In May 2009, the FASB issued guidelines on subsequent event accounting which sets forth: 1) the period after the balance sheet date during which management of a reporting entity should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements; 2) the circumstances under which an entity should recognize events or transactions occurring after the balance sheet date in its financial statements; and 3) the disclosures that an entity should make about events or transactions that occurred after the balance sheet date. These guidelines were effective for interim and annual periods ending after June 15, 2009. The Plan adopted these guidelines for the year ended December 31, 2009. The adoption of this guidance did not materially impact the Plan's financial statements (see Note 11).

The Plan has adopted FASB guidance for estimating the fair value of investments in investment companies that have a calculated net asset value per share in accordance with Financial Services – Investment Companies. This provides additional guidance on how companies should measure the fair value of certain alternative investments such as hedge funds, private equity funds, and venture capital funds. According to this guidance, in circumstances where the net asset value per share of an investment is not determinative of fair value, a reporting entity is permitted, as a practical expedient, to estimate the fair value of an investment in an investment company using the net asset value per share of the investment (or its equivalent) without further adjustment, if the net asset value per share of the investment is determined in accordance with the specialized accounting guidance for Investment Companies at the measurement date. The guidance also requires new disclosures for each major category of alternative investment. The adoption of this guidance did not materially impact the Plan's financial statements.

In February 2010, the FASB issued a final Accounting Standards Update that sets forth additional requirements and guidance regarding disclosures of fair value measurements. The new standard requires the gross presentation of activity within the Level 3 fair value measurement rollforward and details of transfers in and out of Level 1 and 2 fair value measurements. It also clarifies two existing disclosure requirements on the level of disaggregation of fair value measurements and disclosures on inputs and valuation techniques. The new requirements and guidance are effective for interim and annual periods beginning in the first quarter 2010 except that the Level 3 rollforward is effective in the first quarter 2011. The Plan does not expect the adoption of the guidance to have a material impact on the Plan's financial statements.

3. Investments

The following investments represent 5% or more of the net assets of the Plan:

	2009	2008
Columbia Acorn Fund	$58,853,255	$41,536,428
Vanguard 500 Index Fund	137,122,457	108,879,824
Vanguard Explorer Fund	54,327,466	38,315,634
Vanguard GNMA Fund Investor Shares*	45,216,770	41,276,398
Vanguard International Growth Fund	73,842,427	48,018,886
Vanguard Morgan Growth Fund	57,622,047	40,351,931
Vanguard Prime Money Market Fund	72,499,590	77,996,472
Vanguard Wellesley Income Fund Investor Shares*	46,602,539	38,591,605
Vanguard Wellington Fund	104,321,004	86,160,324
Vanguard Windsor Fund	89,948,903	65,111,429
Vanguard Retirement Savings Trust	57,354,300	51,319,156

* Investment does not represent 5% or more of the net assets of the Plan as of December 31, 2009.

During 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2009	2008
Mutual funds	$175,368,637	$(344,907,596)
Brokerage option		
Common stock	$37,868	-
Listed options	(1,036)	-
Mutual funds	5,597	-
	$175,411,066	$(344,907,596)

Effective July 1, 2009, Vanguard Brokerage Option was added to the investment choices in the Plan. Among the allowable investments are U.S. stock and exchange-traded funds, American Depository Receipts, mutual funds not part of the Plan's investment options, U.S. treasuries and government agency bonds, corporate bonds, certificates of deposit, mortgage backed securities, options and permitted, publicly-traded real estate investment trusts. Investments not permitted include the following: mutual funds already available among the Plan's options, securities bought on margin, foreign securities not traded on U.S. markets and SunGard bonds.

Effective July 1, 2009 the Oppenheimer Quest Global Value Fund was removed as an investment option of the Plan.

4. Fair Value Measurements:

The Plan measures it's investments at fair value on a recurring basis in accordance with a three-level hierarchy that prioritizes the inputs used in measuring fair value. The three levels of the hierarchy are as follows:

Level 1—quoted prices in active markets for identical assets or liabilities

Level 2—quoted prices for similar assets and liabilities in active markets or inputs that are observable

Level 3—inputs that are unobservable (for example, cash flow modeling inputs based on assumptions)

The Vanguard Retirement Savings Trust ("VRST") holds a collective investment trust with a fair value of $57,354,300 and $51,319,156 at December 31, 2009 and 2008, respectively. The fund invests primarily in synthetic investment contracts backed by high-credit-quality fixed income investments and traditional investments issued by insurance companies and banks. The fund seeks to achieve its objective by diversifying among high-credit-quality investments and investment contracts that are structured to smooth market gains and losses over time. Vanguard Retirement Savings Trust seeks to provide current and stable income, while maintaining a stable share value of $1. There were no unfunded commitments in VRST at December 31, 2009. Shares or units of VRST represent a proportionate undivided interest in the Trust, are of equal value and none have any priority or preference over any other. VRST shares are valued on a daily basis and, if redeemed, are redeemable as of each valuation date at their net asset value per share, as long as Trust notification requirements are met. Withdrawals may be made for the primary purposes of funding an authorized distribution, withdrawal, or loan disbursement by a participating pension or profit-sharing plan to an employee or beneficiary covered thereunder, or for the purpose of the participating plan making an employee directed transfer to another investment election of the employee's interest in the plan. Certain plan directed withdrawals may be subject to market value adjustments calculated in accordance with the provisions of the investment contracts.

The following table summarizes Plan assets and liabilities measured at fair value on a recurring basis at December 31, 2009:

	Fair Value Measures Using			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds				
Equity funds	$426,540,608	$ -	$ -	$426,540,608
Bond funds	165,566,136	-	-	165,566,136
Balanced funds	201,247,215	-	-	201,247,215
Index funds	141,458,348	-	-	141,458,348
Common/collective trust	-	57,354,300	-	57,354,300
Brokerage option				
Common stock	1,406,099	-	-	1,406,099
Listed options	(5,604)	-	-	(5,604)
Mutual funds	762,433	-	-	762,433
Participant loans	-	-	17,239,345	17,239,345
	$936,975,235	$57,354,300	$17,239,345	$1,011,568,880

The following table summarizes Plan assets and liabilities measured at fair value on a recurring basis at December 31, 2008:

	Fair Value Measures Using			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$696,618,327	$ -	$ -	$696,618,327
Common/collective trust	-	51,319,156	-	51,319,156
Participant loans	-	-	15,409,015	15,409,015
	$696,618,327	$51,319,156	$15,409,015	$763,346,498

Changes in the fair value of the Plan's Level 3 investments for the period from January 1, 2008 to December 31, 2009 were as follows:

	Participant loans
Balance at January 1, 2008	$14,935,070
Net purchases, issuances and settlements	473,945
Balance at December 31, 2008	15,409,015
Net purchases, issuances and settlements	1,830,330
Balance at December 31, 2009	$17,239,345

5. Related Party Transactions

The Plan invests in shares of mutual funds managed by an affiliate of Vanguard Fiduciary Trust Company ("VFTC"). VFTC acts as trustee for Plan investments. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

The Company, at its discretion, may pay a portion of expenses related to administering and operating the Plan. In 2009 and 2008, the Company paid expenses of $0.

6. Information Certified By The Trustees

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

Investment held and certified to by Vanguard Fiduciary Trust Company:

Statement of Net Assets Available for Benefits

	2009	**2008**
Mutual funds	$934,812,307	$696,618,327
Common/collective trusts at contract value*	56,114,405	51,990,064
Brokerage option	2,162,928	-
Participant loans	17,239,345	15,409,015
	$1,010,328,985	$764,017,406

Statement of Changes in Net Assets Available for Benefits

	2009	2008
Interest and dividend income	$21,454,107	$31,743,814
Net depreciation in fair value of investments	175,411,066	(344,907,596)
Total investment income (loss)	$196,865,173	$(313,163,782)

* The fair value of the common/collective trust at December 31, 2009 and 2008 was $57,354,300 and $51,319,156, respectively. The fair value information for the common/collective trust in 2009 and 2008 was not separately included in the certified financial information above, but was determined from information provided by the trustee.

7. Tax Status

The Internal Revenue Service determined and informed the Company by letter dated October 28, 2003 that the Plan was qualified under Internal Revenue Code ("IRC") Section 401(a). The Plan has subsequently been amended since receiving the determination letter. However, the Company believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC.

8. 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 investment securities, it is at least reasonably possible that such changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

9. Plan Mergers and Transfers

In 2009, participant accounts of $222,530 in cash were transferred into the Plan from companies acquired by the Company. In 2008, participant accounts of $16,412,707 in cash and $73,800 in participant loans were transferred into the Plan from companies acquired by the Company.

10. Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008 to Form 5500:

	2009	2008
Net assets available for benefits per the financial statements	$1,014,013,711	$767,418,952
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	1,239,895	(670,908)
Net assets available for benefits per the Form 5500	$1,015,253,606	$766,748,044

The following is a reconciliation of total additions/reductions for the years ended December 31, 2009 and 2008 per the financial statements to total income per the Form 5500:

	2009
Total additions per the Statement of Changes in Net Assets Available for Benefits	$308,744,683
2009 adjustment from contract value to fair value of fully benefit-responsive investment contract	1,239,895
2008 adjustment from contract value to fair value of fully benefit-responsive investment contract	670,908
Total income per Form 5500, Schedule H	$310,655,486

	2008
Total reductions per the Statement of Changes in Net Assets Available for Benefits	$(201,125,301)
2008 adjustment from contract value to fair value of fully benefit-responsive investment contract	(670,908)
2007 adjustment from contract value to fair value of fully benefit-responsive investment contract	(328,991)
Total income per Form 5500, Schedule H	$(202,125,200)

11. Subsequent Events

Plan management evaluated subsequent events through October 15, 2010, the date the financial statements were available to be issued. No subsequent events or transactions had occurred that would have a material impact on the Plan's financial statements.

Supplemental Schedule

SunGard Data Systems Inc. Savings Plan
Schedule of Assets (Held at End of Year)
Attachment to Form 5500, Schedule H, Line 4(i)
At December 31, 2009EIN 51-0267091

(a)	(b) Identity of Issue	(c) Investment Type	(d) Cost	(e) Current Value	
*	Allianz RCM Global Tech	Registered Investment Company	**	$ 15,784,569	
*	Artisan International Fund	Registered Investment Company	**	32,442,394	
*	Columbia Acorn Fund	Registered Investment Company	**	58,853,255	
*	Janus Growth & Income Fund	Registered Investment Company	**	22,638,259	
*	PIMCO Total Return Fund	Registered Investment Company	**	14,882,303	
*	Vanguard 500 Index Fund	Registered Investment Company	**	137,122,457	
*	Vanguard Explorer Fund	Registered Investment Company	**	54,327,466	
*	Vanguard Extended Market Index Fund	Registered Investment Company	**	4,335,891	
*	Vanguard GNMA Fund	Registered Investment Company	**	45,216,770	
*	Vanguard Global Equity Fund	Registered Investment Company	**	3,660,758	
*	Vanguard Growth Equity Fund	Registered Investment Company	**	17,420,530	
*	Vanguard High-Yield Corporate Fund	Registered Investment Company	**	32,967,473	
*	Vanguard International Growth Fund	Registered Investment Company	**	73,842,427	
*	Vanguard Morgan Growth Fund	Registered Investment Company	**	57,622,047	
*	Vanguard Prime Money Market Fund	Registered Investment Company	**	72,499,590	
*	Vanguard Target Retirement 2005 Fund	Registered Investment Company	**	1,090,056	
*	Vanguard Target Retirement 2010 Fund	Registered Investment Company	**	2,904,188	
*	Vanguard Target Retirement 2015 Fund	Registered Investment Company	**	7,416,882	
*	Vanguard Target Retirement 2020 Fund	Registered Investment Company	**	6,323,402	
*	Vanguard Target Retirement 2025 Fund	Registered Investment Company	**	7,255,196	
*	Vanguard Target Retirement 2030 Fund	Registered Investment Company	**	7,089,282	
*	Vanguard Target Retirement 2035 Fund	Registered Investment Company	**	6,608,536	
*	Vanguard Target Retirement 2040 Fund	Registered Investment Company	**	5,216,696	
*	Vanguard Target Retirement 2045 Fund	Registered Investment Company	**	3,684,341	
*	Vanguard Target Retirement 2050 Fund	Registered Investment Company	**	1,475,365	
*	Vanguard Target Retirement Income	Registered Investment Company	**	1,259,728	
*	Vanguard Wellesley Income Fund	Registered Investment Company	**	46,602,539	
*	Vanguard Wellington Fund	Registered Investment Company	**	104,321,004	
*	Vanguard Windsor Fund	Registered Investment Company	**	89,948,903	
*	VGI Brokerage Option	Vanguard Brokerage Option	**	2,162,928	
*	Vanguard Retirement Savings Trust	Common/Collective Trust	**	57,354,300	***
*	Loan Fund	Participant Loans (Interest Rate Range: 4.25%-12%; Maturity Range: 2010 to 2035)	**	17,239,345	
	Total assets (held at year end)			$1,011,568,880	

* Party-in-interest.
** Cost is not required for participant directed investments.
*** The Trustee has certified the contract value of the Vanguard Retirement Savings Trust as $56,114,405 at December 31, 2009.

Except as noted above, the information in this schedule has been certified as to its completeness and accuracy by the Trustee.

SunGard Data Systems Inc. Savings Plan
Schedule of Assets (Held at End of Year)
Attachment to Form 5500, Schedule H, Line 4(i)
At December 31, 2009EIN 51-0267091

(a)	(b) Identity of Issue	(c) Investment Type	(d) Cost	(e) Current Value	
*	Allianz RCM Global Tech	Registered Investment Company	**	$ 15,784,569	
*	Artisan International Fund	Registered Investment Company	**	32,442,394	
*	Columbia Acorn Fund	Registered Investment Company	**	58,853,255	
*	Janus Growth & Income Fund	Registered Investment Company	**	22,638,259	
*	PIMCO Total Return Fund	Registered Investment Company	**	14,882,303	
*	Vanguard 500 Index Fund	Registered Investment Company	**	137,122,457	
*	Vanguard Explorer Fund	Registered Investment Company	**	54,327,466	
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*	Vanguard Target Retirement 2015 Fund	Registered Investment Company	**	7,416,882	
*	Vanguard Target Retirement 2020 Fund	Registered Investment Company	**	6,323,402	
*	Vanguard Target Retirement 2025 Fund	Registered Investment Company	**	7,255,196	
*	Vanguard Target Retirement 2030 Fund	Registered Investment Company	**	7,089,282	
*	Vanguard Target Retirement 2035 Fund	Registered Investment Company	**	6,608,536	
*	Vanguard Target Retirement 2040 Fund	Registered Investment Company	**	5,216,696	
*	Vanguard Target Retirement 2045 Fund	Registered Investment Company	**	3,684,341	
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*	Vanguard Wellesley Income Fund	Registered Investment Company	**	46,602,539	
*	Vanguard Wellington Fund	Registered Investment Company	**	104,321,004	
*	Vanguard Windsor Fund	Registered Investment Company	**	89,948,903	
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	Total assets (held at year end)			$1,011,568,880	

* Party-in-interest.
** Cost is not required for participant directed investments.
*** The Trustee has certified the contract value of the Vanguard Retirement Savings Trust as $56,114,405 at December 31, 2009.

Except as noted above, the information in this schedule has been certified as to its completeness and accuracy by the Trustee.