

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan <u>TREND MICRO, INCORPORATED 401(K) RETIREMENT 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>09/01/1996</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>77-0391563</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>817-522-7837</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>541519</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>09/01/1996</u>		2b Employer Identification Number (EIN) <u>77-0391563</u>		2c Sponsor's telephone number <u>817-522-7837</u>		2d Business code (see instructions) <u>541519</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>09/01/1996</u>											
2b Employer Identification Number (EIN) <u>77-0391563</u>											
2c Sponsor's telephone number <u>817-522-7837</u>											
2d Business code (see instructions) <u>541519</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>TREND MICRO, INCORPORATED</u> <u>225 E. JOHN CARPENTER FREEWAY</u> <u>SUITE 1500</u> <u>IRVING, TX 75062</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.	10/10/2014	GLENN F. HARBIN
	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
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	805
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	509
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	247
d Subtotal. Add lines 6a , 6b , and 6c		6d	756
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	756
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	625
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	50
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ 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)	

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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan TREND MICRO, INCORPORATED 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TREND MICRO, INCORPORATED	D Employer Identification Number (EIN) 77-0391563	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

EPOCH CONSULTING GROUP

600 BICENTENNIAL WAY
SUITE 300B
SANTA ROSA, CA 95403

(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?
70	CONSULTANT	18000	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☐

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

MERRILL LYNCH

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	CONSULTANT	7859	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☐

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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 52 59 60 62 72	RECORDKEEPER	30766	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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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
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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
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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) <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> 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>TREND MICRO, INCORPORATED 401(K) RETIREMENT 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>TREND MICRO, INCORPORATED</u>		D Employer Identification Number (EIN) <u>77-0391563</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	30	170
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	173824	163588
	(2) Participant contributions	1b(2)	149239	173069
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	68953
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	814536	563648
	(9) Value of interest in common/collective trusts	1c(9)	4365229	4447773
	(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)	42595231	49004579
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	48098089	54421780

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	48098089	54421780
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	701511	
(B) Participants	2a(1)(B)	4403167	
(C) Others (including rollovers)	2a(1)(C)	113057	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5217735
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)	32555	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		32555
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2075543	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2075543
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		46945
(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)		5868130
c Other income.....	2c		3946
d Total income. Add all income amounts in column (b) and enter total.....	2d		13244854

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6668046	
(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)		6668046
f Corrective distributions (see instructions).....	2f		4197
g Certain deemed distributions of participant loans (see instructions).....	2g		152295
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	96625	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		96625
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6921163

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		6323691
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: DAVID J. CORMIA, CPA

(2) EIN: 20-8298840

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>TREND MICRO, INCORPORATED 401(K) RETIREMENT 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>TREND MICRO, INCORPORATED</u>	D Employer Identification Number (EIN) <u>77-0391563</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	

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**TREND MICRO, INCORPORATED 401(k)
SAVINGS AND RETIREMENT PLAN**

**Financial Statements
With Supplemental Schedule**

December 31, 2013 and 2012

(With Independent Auditors' Report Thereon)

David J. Cormia

Certified Public Accountant

5669 Snell Ave. #111

San Jose, CA 95123

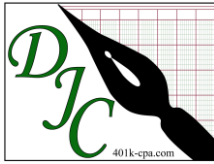
**TREND MICRO, INCORPORATED 401(k)
SAVINGS AND RETIREMENT PLAN**
Table of Contents

Independent Auditor's Report	1-2
Financial Statements as of and for the years ended December 31, 2013 and 2012:	
Statements of net assets available for benefits	3
Statement of changes in net assets available for benefits	4
Notes to financial statements	5-11
Supplemental Schedule	
Schedule of assets held for investment purposes	12-13

Schedules other than those listed above have been omitted because the information is otherwise disclosed, not applicable, or is not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended.

David J. Cormia

Certified Public Accountant



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Independent Auditor's Report

To the Plan Administrative Committee
Trend Micro, Incorporated 401(k) Savings and Retirement Plan:

Report on the Financial Statements

I was engaged to audit the accompanying financial statements and supplemental schedule of the Trend Micro, Incorporated 401(k) Savings and Retirement Plan (the "Plan") which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis of Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis of Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information referred to in Note 3, which was certified by Bank of America, N.A., the custodian of the Plan, except for comparing the information with the related information included in the financial statements. I have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

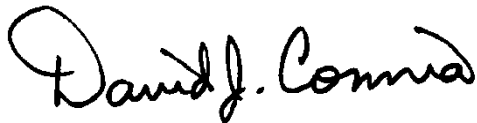
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets held for investment purposes as of December 31, 2013 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by trustee, has been audited by me in accordance with auditing standards generally accepted in the United States of America and, and in my opinion, is 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.

A handwritten signature in black ink that reads "David J. Cormia". The signature is written in a cursive, flowing style.

San Jose, California
August 20, 2014

Trend Micro, Incorporated 401(k) Retirement Plan

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

<u>Assets</u>	<u>2013</u>	<u>2012</u>
Investments (participant directed, at fair value):		
Cash	\$ 69,123	\$ 30
Common/Collective Trusts	4,447,773	4,365,229
Mutual funds	<u>49,004,579</u>	<u>42,595,231</u>
Total investments	<u>53,521,475</u>	<u>46,960,490</u>
 Receivables:		
Notes receivable from participants	563,648	814,536
Participants' contributions receivable	173,069	149,239
Plan Sponsor matching contribution	<u>163,588</u>	<u>173,824</u>
Total Receivables	<u>900,305</u>	<u>1,137,599</u>
Net assets available for benefits	<u>54,421,780</u>	<u>48,098,089</u>

The accompanying Independent Auditor's Report
and notes are an integral part of this schedule.

Trend Micro, Incorporated 401(k) Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the year ended December 31, 2013

Changes in net assets attributable to:

Contributions:

Participants	\$ 4,403,167
Plan Sponsor	701,511
Participant transfers from other plans	<u>113,057</u>
Total contributions	<u>5,217,735</u>

Investment activity:

Net realized and unrealized gains	5,919,021
Interest and dividend income	<u>2,075,543</u>
Net investment activity	<u>7,994,564</u>

Interest income on notes receivable from participants	32,555
--	--------

Distributions to participants	(6,824,538)
--------------------------------------	-------------

Administrative expenses	<u>(96,625)</u>
--------------------------------	-----------------

Net change	6,323,691
-------------------	------------------

Net assets available for benefits at:

Beginning of year	<u>48,098,089</u>
End of year	<u><u>\$ 54,421,780</u></u>

The accompanying Independent Auditor's Report
and notes are an integral part of this schedule.

Trend Micro, Incorporated 401(k) Savings and Retirement Plan

Notes to the Financial Statements

1. DESCRIPTION OF PLAN

The following description of the Trend Micro, Incorporated 401(k) Savings and Retirement 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 was established on September 1, 1996 as a defined contribution plan established to provide eligible employees of the Plan Sponsor with retirement, death and disability benefits. This Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), and Section 401(k) of the Internal Revenue Code (the IRC).

Participant Eligibility, Contribution, and Vesting

Employees are eligible to participate in the Plan on their date of hire, providing they are at least age 18. Employees covered under a collective bargaining agreement are not eligible to participate in the plan. Participants may begin deferring a portion of their compensation into the Plan on the first day of the calendar quarter following the date they attain the age of 18 years. Contributions to the Plan are limited to the maximum amount allowable under the provisions of the IRC and to an annual limitation of \$17,500 (\$23,000 for those participants over age 49).

The Plan allows the Company to make discretionary matching and profit sharing contributions to eligible employees. For the year ended December 31, 2013, the company made a matching contribution of 50% of employee's contributions up to a maximum of \$500 per quarter and \$2,000 per year. The amount of the matching and profit sharing contributions for the years ended December 31, 2013 and 2012 was \$701,511 and \$792,422 respectively (net of forfeitures). For the years ended December 31, 2013 and 2012, the Company elected to forego a profit sharing contribution.

The Company contribution vests according the employee's years of service, as follows:

Matching and Profit Sharing Contributions Vesting Schedule

<u>Years of Service</u>	<u>Employer Match</u>
Less than 1	0%
1	25%
2	50%
3	75%
4	100%

In addition, the Company's contribution is fully vested when a participant reaches the age of 59 ½, or becomes totally disabled, or dies. As of December 31, 2013 and 2012, forfeited nonvested accounts totaled \$19,497 and \$19,343. Forfeitures applied to reduce employers matching contribution for 2013 and 2012 were \$40,000 and \$24,525, respectively. Forfeitures will be used to reduce future employer contributions in accordance with provisions of the Plan.

Trend Micro, Incorporated 401(k) Savings and Retirement Plan

Notes to the Financial Statements

Participant Loans

With the Plan trustee's approval, and subject to IRS regulations and limitations, participants may borrow up to the lesser of \$50,000 or 50% of their vested account balance with a minimum loan amount of \$1,000. Loans are subject to approval by the Plan administrator, bear a fixed rate of interest determined by the administrator on the date of advance and are generally repayable in terms of up to 5 years, except home mortgage loans for which the maximum maturity is 10 years. All loans are secured by the participants' account balances.

Participant Accounts

Each participant's account is credited with the employee's payroll contributions; the employer's matching, and Plan earnings and losses. Allocations to participants' accounts are based on participant compensation or account balances in accordance with the provisions of the Plan.

Investment Options

Participants exercise control over the types of investments made on their behalf, provided that such accounts are invested in investment funds designated by the Plan. Participants may invest in any one or more investment funds and change their investment options at any time.

Payment of Benefits

In the case of normal retirement (age 59-1/2), early retirement, retirement due to permanent disability, or termination of employment, participants may elect to receive the value of their vested individual account balances, in accordance with the provisions of the Plan, either in lump-sum distribution or in an alternative manner available under the Plan.

Participants who separate from service and have vested account balances of \$1,000 or less are subject to an administrative lump sum distribution at the discretion of the plan administrator. Mandatory distributions of separated participants' vested balances between \$1,000 and \$5,000 are subject to a direct rollover of their balance into an Individual Retirement Account (IRA) designated by the plan administrator in the name of the separated participant.

Administration

The Company is the plan administrator. The Plan's assets are managed by Bank of America, N.A. ("Trustee"). The trustee appointed by the Company, execute investment transactions and hold Plan investment assets. The plan administrator reviews the performance of the various available investments and decides on the addition or deletion of an investment fund.

Trend Micro, Incorporated 401(k) Savings and Retirement Plan

Notes to the Financial Statements

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Valuation of Investments

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. See note 4 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 appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Benefits

Benefits are recorded when paid.

Expenses

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

Subsequent Events

The Plan has evaluated subsequent events through August 20, 2014, the date the financial statements were available to be issued.

.

Trend Micro, Incorporated 401(k) Savings and Retirement Plan

Notes to the Financial Statements

3. INVESTMENTS

In accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, information certified by Bank of America, N.A. regarding the current value of assets held at December 31, 2013, and transactions entered into during the year then ended, was used in the preparation of the accompanying financial statements and supplemental schedule. The following table includes the fair values of investment funds that represent 5% or more of the Plan's net assets at December 31, 2013:

	<u>2013</u>	<u>2012</u>
Cash	\$ 69,123	\$ 30
Common/Collective Trust	4,447,773	4,365,229
Mutual Funds	<u>49,004,579</u>	<u>42,595,231</u>
Assets held for investment purposes at fair value	<u>\$ 53,521,475</u>	<u>\$ 46,960,490</u>

The following investments exceeded 5% of net plan assets as of December 31, 2013:

	<u>Value</u>	<u>Percentage of Assets</u>
Wells Fargo Stable Value Fund	4,447,773	8.2%
Wells Fargo Adv Target 2030	3,118,468	5.8%
Wells Fargo Adv Target 2040	2,818,683	5.2%
Goldman Sachs Grth Opp Fund Cl I	2,840,437	5.3%
Oppenheimer Dev Mkts	3,200,675	5.9%
Wells Fargo Adv Target 2035	5,268,515	9.7%
Blackrock S&P 500 Index I	3,559,784	6.6%

During the year ended December 31, 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year), appreciated in value by \$7,994,564 as follows:

Common/collective trust	\$ 46,945
Mutual funds	7,943,673
Other income	<u>3,946</u>
Total	<u>\$ 7,994,564</u>

Trend Micro, Incorporated 401(k) Savings and Retirement Plan

Notes to the Financial Statements

4. FAIR VALUE MEASUREMENTS

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
Level 2	Inputs to the valuation methodology include: <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 • If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2013.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

Common/Collective Trusts (Stable Value Fund): Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

Trend Micro, Incorporated 401(k) Savings and Retirement Plan

Notes to the Financial Statements

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

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2013 and 2012:

<i>Assets at Fair Value as of December 31, 2013</i>				
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Cash	\$ 69,123	\$ -	\$ -	\$ 69,123
Common collective trusts	-	4,447,773	-	4,447,773
Mutual Funds				
Blended	13,813,965	-	-	13,813,965
Bond	1,735,760	-	-	1,735,760
index	987,295	-	-	987,295
International	8,053,120	-	-	8,053,120
Stock	24,414,439	-	-	24,414,439
	<u>\$ 49,073,702</u>	<u>\$ 4,447,773</u>	<u>\$ -</u>	<u>\$ 53,521,475</u>

<i>Assets at Fair Value as of December 31, 2012</i>				
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Cash	\$ 30	\$ -	\$ -	\$ 30
Common collective trusts	-	4,365,229	-	4,365,229
Mutual Funds				
Blended	12,742,240	-	-	12,742,240
Bond	1,948,220	-	-	1,948,220
index	2,552,893	-	-	2,552,893
International	8,040,923	-	-	8,040,923
Stock	17,310,955	-	-	17,310,955
	<u>\$ 42,595,261</u>	<u>\$ 4,365,229</u>	<u>\$ -</u>	<u>\$ 46,960,490</u>

5. RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by the Trustee of the Plan, Bank of America, N.A., and therefore, these transactions qualify as party-in-interest transactions as defined by ERISA.

Trend Micro, Incorporated 401(k) Savings and Retirement Plan

Notes to the Financial Statements

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate or amend the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, all non-vested employer contributions would become 100% vested.

7. TAX STATUS

The plan adopted a prototype non-standardized safe harbor profit sharing plan with a cash or deferral arrangement has received a favorable opinion letter from the IRS, which states that the Plan is designed in compliance with the applicable sections of the IRC. The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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 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 statement of net assets available for benefits.

Trend Micro, Incorporated 401(k) Retirement Plan
Plan Sponsor EIN: 77-0391563 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2013

		(c) Description of investment including maturity date, rate of interest, collateral		Current Value
(a)	(b) Identity of issue, borrower <u>lessor or similar party</u>	<u>par, or maturity value</u>	(d) Cost	
Cash Fund		Cash	^	\$ 69,123
Wells Fargo Stable Value Fund		Common/Collective Trust	^	\$ 4,447,773
Oakmark Intl Fund		Mutual Fund	^	1,965,004
Oakmark Equity & Income Fund		Mutual Fund	^	1,501,618
Pimco Total Return Port Instl		Mutual Fund	^	917,330
Perkins Mid Cap Value I		Mutual Fund	^	2,179,185
Perkins Small Cap Value I		Mutual Fund	^	947,244
Prudential Jennison Mid Cap Z		Mutual Fund	^	2,285,283
Prudential Jennison Natural Resource		Mutual Fund	^	1,595,168
American New Perspective R5		Mutual Fund	^	485,440
Delaware Emerging		Mutual Fund	^	1,212,933
Delaware Diversified		Mutual Fund	^	1,953,017
Blackrock Intl Port Inst		Mutual Fund	^	1,084,230
Wells Fargo Adv Target 2010		Mutual Fund	^	189,306
Wells Fargo Adv Target 2020		Mutual Fund	^	693,085
Wells Fargo Adv Target 2030		Mutual Fund	^	3,118,468
Wells Fargo Adv Target 2040		Mutual Fund	^	2,818,683
Goldman Sachs Grth Opp Fund Cl I		Mutual Fund	^	2,840,437
MFS Value Fund Cl R4		Mutual Fund	^	1,812,761
Mainstay Large Cap Growth Fund		Mutual Fund	^	1,790,175
Oppenheimer Dev Mkts		Mutual Fund	^	3,200,675
Ivy Asset Strategy Fund CL I		Mutual Fund	^	160,357
Wells Fargo Target 2050		Mutual Fund	^	168,098
Wells Fargo Adv Target 2045		Mutual Fund	^	141,052
Wells Fargo Adv Target 2035		Mutual Fund	^	5,268,515
Wells Fargo Adv Target 2025		Mutual Fund	^	1,008,087
Wells Fargo Adv Target 2015		Mutual Fund	^	408,671
AllianceBernstein High		Mutual Fund	^	1,023,232
Franklin Rising Div Adv Cl		Mutual Fund	^	2,280,738
Loomis Sayles Invt Grade		Mutual Fund	^	162,013
Blackrock S&P 500 Stock Fund		Mutual Fund	^	3,559,784

The accompanying Independent Auditor's Report
and notes are an integral part of this schedule.

Trend Micro, Incorporated 401(k) Retirement Plan
Plan Sponsor EIN: 77-0391563 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2013

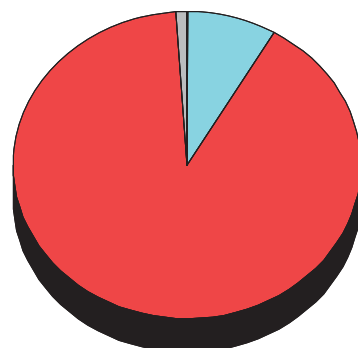
		(c) Description of investment including maturity date, rate of interest, collateral		Current
(a)	(b) Identity of issue, borrower <u>lessor or similar party</u>	<u>par, or maturity value</u>	<u>(d) Cost</u>	Value
	Columbia Small Cap Index Fd R5	Mutual Fund	^	987,295
	Templeton Global Bond Fd Adv	Mutual Fund	^	656,417
	Blackrock Intl Opp Inst	Mutual Fund	^	358,602
	Blackrock Global Alloc I	Mutual Fund	^	231,676
		Total Mutual Funds		<u>49,004,579</u>
* Participant loans		55 loans - 4.25% to 6.5%		<u>563,648</u>
				<u>\$ 54,085,123</u>
* Party in interest to the Plan, as defined by ERISA.				
Cost Information not provided as assets are part of an individual account plan that				
^ participants and beneficiaries directed with respect to assets allocated to his or her				
account.				

The accompanying Independent Auditor's Report
and notes are an integral part of this schedule.

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2013 - 12/31/2013

TREND MICRO, INCORPORATED
401(K) RETIREMENT PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



0.13% MONEY MARKET	8.22% COMMON / COLLECTIVE TRUSTS
90.61% MUTUAL FUNDS	1.04% LOANS
0.00% PENDING SETTLEMENT FUNDS	0.00% ACCRUED INCOME

Investment Category	Shares/Units	Price/NAV	Cost/Book Value	Market Value	% Total Value
<u>MONEY MARKET</u>					
BIF MONEY FUND		1.000	68,953.09	68,953.09	0.13%
<u>COMMON / COLLECTIVE TRUSTS</u>					
WELLS FARGO STABLE VALUE CL K	42,570.5649	104.480	4,349,388.34	4,447,772.62	8.22%
<u>MUTUAL FUNDS</u>					
OAKMARK INTL FUND CLASS I	74,658.1932	26.320	1,550,402.37	1,965,003.65	3.63%
THE OAKMARK EQUITY & INCOME FD	45,991.3758	32.650	1,339,209.86	1,501,618.42	2.78%
PIMCO TOTAL RETURN PORT. INSTL	85,811.9960	10.690	956,102.45	917,330.24	1.70%
PERKINS MID CAP VALUE FD CL I	93,287.0341	23.360	2,126,701.94	2,179,185.12	4.03%
PERKINS SMALL CAP VALUE CL I	36,786.1910	25.750	869,374.70	947,244.42	1.75%
PRUDENTIAL JENNISON MID-CAP Z	56,440.6733	40.490	1,808,780.79	2,285,282.86	4.23%

Balances include pending activity

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2013 - 12/31/2013

TREND MICRO, INCORPORATED
401(K) RETIREMENT PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
PRUDENTIAL JENNISON NATURAL RE	31,155.6337	51.200	1,752,058.99	1,595,168.45	2.95%
AMERICAN NEW PERSPECTIVE R5	12,934.7114	37.530	412,740.49	485,439.72	0.90%
DELAWARE EMERGING	74,550.2537	16.270	1,131,995.82	1,212,932.63	2.24%
DELAWARE DIVERSIFIED	219,440.1596	8.900	2,061,941.88	1,953,017.42	3.61%
BLACKROCK INFL PROT INST	100,577.9217	10.780	1,169,323.47	1,084,230.00	2.00%
WELLS FARGO ADV TARGET 2010	14,395.8647	13.150	191,789.82	189,305.62	0.35%
WELLS FARGO ADV TARGET 2020	45,960.5220	15.080	659,422.36	693,084.67	1.28%
WELLS FARGO ADV TARGET 2030	188,883.6121	16.510	2,820,129.29	3,118,468.44	5.77%
WELLS FARGO ADV TARGET 2040	148,586.3491	18.970	2,439,369.63	2,818,683.04	5.21%
GOLDMAN SACHS GRTH OPP FD CL I	93,281.9878	30.450	2,409,588.15	2,840,436.53	5.25%
MFS VALUE FD CL R4	54,601.2258	33.200	1,380,509.16	1,812,760.70	3.35%
MAINSTAY LARGE CAP GROWTH FUND	171,966.8114	10.410	1,386,217.57	1,790,174.51	3.31%
OPPENHEIMER DEVELOPING MARKETS	85,214.9842	37.560	2,943,371.60	3,200,674.81	5.92%
IVY ASSET STRATEGY FUND CL I	4,967.6757	32.280	134,908.20	160,356.57	0.30%
WELLS FARGO ADV TARGET 2050	15,593.5299	10.780	146,751.10	168,098.25	0.31%
WELLS FARGO ADV TARGET 2045	12,515.7362	11.270	121,002.11	141,052.35	0.26%
WELLS FARGO ADV TARGET 2035	486,025.3597	10.840	4,634,869.27	5,268,514.90	9.74%
WELLS FARGO ADV TARGET 2025	97,211.8977	10.370	950,472.52	1,008,087.38	1.86%
WELLS FARGO ADV TARGET 2015	40,183.9538	10.170	400,481.48	408,670.81	0.76%
ALLIANCEBERNSTEIN HIGH	108,970.4642	9.390	1,007,253.06	1,023,232.66	1.89%
FRANKLIN RISING DIV ADV CL	47,093.4934	48.430	1,820,969.61	2,280,737.89	4.22%

Balances include pending activity

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2013 - 12/31/2013

TREND MICRO, INCORPORATED
401(K) RETIREMENT PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
BLACKROCK S&P 500 STOCK FUND I	16,037.2325	221.970	2,646,340.58	3,559,784.50	6.58%
COLUMBIA SMALL CAP INDEX FD R5	41,326.6978	23.890	914,720.59	987,294.81	1.83%
LOOMIS SAYLES INVT GRADE	13,614.5424	11.900	168,699.79	162,013.05	0.30%
TEMPLETON GLOBAL BOND FD ADV	50,146.4437	13.090	669,361.81	656,416.95	1.21%
BLACKROCK INTL OPP INST	8,581.0425	41.790	305,619.81	358,601.77	0.66%
BLACKROCK GLOBAL ALLOC I	10,810.8419	21.430	216,647.08	231,676.34	0.43%
TOTAL MUTUAL FUNDS			43,547,127.35	49,004,579.48	90.61%
<u>LOANS</u>					
LOAN FUND	563,648.2700	1.000	563,648.27	563,648.27	1.04%
<u>PENDING SETTLEMENT FUNDS</u>					
PENDING SETTLEMENT FUND	170.0000	1.000	170.00	170.00	0.00%
INVESTMENT TOTAL			48,529,287.05	54,085,123.46	100.00%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			0.01	0.01	0.00%
TOTAL ASSETS			48,529,287.06	54,085,123.47	100.00%

A portion of the balance displayed in the BIF Money Fund or the Merrill Lynch Bank Deposit Program (MLBD Program) may contain a pending deposit. If cash funds are invested / deposited in the BIF or MLBD Program, sweep activity details are available upon request.

Balances include pending activity