

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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2013</div> <div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>04/01/2013</u> and ending <u>03/31/2014</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>HITACHI DATA SYSTEMS PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>002</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>HITACHI DATA SYSTEMS CORPORATION</u> <u>2845 LAFAYETTE ST</u> <u>SANTA CLARA, CA 95050-2639</u>	1c Effective date of plan <u>04/01/1991</u>	2b Employer Identification Number (EIN) <u>94-2603663</u>
	2c Sponsor's telephone number <u>408-970-1000</u>	2d Business code (see instructions) <u>423600</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.	<u>10/29/2014</u>	<u>LARISA TOMAZOVA</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2013)
v. 130118

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address ADMINISTRATIVE COMMITTEE 2845 LAFAYETTE ST SANTA CLARA, CA 95050-2639		3b Administrator's EIN 94-2603663
		3c Administrator's telephone number 408-970-1000
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 1935
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 907
b Retired or separated participants receiving benefits		6b 320
c Other retired or separated participants entitled to future benefits		6c 630
d Subtotal. Add lines 6a , 6b , and 6c		6d 1857
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 33
f Total. Add lines 6d and 6e		6f 1890
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1I		
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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 04/01/2013 and ending 03/31/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>HITACHI DATA SYSTEMS PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HITACHI DATA SYSTEMS CORPORATION</u>	D Employer Identification Number (EIN) <u>94-2603663</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month _____ Day _____ Year _____	
2 Assets:	
a Market value	2a <u>118239462</u>
b Actuarial value	2b <u>117839315</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>336</u> <u>22747494</u>
b For terminated vested participants.....	3b <u>643</u> <u>25952095</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>57385083</u>
(3) Total active.....	3c(3) <u>960</u> <u>57385083</u>
d Total.....	3d <u>1939</u> <u>106084672</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.15 %</u>
6 Target normal cost	6 <u>800000</u>

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary	Date
<u>MOE M. TUN</u>	<u>14-06897</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>	<u>415-733-4100</u>
Firm name	Telephone number (including area code)
<u>345 CALIFORNIA STREET, SUITE 200</u> <u>SAN FRANCISCO, CA 94104-2612</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3313610
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	3313610
10 Interest on line 9 using prior year's actual return of <u>9.51</u> %	0	315124
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>6.85</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3628734

Part III Funding Percentages		
14 Funding target attainment percentage	14	107.65 %
15 Adjusted funding target attainment percentage	15	111.08 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	109.78 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	800000	
b Excess assets, if applicable, but not greater than line 31a	31b	800000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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

For calendar plan year 2013 or fiscal plan year beginning 04/01/2013 and ending 03/31/2014

A Name of plan HITACHI DATA SYSTEMS PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HITACHI DATA SYSTEMS CORPORATION	D Employer Identification Number (EIN) 94-2603663	

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
PIMCO TOTAL RETURN FUND
33-0239892

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
DODGE & COX FDS INTL STK FD
94-3390852

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DODGE & COX STK FD COM
94-6099539

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN EURO PACIFIC GROWTH FUND A
25-1536944

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

NEUBERGER BERMAN L/C DIS-INS

13-4085073

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

WESTERN ASSET CORE PLUS BD-I

13-3227583

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

DOUBLELINE TOTAL RETURN BOND FUND

25-1536944

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

LEGG MASON BW GLOBAL BOND OPPORTUNI

25-1536944

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

TEMPLETON GLOBAL BOND FUND/UNI

25-1536944

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

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

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

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

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

TOWERS WATSON DELAWARE

53-0181291

(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?
11 16 50	NONE	490024	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BANK OF NEW YORK MELLON

13-5160382

(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?
21 25 28 50 52 99	NONE	157724	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CANTERBURY CONSULTING INC.

33-0307982

(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 50	NONE	96163	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SANDS CAPITAL MANAGEMENT

54-1578408

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	95347	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NWQ INVESTMENT MANAGEMENT COMPANY

48-0875103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	74149	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HS MANAGEMENT PARTNERS, LLC

26-0335469

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	63745	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DENVER INVESTMENT ADVISORS LLC

84-1284659

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	60555	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIAMOND HILL CAPITAL MANAGEMENT INC

65-0190407

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	58312	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTFIELD CAPITAL MANAGEMENT

80-0175963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	50517	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PINNACLE ASSOCIATES LTD

13-3220717

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	48845	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOSS ADAMS

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	20400	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
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)

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**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**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) <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
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For calendar plan year 2013 or fiscal plan year beginning 04/01/2013 and ending 03/31/2014		
A Name of plan HITACHI DATA SYSTEMS PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 HITACHI DATA SYSTEMS CORPORATION	D Employer Identification Number (EIN) 94-2603663	

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	4362	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	0	0
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	212709	282284
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2916	304
	(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)	36178334	48393888
	(5) Partnership/joint venture interests	1c(5)		9095147
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)	2449395	2856597
	(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)	79569073	66982716
	(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	118416789	127610936

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	177327	241156
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	177327	241156

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	118239462	127369780
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	652283	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1732643	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2384926
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	34377496	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	30945430	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3432066
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6576328	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		6576328

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		4341922
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		16735242

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6281766	
(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)		6281766
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	764311	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	457169	
(4) Other	2i(4)	101678	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1323158
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7604924

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9130318
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: MOSS ADAMS LLP

(2) EIN: 91-0189318

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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.
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For calendar plan year 2013 or fiscal plan year beginning 04/01/2013 and ending 03/31/2014

A Name of plan <u>HITACHI DATA SYSTEMS PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HITACHI DATA SYSTEMS CORPORATION</u>	D Employer Identification Number (EIN) <u>94-2603663</u>

Part I	Distributions
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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>94-2603663</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>52</u>

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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: 64% Investment-Grade Debt: 25% High-Yield Debt: 11% Real Estate: 0% Other: 0%

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

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

REPORT OF INDEPENDENT AUDITORS

To the Participants and
Plan Retirement Committee of the
Hitachi Data Systems Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hitachi Data Systems Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of March 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. 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 March 31, 2014 and 2013, and for the years then ended, that the information provided to the plan administrator by the trustee 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 on these financial statements. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplementary Information

The Schedule H, line 4(i) – Schedule of assets (held at end of year) and Schedule H, line 4(j) – Schedule of reportable transactions as of and for the year ended March 31, 2014 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplementary information.

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 supplementary information, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Ansel Adams LLP". The signature is written in a cursive, flowing style.

Campbell, California
October 24, 2014

FINANCIAL STATEMENTS

HITACHI DATA SYSTEMS

EIN/PN 94-2603663/002

PENSION PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS****March 31, 2014 and 2013**

	<u>2014</u>	<u>2013</u>
Assets:		
Investments, at fair value	\$ 127,328,652	\$ 118,199,718
Due from broker	<u>282,284</u>	<u>212,709</u>
Assets held for investment purposes	127,610,936	118,412,427
Noninterest-bearing cash	<u>-</u>	<u>4,362</u>
Total assets	127,610,936	118,416,789
Liabilities:		
Due to broker	<u>241,156</u>	<u>177,327</u>
Net assets available for benefits	<u>\$ 127,369,780</u>	<u>\$ 118,239,462</u>

See accompanying notes.

HITACHI DATA SYSTEMS

EIN/PN 94-2603663/002

PENSION PLAN**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS****Years Ended March 31, 2014 and 2013**

	<u>2014</u>	<u>2013</u>
Additions to net assets attributed to:		
Investment and other income:		
Dividends and interest	\$ 2,384,926	\$ 2,623,371
Net realized and unrealized appreciation in fair value of investments	<u>14,350,316</u>	<u>8,213,947</u>
Total additions	<u>16,735,242</u>	<u>10,837,318</u>
Deductions from net assets attributed to:		
Benefits paid to participants	6,281,766	6,433,639
Administrative expenses	<u>1,323,158</u>	<u>1,032,244</u>
Total deductions	<u>7,604,924</u>	<u>7,465,883</u>
Net increase in net assets	9,130,318	3,371,435
Net assets available for benefits:		
Beginning of year	<u>118,239,462</u>	<u>114,868,027</u>
End of year	<u>\$ 127,369,780</u>	<u>\$ 118,239,462</u>

See accompanying notes.

NOTE 1 – THE PLAN AND ITS SIGNIFICANT ACCOUNTING POLICIES

General – The following description of the Hitachi Data Systems Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan is a defined benefit pension plan that was established in 1991 by Hitachi Data Systems Corporation (HDS) and Federal Computer Services Corporation (which became a wholly-owned subsidiary of HDS in fiscal 2001) (FCSC) (collectively, the Company) to provide benefits to eligible employees. The Plan is a cash balance pension plan and contributions are not allowed by participants. As of the last day of each month, a cash balance credit is recorded for each participant based on his or her age and equal to a percentage of his or her compensation for that month according to a table and compensation limits included in the Plan document. No further cash balance credits shall be credited to any Non-Grandfathered Participant and Grandfathered Participants, effective after December 31, 2006 and December 31, 2007, respectively.

The Plan covers all employees of the Company provided they are not: a) foreign nationals employed at a location in the United States or its territories and who are covered under a foreign retirement plan, b) foreign nationals employed at a location outside of the United States or its territories, unless they have been granted expatriate status, or c) leased employees.

Effective April 1, 2012, the Plan was amended and restated in its entirety to incorporate prior amendments.

The Plan is currently designed to be qualified under the applicable requirements of the Internal Revenue Code (the Code), as amended, and the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Administration – The Company has appointed a Plan Retirement Committee (the Committee) to manage the operation and administration of the Plan. The Company has also contracted with The Bank of New York Mellon/BNY Mellon, N.A. (BNY) to act as the trustee, and a third-party administrator to process and maintain the records of participant data. Substantially all expenses incurred for administering the Plan are paid by the Plan, except for legal fees, which are paid by the Company.

Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Basis of accounting – The financial statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment valuation and income recognition – The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 2 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 or sold as well as held during the year.

Income taxes – The Plan has received a favorable determination letter dated April 1, 2014. The Company believes that the Plan is operated in accordance with, and qualifies under, the applicable requirements of the Code and related state statutes, and that the trust, which forms a part of the Plan, is exempt from federal income and state franchise taxes.

In accordance with guidance on accounting for uncertainty in income taxes (ASC 740-10), management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2010.

Risks and uncertainties – The Plan provides for various investment options in any combination of investment securities offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations, and credit risks. Due to the risk associated with certain investment securities, it is at least reasonably possible that changes in market values, interest rates, or other factors in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Subsequent events – The Plan has evaluated subsequent events through October 24, 2014, which is the date the financial statements were available to be issued.

NOTE 2 – FAIR VALUE MEASUREMENTS

The fair value measurements standard establishes a framework for measuring fair value. That framework provides a 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 the standard are described below:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted market prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the 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. There have been no changes in the methodologies used at March 31, 2014 and 2013.

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

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

Collective short-term investment fund: Valued using the market approach at amortized cost, which in the normal course of business approximates fair value. This method values a security at its cost at the time of purchase and thereafter assumes a constant rate of amortization to maturity of any discount or premium in order to maintain a constant NAV of \$1.00 per unit.

Limited partnership: Valued using the market approach at the proportionate share of the estimated fair value of the underlying net assets of the limited partnership. The fair values of the partnership's underlying assets are determined by the General Partner and each portfolio manager or the Fund's Valuation Panel based upon the nature of the individual investments. The fund's assets include readily marketable investments, as well as those that require estimation based upon similar asset categories and recent sales or offer prices. Values are adjusted for actual contributions and distributions as they occur.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

HITACHI DATA SYSTEMS
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

EIN/PN 94-2603663/002

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2014 and 2013:

	2014		
	Level 1	Level 2	Level 3
	Total		
Interest-bearing cash	\$ 304	\$ -	\$ -
Mutual funds:			
Bond funds	36,403,445	-	-
Growth funds	9,618,087	-	-
Value funds	10,702,863	-	-
Blend funds	10,258,321	-	-
Total mutual funds	66,982,716	-	-
Common stocks:			
Basic materials	5,662,316	-	-
Consumer goods	6,292,426	-	-
Financial	7,157,036	-	-
Healthcare	4,347,194	-	-
Industrial goods	2,469,629	-	-
Technology	9,473,985	-	-
Utilities	319,170	-	-
Others	12,672,132	-	-
Total common stocks	48,393,888	-	-
Collective short-term investment fund	-	2,856,597	-
Limited partnership	-	9,095,147	-
Total assets at fair value	\$ 115,376,908	\$ 11,951,744	\$ -

HITACHI DATA SYSTEMS
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

EIN/PN 94-2603663/002

	2013			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 2,916	\$ -	\$ -	\$ 2,916
Mutual funds:				
Bond funds	45,301,767	-	-	45,301,767
Growth funds	16,418,137	-	-	16,418,137
Value funds	9,658,915	-	-	9,658,915
Blend funds	8,190,254	-	-	8,190,254
Total mutual funds	79,569,073	-	-	79,569,073
Common stocks:				
Basic materials	5,389,929	-	-	5,389,929
Consumer goods	2,269,665	-	-	2,269,665
Financial	6,209,761	-	-	6,209,761
Healthcare	4,352,796	-	-	4,352,796
Industrial goods	2,127,563	-	-	2,127,563
Technology	6,907,701	-	-	6,907,701
Utilities	507,600	-	-	507,600
Others	8,413,319	-	-	8,413,319
Total common stocks	36,178,334	-	-	36,178,334
Collective short-term investment fund	-	2,449,395	-	2,449,395
Total assets at fair value	<u>\$ 115,750,323</u>	<u>\$ 2,449,395</u>	<u>\$ -</u>	<u>\$ 118,199,718</u>

The following sets forth additional disclosures for the fair value measurement of investments that calculated NAV per share (or its equivalent) and represent 5% or more of the Plan's net assets as of March 31, 2014 and 2013:

Crescent High Income Fund, L.P. – The limited partnership seeks to provide high current income consistent with reasonable risk as determined by Crescent Capital Group LP through investment in a multi-asset class, diversified portfolio of primarily below investment grade debt securities. The limited partnership's secondary objective is to seek capital appreciation consistent with its primary objective. The limited partnership requires written notice to the General Partner at least 60 days prior to a proposed withdrawal date.

NOTE 3 – RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by BNY. Any purchases and sales of these funds are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

NOTE 4 – BENEFITS

Pension benefits – Participants who are 100% vested are entitled to monthly pension benefits beginning at normal retirement age (65) as defined in the Plan document. Pension benefits are automatically distributed to unmarried participants in the normal form of benefit which is a single life annuity, unless the optional form of benefit is elected by the participant. Married participants will automatically receive the normal form of benefit which is a qualified 50% joint and survivor annuity, unless a waiver to select the optional form is obtained from the spouse. If a participant is not married, the participant may designate a person as the beneficiary.

Participants or their beneficiaries may elect an optional form of settlement consisting of the actuarial equivalent value of the uniform form of settlement, subject to spousal consent, if applicable, as either: a) a lump sum payment, b) an annuity for the lesser of the life of the participant or ten years, or c) a 50%, 70%, or 100% monthly joint and survivor annuity with a designated beneficiary. If the actuarial equivalent value of a participant's or beneficiary's benefits prior to commencement of payments are less than a specified minimum amount, a single lump sum benefit will be paid.

A participant may continue in active service beyond normal retirement age. At the date of actual retirement, the participant will receive a benefit equal to the greater of: a) the actuarial equivalent value of the participant's accrued benefit at normal retirement or b) the participant's calculated accrued benefit at the date of actual retirement.

Benefits that would have been payable to a participant if his or her employment with the Company had not terminated before he or she was eligible to receive a monthly retirement income or deferred vested benefits, and benefits that would have been payable to the participant or any other person but for the participant's death will not be applied to increase the benefits of any other participants or other persons.

Death and disability benefits – Participants who die while employed with the Company will become immediately 100% vested. If the participant is married, the spouse can elect to receive monthly benefits or, in lieu of the annuity, can elect to receive his or her benefits in a lump sum. If the participant is unmarried, benefit payments will be paid to the participant's designated beneficiary.

Participants who become totally and permanently disabled while employed with the Company will become immediately 100% vested, and the accrued benefit will be calculated on the basis of the participant's cash balance account balance as of the last day of active work. The participant can elect to receive disability benefits in the same manner as described for vested participants who terminate from the Plan.

Vesting – Benefits vest to participants who have completed at least one hour of service on or after January 1, 2008 based on credited years of service as follows: less than three years of credited service, zero; and three years of credited service, 100%. Prior to January 1, 2008, benefits vest to participants based on years of service as follows: less than three years of credited service, zero; three years of credited service, 50%; four years of credited service, 75%; and five years of credited years of service, 100%. Upon rehire, a participant's monthly pension benefit may be restored to the extent allowed under the Plan. Effective January 1, 2008, Grandfathered Participants became 100% vested.

NOTE 5 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits represent the estimated future periodic payments, including lump sum distributions, under the Plan's provisions that are attributable to services rendered by employees through the valuation date. Accumulated Plan benefits include benefits expected to be paid to: a) retired or terminated employees or their beneficiaries, b) beneficiaries of employees who have died, and c) present employees or their beneficiaries. Benefits under the Plan are based on age of employees, years of service, and benefit credit rates. The accumulated Plan benefits for active employees are based on age of employees, years of service and benefit credit rates on the date at which the benefit information is presented (valuation date). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The significant actuarial assumptions used in the valuation as of April 1, 2013 (beginning of the Plan year) are as follows:

Rate of return:	7.5%
Mortality assumption:	The PPA-2013 Combined Mortality Table for males and females
Retirement age:	Age 65

The actuarial present value of accumulated Plan benefits as of April 1, 2013 is as follows:

Actuarial present value of accumulated Plan benefits:	
Vested benefits	\$ 96,020,539
Nonvested benefits	-
	<hr/>
Total actuarial present value of accumulated Plan benefits	<u>\$ 96,020,539</u>

The change in the actuarial present value of accumulated Plan benefits for the year ended April 1, 2013 is as follows:

Actuarial present value of accumulated Plan benefits, April 1, 2012	\$ 95,957,575
Increase (decrease) during the year attributable to:	
Actuarial gains	(458,954)
Decrease in discount period	6,955,557
Actual benefits paid	<u>(6,433,639)</u>
Actuarial present value of accumulated Plan benefits, April 1, 2013	<u>\$ 96,020,539</u>

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

NOTE 6 – FUNDING POLICY

It is the policy of the Company to fund pension costs as accrued. Annual contributions are determined by the Plan's actuary to meet the requirements of the Funding Standard Account prescribed by ERISA and the Code. Company contributions met the minimum amounts as well as the specified timing requirements required by ERISA and the Code for the years ended March 31, 2014 and 2013.

NOTE 7 – CERTIFIED INFORMATION

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at March 31, 2014 and 2013, and net appreciation, interest, and dividends for the years ended March 31, 2014 and 2013, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by BNY in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**HITACHI DATA SYSTEMS
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS**

EIN/PN 94-2603663/002

The following presents the fair values of investment funds that represent 5% or more of the Plan's net assets at March 31:

	<u>2014</u>	<u>2013</u>
PIMCO Total Return Institutional Fund	\$ 13,558,101	\$ 22,762,860
Dodge and Cox Stock Fund	10,702,863	9,568,915
Dodge and Cox International Stock Fund	10,258,321	8,190,254
Neuberger Berman Large Cap Disciplined Growth Institutional Fund	*	8,246,523
American Euro-Pacific Growth Fund	9,618,087	8,171,614
Western Asset Core Plus Bond Institutional Fund	*	22,538,907
Crescent Capital High Income Fund, L.P.	9,057,475	*
	6,804,046	*
Legg Mason BW Global Opportunities Bond Fund	8,140,028	*
Templeton Global Bond Fund	7,901,270	*

* Not an investment at year end

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows for the years ended March 31:

	<u>2014</u>	<u>2013</u>
Common stock	\$ 9,876,217	\$ 3,660,058
Mutual funds	4,474,099	4,553,889
	<u>\$ 14,350,316</u>	<u>\$ 8,213,947</u>

NOTE 8 - PLAN TERMINATION OR MODIFICATION

The Company intends to continue the Plan indefinitely for the benefit of its employees; however, it reserves the right under the Plan to terminate or modify the Plan at any time. In the event of Plan termination or partial Plan termination, the accrued pension benefits to participants become 100% vested and non-forfeitable. If required, the Company will make additional contributions to fully fund the Plan, and any remaining assets after all benefits paid will be allocated among participants, their spouses and their beneficiaries. If the Plan is terminated, the interest rates shall be equal to the average credited interest rate during the five-year period ending on the termination date.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (the PBGC). Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of termination. There is a statutory ceiling, which is adjusted periodically, on the amount of a participant's monthly benefit guaranteed by the PBGC.

SUPPLEMENTAL SCHEDULES
REQUIRED BY THE DEPARTMENT OF LABOR

ENH/PA/42603663/002

Plan sponsor: Hitachi Data Systems
Employer identification number: 94-2603663
Plan number: 002
Schedule H, Line 4(i)

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PENSION PLAN
March 31, 2014

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
<u>INTEREST-BEARING CASH</u>					
304.1200	BNY MELLON CASH RESERVE 0.010% 12/31/2049 DD 06/26/97	304.12	100.0000	304.12	0.00
TOTAL INTEREST-BEARING CASH		304.12		304.12	0.00
<u>CORPORATE STOCK - COMMON</u>					
4,105.0000	ENDURANCE SPECIALTY HLDGS LTD SHS	204,536.18	53.8300	220,972.15	16,435.97
2,430.0000	MONTPELIER RE HOLDINGS LTD CDT SHS	63,627.64	29.7600	72,316.80	8,689.16
6,300.0000	ORIENT EXPRESS HOTELS LTD CL A SHS	62,117.99	14.4100	90,783.00	28,665.01
550.0000	WHITE MOUNTAINS INS GRP INC	326,214.02	599.9000	329,945.00	3,730.98
2,455.0000	ORTHOPIX INTERNATIONAL NV	80,031.16	30.1500	74,018.25	6,012.91-
2,385.0000	STEINER LEISURE LTD	112,751.25	46.2500	110,306.25	2,445.00-
3,000.0000	ROYAL CARIBBEAN CRUISES LTD	101,523.02	54.5600	163,680.00	62,156.98
1,750.0000	ABM INDUSTRIES INC	49,430.07	28.7400	50,295.00	864.93
1,415.0000	AMC NETWORKS INC	89,868.96	73.0800	103,408.20	13,539.24
3,605.0000	AARON'S INC	102,380.50	30.2400	109,015.20	6,634.70
1,880.0000	ACTUANT CORP	57,565.61	34.1500	64,202.00	6,636.39

Plan sponsor: Hitachi Data Systems
Employer identification number: 94-2603663
Plan number: 002
Schedule H, Line 4(i)

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PENSION PLAN
March 31, 2014

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
1,680.0000	AKAMAI TECHNOLOGIES INC	75,869.97	58.2100	97,792.80	21,922.83
5,790.0000	ALBEMARLE CORP	364,504.75	66.4200	384,571.80	20,067.05
1,535.0000	ALEXION PHARMACEUTICALS INC	141,434.95	152.1300	233,519.55	92,084.60
62.0000	ALLEGHANY CORP	24,547.06	407.3800	25,257.56	710.50
425.0000	ALLIANCE DATA SYSTEMS CORP	68,803.32	272.4500	115,791.25	46,987.93
7,180.0000	ALTRIA GROUP INC	273,378.50	37.4300	268,747.40	4,631.10-
1,600.0000	AMAZON.COM INC	426,384.02	336.3650	538,184.00	111,799.98
2,845.0000	AMERICAN EQUITY INVESTMENT LIF	42,274.87	23.6200	67,198.90	24,924.03
2,080.0000	AMETEK INC	95,264.66	51.4900	107,099.20	11,834.54
2,350.0000	APACHE CORP	200,408.00	82.9500	194,932.50	5,475.50-
1,430.0000	APPLE INC	627,264.46	536.7400	767,538.20	140,273.74
4,100.0000	ARRAY BIOPHARMA INC	25,619.11	4.7000	19,270.00	6,349.11-
14,600.0000	ATMEL CORP	104,836.19	8.3600	122,056.00	17,219.81
1,700.0000	AVNET INC	61,540.01	46.5300	79,101.00	17,560.99
1,425.0000	BANK OF THE OZARKS INC	63,208.82	68.0600	96,985.50	33,776.68
2,055.0000	BARNES GROUP INC	74,599.71	38.4700	79,055.85	4,456.14
1,975.0000	BIOMARIN PHARMACEUTICAL INC	122,963.52	68.2100	134,714.75	11,751.23
1,100.0000	BIODEN IDEC INC	212,441.35	305.8700	336,457.00	124,015.65

Plan sponsor: Hitachi Data Systems
Employer identification number: 94-2603663
Plan number: 002
Schedule H, Line 4(i)

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PENSION PLAN
March 31, 2014

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
1,490.0000	BLACKROCK INC	444,583.60	314.4800	468,575.20	23,991.60
12,650.0000	BOSTON SCIENTIFIC CORP	98,796.50	13.5200	171,028.00	72,231.50
2,500.0000	BOYD GAMING CORP	23,741.00	13.2000	33,000.00	9,259.00
3,985.0000	BRINK'S CO/THE	111,394.03	28.5500	113,771.75	2,377.72
7,560.0000	BRISTOL-MYERS SQUIBB CO	407,192.94	51.9500	392,742.00	14,450.94-
3,440.0000	BROWN & BROWN INC	108,563.31	30.7600	105,814.40	2,748.91-
1,370.0000	UKWMA-FORMAN CORP	101,785.11	89.6900	122,875.30	21,090.19
3,790.0000	BROWN SHOE CO INC	61,564.80	26.5400	100,586.60	39,021.80
5,600.0000	CAE INC	58,365.37	13.1800	73,808.00	15,442.63
410.0000	CLECO CORP	19,282.30	50.5800	20,737.80	1,455.50
3,200.0000	CABLEVISION SYSTEMS CORP	47,872.01	16.8700	53,984.00	6,111.99
4,700.0000	CAMECO CORP	97,248.28	22.9000	107,630.00	10,381.72
8,450.0000	CARMAX INC	445,142.62	46.8000	395,460.00	49,682.62-
10,210.0000	CARNIVAL CORP	388,818.24	37.8600	386,550.60	2,267.64-
900.0000	CASEY'S GENERAL STORES INC	54,568.29	67.5900	60,831.00	6,162.71
3,130.0000	CASH AMERICA INTERNATIONAL INC	146,347.96	38.7200	121,193.60	25,154.36-
2,670.0000	CATO CORP/THE	69,410.07	27.0400	72,196.80	2,786.73
4,125.0000	CERNER CORP	195,401.27	56.2500	232,031.25	36,629.98

ENHANCING 2503663/002

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SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
16,360.0000	CORNING INC	285,504.90	20.8200	340,615.20	55,110.30
2,282.0000	CORRECTIONS CORP OF AMERICA	86,515.53	31.3200	71,472.24	15,043.29-
1,235.0000	CROWN HOLDINGS INC	51,388.38	44.7400	55,253.90	3,865.52
1,370.0000	CUBIC CORP	61,315.26	51.0700	69,965.90	8,650.64
1,250.0000	CUBIST PHARMACEUTICALS INC	81,352.74	73.1500	91,437.50	10,084.76
1,360.0000	CURTIS-WRIGHT CORP	50,370.44	63.5400	86,414.40	36,043.96
4,010.0000	CYPRESS SEMICONDUCTOR CORP	44,617.53	10.2700	41,182.70	3,434.83-
1,570.0000	DENBURY RESOURCES INC	29,280.51	16.4000	25,748.00	3,532.51-
6,500.0000	DICK'S SPORTING GOODS INC	318,912.06	54.6100	354,965.00	36,052.94
4,825.0000	WALT DISNEY CO/TH	291,743.14	80.0700	386,337.75	94,594.61
1,325.0000	DOMINO'S PIZZA INC	68,442.52	76.9700	101,985.25	33,542.73
2,150.0000	DONALDSON CO INC	82,737.70	42.4000	91,160.00	8,422.30
1,630.0000	DOVER CORP	106,894.63	81.7500	133,252.50	26,357.87
2,600.0000	DYAX CORP	22,071.40	8.9800	23,348.00	1,276.60
11,670.0000	EMC CORP/MA	279,397.31	27.4100	319,874.70	40,477.39
865.0000	EASTMAN CHEMICAL CO	60,437.56	86.2100	74,571.65	14,134.09
3,200.0000	EATON VANCE CORP	135,276.16	38.1600	122,112.00	13,164.16-
9,500.0000	EBAY INC	517,153.93	55.2400	524,780.00	7,626.07

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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
1,720.0000	EL PASO ELECTRIC CO	58,281.72	35.7300	61,455.60	3,173.88
1,080.0000	ENERGEN CORP	61,298.18	80.8100	87,274.80	25,976.62
3,875.0000	ENERGIZER HOLDINGS INC	407,088.92	100.7400	390,367.50	16,721.42-
830.0000	FEI CO	77,611.72	103.0200	85,506.60	7,894.88
4,075.0000	FMC TECHNOLOGIES INC	219,862.70	52.2900	213,081.75	6,780.95-
1,210.0000	FMC CORP	76,277.79	76.5600	92,637.60	16,359.81
1,310.0000	FEDEX CORP	183,110.10	132.5600	173,653.60	9,456.50-
535.0000	F5 NETWORKS INC	46,980.92	106.6300	57,047.05	10,066.13
3,150.0000	FINISH LINE INC/THE	61,708.51	27.0900	85,333.50	23,624.99
4,270.0000	FIRST HORIZON NATIONAL CORP	52,136.31	12.3400	52,691.80	555.49
7,315.0000	FIRST NIAGARA FINANCIAL GROUP	66,027.77	9.4500	69,126.75	3,098.98
6,405.0000	FLOWERS FOODS INC	137,723.90	21.4500	137,387.25	336.65-
4,410.0000	FULTON FINANCIAL CORP	51,597.02	12.5800	55,477.80	3,880.78
1,380.0000	G&K SERVICES INC	83,242.25	61.1700	84,414.60	1,172.35
6,870.0000	GANNETT CO INC	163,130.93	27.6000	189,612.00	26,481.07
3,610.0000	GENERAL DYNAMICS CORP	333,915.61	108.9200	393,201.20	59,285.59
1,000.0000	GOOGLE INC	806,991.55	1,114.5100	1,114,510.00	308,518.45
630.0000	WW GRANGER INC	154,006.19	252.6600	159,175.80	5,169.61

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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
1,975.0000	GREENHILL & CO INC	100,060.07	51.9800	102,660.50	2,600.43
1,725.0000	HCC INSURANCE HOLDINGS INC	72,501.76	45.4900	78,470.25	5,968.49
2,820.0000	HANCOCK HOLDING CO	90,788.36	36.6500	103,353.00	12,564.64
5,200.0000	HARMONIC INC	30,107.98	7.1400	37,128.00	7,020.02
1,100.0000	HELMERICH & PAYNE INC	66,770.00	107.5600	118,316.00	51,546.00
1,190.0000	HERSHEY CO/THE	113,989.27	104.4000	124,236.00	10,246.73
1,900.0000	HEXCEL CORP	56,119.01	43.5400	82,726.00	27,606.99
3,740.0000	HUB GROUP INC	141,042.55	39.9900	149,562.60	8,520.05
1,230.0000	JB HUNT TRANSPORT SERVICES INC	90,654.68	71.9200	88,461.60	2,193.08-
7,135.0000	ISTAR FINANCIAL INC	78,253.14	14.7600	105,312.60	27,059.46
1,490.0000	IBERIABANK CORP	75,726.91	70.1500	104,523.50	28,796.59
700.0000	IDEXX LABORATORIES INC	64,643.97	121.4000	84,980.00	20,336.03
1,300.0000	IMMUNOGEN INC	20,891.00	14.9300	19,409.00	1,482.00-
330.0000	INFINITY PROPERTY & CASUALTY C	21,480.35	67.6300	22,317.90	837.55
8,840.0000	INTEL CORP	222,216.38	25.8140	228,195.76	5,979.38
1,260.0000	INTERNATIONAL BUSINESS MACHINE	226,409.02	192.4900	242,537.40	16,128.38
4,136.0000	INTERSIL CORP	36,024.54	12.9200	53,437.12	17,412.58
510.0000	INTUITIVE SURGICAL INC	225,490.19	437.9900	223,371.90	2,115.29-

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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
2,600.0000	ISIS PHARMACEUTICALS INC	45,239.14	43.2100	112,346.00	67,106.86
3,000.0000	JANUS CAPITAL GROUP INC	28,200.00	10.8700	32,610.00	4,410.00
2,865.0000	JARDEN CORP	129,549.12	59.8300	171,412.95	41,063.83
5,230.0000	JUNIPER NETWORKS INC	95,006.37	25.7600	134,724.80	39,718.43
1,100.0000	KANSAS CITY SOUTHERN	118,346.41	102.0600	112,266.00	6,080.41-
1,765.0000	KENAMETAL INC	69,113.36	44.3000	78,189.50	9,076.14
1,160.0000	KINDER MORGAN MANAGEMENT LLC	82,875.55	71.6700	83,137.20	261.65
8,300.0000	LSI CORP	57,891.31	11.0700	91,881.00	33,989.69
2,537.0000	LAM RESEARCH CORP	106,184.06	55.0000	139,635.00	34,350.94
1,230.0000	LIFEPOINT HOSPITALS INC	63,430.15	54.5500	67,096.50	3,666.35
5,760.0000	ELI LILLY & CO	288,376.13	58.8600	338,033.60	50,657.47
1,330.0000	LINCOLN ELECTRIC HOLDINGS INC	92,298.84	72.0100	95,773.30	3,474.46
840.0000	LINEAR TECHNOLOGY CORP	32,230.82	48.6900	40,899.60	8,668.78
6,180.0000	LOWE'S COS INC	298,134.32	48.9000	302,202.00	4,067.68
5,700.0000	MARRIOTT INTERNATIONAL INC/DE	233,945.93	56.0200	319,314.00	85,368.07
3,370.0000	MASCO CORP	72,054.67	22.2100	74,847.70	2,793.03
1,975.0000	MAXIMUS INC	78,816.90	44.8600	88,698.50	9,781.60
2,210.0000	MEADWESTVACO CORP	80,758.74	37.6400	83,184.40	2,425.66

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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
600.0000	MEDICINES CO/THE	20,046.00	28.4200	17,052.00	2,994.00-
395.0000	METTLER-TOLEDO INTERNATIONAL I	84,221.93	235.6800	93,093.60	8,871.67
4,300.0000	MICROSOFT CORP	157,036.00	40.9900	176,257.00	19,221.00
1,050.0000	MID-AMERICA APARTMENT COMMUNIT	64,324.86	68.2700	71,683.50	7,358.64
760.0000	MOHAWK INDUSTRIES INC	84,773.17	135.9800	103,344.80	18,571.63
1,790.0000	MOLSON COORS BREWING CO	87,584.71	58.8600	105,359.40	17,774.69
2,800.0000	MONSANTO CO	292,083.74	113.7700	318,556.00	26,472.26
1,760.0000	MYRIAD GENETICS INC	44,721.61	34.1900	60,174.40	15,452.79
37.0000	NVR INC	39,964.08	1,147.0000	42,439.00	2,474.92
3,175.0000	NATIONAL OILWELL VARCO INC	235,462.01	77.8700	247,237.25	11,775.24
4,710.0000	NATIONAL PENN BANCSHARES INC	49,845.57	10.4500	49,219.50	626.07-
820.0000	NAVIGATORS GROUP INC/THE	46,130.21	61.3900	50,339.80	4,209.59
1,420.0000	NEWMARKET CORP	470,447.28	390.7800	554,907.60	84,460.32
5,050.0000	NIKE INC	305,514.08	73.8600	372,993.00	67,478.91
820.0000	NOBLE ENERGY INC	47,420.63	71.0400	58,252.80	10,832.17
1,030.0000	NORFOLK SOUTHERN CORP	78,782.64	97.1700	100,085.10	21,302.46
1,300.0000	PALL CORP	88,881.01	89.4700	116,311.00	27,429.99
265.0000	PARKER HANNIFIN CORP	24,268.71	119.7100	31,723.15	7,454.44

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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
7,625.0000	PETSMART INC	527,653.09	68.9100	525,438.75	2,214.34-
6,880.0000	PFIZER INC	207,363.20	32.1200	220,985.60	13,622.40
4,610.0000	PIER 1 IMPORTS INC	95,956.79	18.8800	87,036.80	8,919.99-
1,655.0000	PLANTRONICS INC	73,134.49	44.4500	73,564.75	430.26
730.0000	POLARIS INDUSTRIES INC	91,862.90	139.7100	101,988.30	10,125.40
1,295.0000	POST PROPERTIES INC	63,313.03	49.1000	63,584.50	271.47
600.0000	PRECISION CASTPARTS CORP	119,222.59	252.7600	151,656.00	32,433.41
380.0000	THE PRICELINE GROUP INC/THE	261,501.57	1,191.8900	452,918.20	191,416.63
7,750.0000	QUALCOMM INC	507,482.05	78.8600	611,165.00	103,682.95
1,525.0000	QUEST DIAGNOSTICS INC/DE	86,103.03	57.9200	88,328.00	2,224.97
2,530.0000	QUESTCOR PHARMACEUTICALS INC	95,190.75	64.9300	164,272.90	69,082.15
1,250.0000	RTI INTERNATIONAL METALS INC	39,926.21	27.7800	34,725.00	5,201.21-
10,200.0000	RF MICRO DEVICES INC	55,171.89	7.8800	80,376.00	25,204.11
1,000.0000	RAYMOND JAMES FINANCIAL INC	46,100.03	55.9300	55,930.00	9,829.97
1,575.0000	REGENERON PHARMACEUTICALS INC	316,542.32	300.2800	472,941.00	156,398.68
7,940.0000	REGIONS FINANCIAL CORP	75,744.42	11.1100	88,213.40	12,468.98
900.0000	ROBERT HALF INTERNATIONAL INC	33,777.02	41.9500	37,755.00	3,977.98
8,700.0000	SALESFORCE.COM INC	388,955.32	57.0900	496,683.00	107,727.68

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SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
3,550.0000	SCHLUMBERGER LTD	265,859.52	97.5000	346,125.00	80,265.48
8,675.0000	CHARLES SCHWAB CORP/THE	208,200.50	27.3300	237,087.75	30,887.25
3,255.0000	SCHWEITZER-MAUDUIT INTL INC	138,701.59	42.5900	138,630.45	71.14-
3,800.0000	SEACHANGE INTERNATIONAL INC	45,182.02	10.4400	39,672.00	5,510.02-
2,000.0000	SEATTLE GENETICS INC	71,010.00	45.5600	91,120.00	20,110.00
1,090.0000	SENSIENT TECHNOLOGIES CORP	42,904.59	56.4100	61,486.90	18,582.31
3,400.0000	SINCLAIR BROADCAST GROUP INC	68,986.02	27.0900	92,106.00	23,119.98
1,500.0000	SOTHEBY'S	55,581.88	43.5500	65,325.00	9,743.12
3,975.0000	SOUTHWEST AIRLINES CO	53,679.51	23.6100	93,849.75	40,170.24
6,425.0000	SOUTHWESTERN ENERGY CO	240,432.82	46.0100	295,614.25	55,181.43
3,144.0000	STAGE STORES INC	79,904.41	24.4500	76,870.80	3,033.61-
1,135.0000	STANCORP FINANCIAL GROUP INC	48,750.07	68.8000	75,818.00	27,067.93
1,460.0000	STANDARD MOTOR PRODUCTS INC	46,644.84	35.7700	52,224.20	5,579.36
7,460.0000	STAPLES INC	100,952.15	11.3400	84,596.40	16,355.75-
4,150.0000	STARBUCKS CORP	264,600.57	73.3800	304,527.00	39,926.43
4,400.0000	STILLWATER MINING CO	56,600.24	14.6100	65,164.00	8,563.76
1,920.0000	TESORO CORP	112,416.00	50.5900	97,132.80	15,283.20-
1,915.0000	THOR INDUSTRIES INC	97,082.95	61.0600	116,929.90	19,846.95

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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
1,729.0000	TIDEWATER INC	88,051.85	48.6200	84,063.98	3,987.87-
930.0000	TIFFANY & CO	67,664.87	86.1500	80,119.50	12,454.63
815.0000	TORO CO/THE	38,023.38	63.1900	51,499.85	13,476.47
2,600.0000	TOTAL SYSTEM SERVICES INC	65,296.47	30.4100	79,066.00	13,769.53
3,800.0000	TRIMBLE NAVIGATION LTD	113,924.02	36.8700	147,706.00	33,781.98
5,100.0000	TRIQUINT SEMICONDUCTOR INC	25,806.02	13.3900	68,289.00	-2,482.98
1,950.0000	TRUSTMARK CORP	48,769.50	25.3500	49,432.50	663.00
1,795.0000	UGI CORP	68,935.94	45.6100	81,869.95	12,934.01
600.0000	UNITED STATES CELLULAR CORP	21,688.36	41.0100	24,606.00	2,917.64
1,540.0000	URBAN OUTFITTERS INC	55,165.99	36.4700	56,163.80	997.81
1,050.0000	VALERO ENERGY CORP	45,908.66	53.1000	55,755.00	9,846.34
1,300.0000	VALSPAR CORP/THE	80,925.00	72.1200	93,756.00	12,831.00
4,410.0000	VERIZON COMMUNICATIONS INC	213,017.55	47.5700	209,783.70	3,233.85-
3,000.0000	VISHAY INTERTECHNOLOGY INC	40,830.01	14.8800	44,640.00	3,809.99
1,780.0000	VULCAN MATERIALS CO	94,312.60	66.4500	118,281.00	23,968.40
1,100.0000	WADDELL & REED FINANCIAL INC	48,158.00	73.6200	80,982.00	32,824.00
2,750.0000	WAL-MART STORES INC	213,341.98	76.4300	210,182.50	3,159.48-
1,275.0000	WATTS WATER TECHNOLOGIES INC	74,566.74	58.6900	74,829.75	263.01

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SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
1,975.0000	WEBSTER FINANCIAL CORP	47,913.50	31.0600	61,343.50	13,430.00
8,620.0000	WELLS FARGO & CO	381,488.99	49.7400	428,758.80	47,269.81
2,245.0000	WEST PHARMACEUTICAL SERVICES I	73,547.12	44.0500	98,892.25	25,345.13
1,515.0000	WESTAMERICA BANCORPORATION	68,841.88	54.0800	81,931.20	13,089.32
485.0000	WHIRLPOOL CORP	57,496.14	149.4600	72,488.10	14,991.96
1,240.0000	WHITING PETROLEUM CORP	72,092.44	69.3900	86,043.60	13,951.16
4,020.0000	WHOLE FOODS MARKET INC	203,159.08	50.7100	203,854.20	695.12
7,925.0000	WILLIAMS-SONOMA INC	418,957.11	66.6400	528,122.00	109,164.89
1,982.0000	WINTRUST FINANCIAL CORP	75,875.47	48.6600	96,444.12	20,568.65
200.0000	XILINX INC	9,549.27	54.2700	10,854.00	1,304.73
6,075.0000	NESTLE SA	432,297.21	75.3382	457,679.57	25,382.36
1,141.0000	ACTAVIS PLC	153,780.81	205.8500	234,874.85	81,094.04
450.0000	ALKERMES PLC	15,752.30	44.0900	19,840.50	4,088.20
1,130.0000	AON CORP	83,817.47	84.2800	95,236.40	11,418.93
4,175.0000	ENERGY XXI BERNUDA LTD	111,367.50	23.5700	98,404.75	12,962.75-
185.0000	ENSTAR GROUP LIMITED SHS	24,923.42	136.3100	25,217.35	293.93
990.0000	ENSCO PLC	59,400.00	52.7800	52,252.20	7,147.80-
2,215.0000	GREENLIGHT CAPITAL RE LTD CL A	54,435.62	32.8000	72,652.00	18,216.38

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March 31, 2014

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>(UNREALIZED GAIN/LOSS</u>
1,240.0000	ICON PLC	49,922.14	47.5500	58,962.00	9,039.86
630.0000	JAZZ PHARMACEUTICALS PLC	77,697.04	138.6800	87,368.40	9,671.36
910.0000	LIBERTY GLOBAL PLC	36,303.47	41.6000	37,856.00	1,552.53
910.0000	LIBERTY GLOBAL PLC SHS CL C	31,948.02	40.7100	37,046.10	5,098.08
1,500.0000	ROWAN COS PLC	53,040.00	33.6800	50,520.00	2,520.00-
5,640.0000	WILLIS GROUP HOLDINGS PUBLIC LIMITED COMPANY	241,598.35	44.1300	248,893.20	7,294.85
1,800.0000	XL GROUP PLC	54,540.02	31.2500	56,250.00	1,709.98
3,300.0000	FOSTER WHEELER AG COM	75,405.02	32.4200	106,986.00	31,580.98
2,725.0000	ASML HLDG N V N Y REGISTRY SHS NEW 2012	185,272.81	93.3600	254,406.00	69,133.19
2,100.0000	INTERXION HOLDING NV	51,036.17	23.9800	50,358.00	678.17-
1,790.0000	NIELSEN N V	63,072.78	44.6300	79,887.70	16,814.92
950.0000	NXP SEMICONDUCTOR NV	55,699.51	58.8100	55,869.50	169.99
2,600.0000	SENSATA TECHNOLOGIES HOLDING N	101,874.90	42.6400	110,864.00	8,989.10
3,240.0000	ALLISON TRANSMISSION HLDG INC	76,878.79	29.9400	97,005.60	20,126.81
700.0000	AMERIPRISE FINANCIAL INC	51,555.01	110.0700	77,049.00	25,493.99
1,525.0000	ANHEUSER-BUSCH INBEV NV ADR	154,484.29	105.3000	160,582.50	6,098.21
5,650.0000	ARM HOLDINGS PLC ADR	237,246.30	50.9700	287,980.50	50,734.20

ENH/PAKH42503663/002

Plan sponsor: Hitachi Data Systems
Employer identification number: 94-2603663
Plan number: 002
Schedule H, Line 4(i)

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PENSION PLAN
March 31, 2014

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
3,550.0000	ARRIS GROUP INC	58,593.27	28.1800	100,039.00	41,445.73
1,175.0000	ATHENAHEALTH INC	120,836.61	160.2400	188,282.00	67,445.39
780.0000	AUTODESK INC	38,475.53	49.1800	38,360.40	115.13-
3,520.0000	B&G FOODS INC	110,208.86	30.1100	105,987.20	4,221.66-
3,125.0000	BAIDU INC/CHINA ADR	324,329.19	152.2700	475,843.75	151,514.56
3,770.0000	BERKSHIRE HATHAWAY INC	437,854.59	124.9700	471,136.90	33,282.31
940.0000	BRISTOW GROUP INC	61,983.65	75.5200	70,988.80	9,005.15
1,330.0000	BROADBRIDGE FINANCIAL SOLUTIONS	33,037.24	37.1400	49,396.20	16,358.96
3,290.0000	CBRE GROUP INC	81,544.74	27.4300	90,244.70	8,699.96
1,285.0000	CAREFUSION CORP	47,383.82	40.2200	51,682.70	4,298.88
865.0000	CATAMARAN CORP	39,279.66	44.7600	38,717.40	562.26-
2,015.0000	CHESAPEAKE LODGING TRUST	49,438.67	25.7300	51,845.95	2,407.28
685.0000	CHIPOTLE MEXICAN GRILL INC	223,220.98	568.0500	389,114.25	165,893.27
1,850.0000	CON-WAY INC	78,434.31	41.0800	75,998.00	2,436.31-
2,625.0000	COTY INC CL A	39,372.82	14.9800	39,322.50	50.32-
900.0000	CUMMINS INC	104,229.03	148.9900	134,091.00	29,861.97
1,000.0000	CYRUSONE INC	18,680.80	20.8300	20,830.00	2,149.20
3,900.0000	DIAGEO PLC ADR	477,216.75	124.5900	485,901.00	8,684.25

ENH/PAKH42603663/002

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PENSION PLAN
March 31, 2014

Plan sponsor: Hitachi Data Systems
Employer identification number: 94-2603663
Plan number: 002
Schedule H, Line 4(i)

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
320.0000	DISCOVERY COMMUNICATIONS INC	25,196.81	82.7000	26,464.00	1,267.19
1,950.0000	DISCOVERY COMMUNICATIONS INC	135,603.01	77.0600	150,267.00	14,663.99
940.0000	DOLLAR GENERAL CORP	48,800.37	55.4800	52,151.20	3,350.83
2,880.0000	DUPONT FABROS TECHNOLOGY INC	69,294.47	24.0700	69,321.60	27.13
6,050.0000	EDUCATION REALTY TRUST INC	59,826.64	9.8700	59,713.50	113.14-
1,500.0000	ENDOCYTE INC	19,195.65	23.8100	35,715.00	16,519.35
5,150.0000	FXCM INC	91,837.05	14.7700	76,065.50	15,771.55-
7,500.0000	FACEBOOK INC	191,849.98	60.2400	451,800.00	259,950.02
2,800.0000	FAIRWAY GROUP HOLDINGS CORP	48,419.64	7.6400	21,392.00	27,027.64-
1,735.0000	FIRST REPUBLIC BANK/CA	67,022.96	53.9900	93,672.65	26,649.69
1,020.0000	GNC HOLDINGS INC	41,806.36	44.0200	44,800.40	3,094.04
950.0000	GENERAC HOLDINGS INC	41,094.03	58.9700	56,021.50	14,927.47
600.0000	GOVERNMENT PROPERTIES INCOME T	15,513.88	25.2000	15,120.00	393.88-
555.0000	GREATBATCH INC	16,577.86	45.9200	25,485.60	8,907.74
1,360.0000	GULFMARK OFFSHORE INC	56,384.44	44.9400	61,118.40	5,733.96
600.0000	IAC/INTERACTIVECORP	26,808.00	71.3900	42,834.00	16,026.00
665.0000	IHS INC	71,199.80	121.5000	80,797.50	9,597.70
2,335.0000	INNOPHOS HOLDINGS INC	120,328.88	56.7000	132,394.50	12,065.62

ENHANCED 2603663/002

Plan sponsor: Hitachi Data Systems
Employer identification number: 94-2603663
Plan number: 002
Schedule H, Line 4(i)

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PENSION PLAN
March 31, 2014

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
1,395.0000	ITC HOLDINGS CORP	43,731.92	37.3500	52,103.25	8,371.33
3,800.0000	JDS UNIPHASE CORP	50,037.61	14.0000	53,200.00	3,162.39
1,505.0000	J2 GLOBAL INC	63,926.73	50.0500	75,325.25	11,398.52
1,650.0000	KATE SPADE & CO	53,632.98	37.0900	61,198.50	7,565.52
815.0000	KNOWLES CORP	11,899.80	31.5700	25,729.55	13,829.75
5,950.0000	LAS VEGAS SANDS CORP	335,282.54	80.7800	480,641.00	145,358.46
1,593.0000	LEVEL 3 COMMUNICATIONS INC	32,321.97	39.1400	62,350.02	30,028.05
400.0000	LIBERTY MEDIA CORP	47,103.54	130.7300	52,292.00	5,188.46
1,869.0000	LINKEDIN CORP	396,411.26	184.9400	345,652.86	50,758.40
7,000.0000	LULULEMON ATHLETICA INC	433,610.43	52.5900	368,130.00	65,480.43
535.0000	MWI VETERINARY SUPPLY INC	81,388.92	155.6200	83,256.70	1,867.78
775.0000	MADISON SQUARE GARDEN CO/THE	44,326.86	56.7800	44,004.50	322.36
1,300.0000	MEAD JOHNSON NUTRITION CO	107,620.85	83.1400	108,082.00	461.15
5,329.0000	MOSAIC CO/THE	274,139.25	50.0000	266,450.00	7,689.25
1,195.0000	NATIONSTAR MORTGAGE HOLDINGS I	43,502.17	32.4600	38,789.70	4,712.47
3,975.0000	NICE SYSTEMS LTD ADR	145,733.69	44.6600	177,523.50	31,789.81
660.0000	PVH CORP	78,517.21	124.7700	82,348.20	3,830.99
1,470.0000	PHILIP MORRIS INTERNATIONAL IN	124,876.58	81.8700	120,348.90	4,527.68

ENR/ANNU42603663/002

Plan sponsor: Hitachi Data Systems
Employer identification number: 94-2603663
Plan number: 002
Schedule H, Line 4(i)

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PENSION PLAN
March 31, 2014

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
3,004.0000	POPULAR INC	81,558.33	30.9900	93,093.96	11,537.83
3,185.0000	PORTLAND GENERAL ELECTRIC CO	97,218.84	32.3400	103,002.90	5,784.26
1,125.0000	POST HOLDINGS INC	46,260.74	55.1200	62,010.00	15,749.26
1,850.0000	PRIMERICA INC	60,433.88	47.1100	87,153.50	26,719.62
3,560.0000	RALPH LAUREN CORP	578,327.17	160.9300	572,910.80	5,416.37-
1,020.0000	RED HAT INC	53,804.01	52.9800	54,039.60	135.59
2,490.0000	REINSURANCE GROUP OF AMERICA I	148,578.30	79.6300	198,278.70	49,700.40
4,925.0000	SCRIPPS NETWORKS INTERACTIVE I	343,922.00	75.9100	373,856.75	29,934.75
3,000.0000	SPLUNK INC	135,982.39	71.4900	214,470.00	78,487.61
400.0000	STARZ	8,860.01	32.2800	12,912.00	4,051.99
850.0000	STARWOOD HOTELS & RESORTS WORL	54,170.51	79.6000	67,660.00	13,489.49
2,400.0000	TW TELECOM INC	60,456.00	31.2600	75,024.00	14,568.00
1,000.0000	TELEPHONE & DATA SYS INC	21,070.00	26.2100	26,210.00	5,140.00
1,910.0000	TEXAS ROADHOUSE INC	38,562.93	26.0800	49,812.80	11,249.87
11,300.0000	TIME WARNER INC	691,026.69	65.3300	738,229.00	47,202.31
480.0000	TRANSDIGM GROUP INC	73,401.61	185.2000	88,896.00	15,494.39
1,637.0000	ULTA SALON COSMETICS & FRAGRAN	141,040.15	97.4400	159,509.28	18,469.13
1,466.0000	UNIFI INC	28,000.62	23.0700	33,820.62	5,820.00

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Plan sponsor: Hitachi Data Systems
Employer identification number: 94-2603663
Plan number: 002
Schedule H, Line 4(i)

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PENSION PLAN
March 31, 2014

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
11,700.0000	UNILEVER NV	448,580.79	41.1200	481,104.00	32,523.21
1,810.0000	UNITED CONTINENTAL HOLDINGS IN	82,488.31	44.6300	80,780.30	1,708.01-
5,760.0000	UNIVERSAL AMERICAN CORP	45,630.23	7.0700	40,723.20	4,907.03-
2,335.0000	VANTIV INC	62,376.36	30.2200	70,563.70	8,187.34
4,875.0000	VISA INC	914,610.35	215.8600	1,052,317.50	137,707.15
2,980.0000	WESTERN REFINING INC	92,276.37	38.6000	115,028.00	22,751.63
3,750.0000	WHITEWAVE FOODS CO	64,545.21	28.5400	107,025.00	42,479.79
	TOTAL CORPORATE STOCK - COMMON	41,946,329.82		48,393,887.96	6,447,558.14
	<u>PARTNERSHIP/JOINT VENTURE INTEREST</u>				
800.0000	LAZARD LTD SHS -A-	27,205.05	47.0900	37,672.00	10,466.95
9,057.475.0000	CRESCENT CAPITAL HIGH INCOME FUND B L P	8,939,326.30	1.0000	9,057,475.00	118,148.70
	TOTAL PARTNERSHIP/JOINT VENTURE INTEREST	8,966,531.35		9,095,147.00	128,615.65
	<u>COMMON/COLLECTIVE TRUST</u>				
2,856,596.9800	EB TEMP INV FD VAR RT 12/31/49 FEE CL 20	2,856,596.98	1.0000	2,856,596.98	0.00
	TOTAL COMMON/COLLECTIVE TRUST	2,856,596.98		2,856,596.98	0.00

ENHANCED 2603663/002

Plan sponsor: Hitachi Data Systems
Employer identification number: 94-2603663
Plan number: 002
Schedule H, Line 4(i)

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PENSION PLAN
March 31, 2014

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
<u>REGISTERED INVESTMENT COMPANIES</u>					
62,294.7610	DODGE & COX STOCK FUND	7,262,834.78	171.8100	10,702,862.89	3,440,028.11
1,257,708.7760	PIMCO TOTAL RETURN FUND	13,392,025.75	10.7800	13,558,100.61	166,074.86
231,931.3050	DODGE & COX INTERNATIONAL STOC	8,646,679.65	44.2300	10,258,321.62	1,611,641.97
624,224.3760	DOUBLELINE TOTAL RETURN BOND F	6,810,552.32	10.9000	6,804,045.70	6,506.62-
194,776.9720	AMERICAN EUROPACIFIC GROWTH FU	6,668,346.69	49.3800	9,618,086.88	2,949,740.19
730,047.3940	LEGG MASON BW GLOBAL OPPORTUNI	7,885,445.99	11.1500	8,140,028.44	254,582.45
604,997.7090	TEMPLETON GLOBAL BOND FUND/UNI	7,876,290.01	13.0600	7,901,270.08	24,980.07
TOTAL REGISTERED INVESTMENT COMPANIES		58,542,175.19		66,982,716.22	8,440,541.03
GRAND TOTAL		112,311,937.46		127,328,652.28	22,278.29 C
					14,994,436.53 I
					15,016,714.82

EIN/PN 94-2603663/002
HITACHI DATA SYSTEMS
PENSION PLAN
SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
March 31, 2014

Plan sponsor: Hitachi Data Systems
Employer identification number: 94-2603663
Plan number: 002
Schedule H, Line 4(j)

Identity of party involved	Description of assets (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category 1 - Single transactions in excess of 5% of value								
Purchases:								
Doubleline Total Return Bond Fund	Mutual fund	\$ 6,725,000				\$ 6,725,000	\$ 6,725,000	\$ -
Legg Mason BW Global Opportunities Bond Fund	Mutual fund	7,825,000				7,825,000	7,825,000	-
Templeton Global Bond Fund	Mutual fund	7,825,000				7,825,000	7,825,000	-
Crescent Capital High Income Fund, L.P.	Limited partnership	8,890,000				8,890,000	8,890,000	-
EB Temporary Investment Fund	Collective short-term investment fund	22,402,835				22,402,835	22,402,835	-
EB Temporary Investment Fund	Collective short-term investment fund	7,382,315				7,382,315	7,382,315	-
Sales:								
Neuberger Berman Large Cap Disciplined Growth Institutional Fund	Mutual fund		\$ 8,183,572			7,276,295	7,276,295	907,277
PIMCO Total Return Institutional Fund	Mutual fund		8,900,000			8,782,094	8,782,094	117,906
Western Asset Core Plus Bond Institutional Fund	Mutual fund		22,375,694			20,691,605	20,691,605	1,684,089
EB Temporary Investment Fund	Collective short-term investment fund		22,375,000			22,375,000	22,375,000	-
EB Temporary Investment Fund	Collective short-term investment fund		7,953,137			7,953,137	7,953,137	-
Category 3 - Series transactions in excess of 5% of value								
Purchases:								
Doubleline Total Return Bond Fund	Mutual fund	6,810,552						
Legg Mason BW Global Opportunities Bond Fund	Mutual fund	7,885,446						
Templeton Global Bond Fund	Mutual fund	7,876,290				7,876,290	7,876,290	-
EB Temporary Investment Fund	Collective short-term investment fund	49,160,964				49,160,964	49,160,964	-
Sales:								
PIMCO Total Return Institutional Fund	Mutual fund		8,900,000			8,782,094	8,782,094	117,906
Western Asset Core Plus Bond Institutional Fund	Mutual fund		22,375,694			20,691,605	20,691,605	1,684,089
EB Temporary Investment Fund	Collective short-term investment fund		48,902,781			48,902,781	48,902,781	-

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2013**This Form is Open to Public
Inspection**For calendar plan year 2013 or fiscal plan year beginning 04/01/2013 and ending 03/31/2014► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan HITACHI DATA SYSTEMS PENSION PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HITACHI DATA SYSTEMS CORPORATION		D Employer Identification Number (EIN) 94-2603663
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>4</u> Day <u>1</u> Year <u>2013</u>			
2 Assets:			
a Market value		2a	118,239,462
b Actuarial value		2b	117,839,315
3 Funding target/participant count breakdown:		(1) Number of participants (2) Funding Target	
a For retired participants and beneficiaries receiving payment		3a	336 22,747,494
b For terminated vested participants		3b	643 25,952,095
c For active participants:			
(1) Non-vested benefits		3c(1)	0
(2) Vested benefits		3c(2)	57,385,083
(3) Total active		3c(3)	960 57,385,083
d Total		3d	1,939 106,084,672
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	6.15 %
6 Target normal cost		6	800,000

Statement by Enrolled Actuary

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

**SIGN
HERE**

Moe M. Tun



October 7, 2014

Signature of actuary

Date

Moe M. Tun

14-06897

Type or print name of actuary

Most recent enrollment number

Towers Watson Delaware Inc.

(415) 733-4100

Firm name

Telephone number (including area code)

345 California Street, Suite 2000

San Francisco

CA 94104-2612

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3,313,610
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	3,313,610
10 Interest on line 9 using prior year's actual return of <u>9.51</u> %	0	315,124
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>6.85</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	3,628,734

Part III Funding Percentages

14 Funding target attainment percentage	14	107.65 %
15 Adjusted funding target attainment percentage	15	111.08 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	109.78 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	800,000	
b Excess assets, if applicable, but not greater than line 31a	31b	800,000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Hitachi Data Systems Corporation
EIN/PN	94-2603663 / 002
Plan Name	Hitachi Data Systems Pension Plan
Valuation Date	April 1, 2013
Enrolled Actuary	Moe M. Tun
Enrollment Number	14-06897

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of April 1, 2013

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement and then computing the average retirement age for the table.

Age x (a)	Rate of retirement (b)	Probability of not retiring at age x – 1 (c)	Probability of retiring at age x (d)	(a) * (d)
≤ 54	0.00%	100.00%	0.00%	0.000000
55	10.00%	100.00%	10.00%	5.500000
56	10.00%	90.00%	9.00%	5.040000
57	10.00%	81.00%	8.10%	4.617000
58	10.00%	72.90%	7.29%	4.228200
59	10.00%	65.61%	6.56%	3.870990
60	12.00%	59.05%	7.09%	4.251528
61	12.00%	51.96%	6.24%	3.803700
62	20.00%	45.73%	9.15%	5.670216
63	20.00%	36.58%	7.32%	4.609337
64	20.00%	29.27%	5.85%	3.746001
65	35.00%	23.41%	8.19%	5.326345
66	35.00%	15.22%	5.33%	3.515387
67	35.00%	9.89%	3.46%	2.319623
68	35.00%	6.43%	2.25%	1.530259
69	35.00%	4.18%	1.46%	1.009296
≥ 70	100.00%	2.72%	2.72%	1.901570
Average age at retirement:				60.939450
Rounded for Schedule SB item 22:				61.000000

Plan Name: Hitachi Data Systems Pension Plan
EIN / PN: 94-2603663 / 002
Plan Sponsor: Hitachi Data Systems Corporation
Valuation Date: April 1, 2013

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Schedule SB, Line 26 Schedule of Active Participant Data as of April 1, 2013

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 – 29	0		0		11		0		0		0		0		0		0		0	
30 – 34	0		0		23		11		1		0		0		0		0		0	
35 – 39	0		0		37		44		4		0		0		0		0		0	
40 – 44	0		0		69		48		18		1		0		0		0		0	
45 – 49	0		1		59		46		23		9		0		0		0		0	
50 – 54	0		0		66		59		37		28		0		0		0		0	
55 – 59	0		0		37		54		38		73		0		0		0		0	
60 – 64	0		0		32		21		10		46		0		0		0		0	
65 – 69	0		0		7		14		5		20		0		0		0		0	
70 & Over	0		0		1		0		2		5		0		0		0		0	

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Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- | | |
|---|-----------------|
| ● Applicable month | December |
| ● Yield curve basis | 3-Segment Rates |
| ● MAP-21 applied for funding | Yes |
| ● MAP-21 applied for benefit restrictions | Yes |

Interest rates:

- | | Reflecting
Corridors | Not Reflecting
Corridors |
|---------------------------|-------------------------|-----------------------------|
| ● First segment rate | 4.94% | 1.66% |
| ● Second segment rate | 6.15% | 4.47% |
| ● Third segment rate | 6.76% | 5.52% |
| ● Effective interest rate | 6.15% | 4.46% |

Assumed cost of living adjustments

0.00%

Plan-related expenses

The amount included this year for plan-related expenses is \$800,000.

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Mortality

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

For SFAS35 purposes: PPA 2013 Combined Mortality Tables for males and females.

For account balance conversion: 417(e) Mortality Tables.

Retirement

Participants who are age 55 and have 5 or more years of vesting services are assumed to retire based on the following schedule:

Attained Age	Annual Probability
55 – 59	10.00%
60	12.00%
61	12.00%
62	20.00%
63	20.00%
64	20.00%
65 – 69	35.00%
70	100.00%

Disability rates (per 100 employees)

None.

Compensation increases

Not applicable. Plan is frozen.

Future increases in Social Security

Not applicable.

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Future increases in maximum benefits and plan compensation limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Cash balance interest crediting rate

4/1/2013	4/1/2012
5.00%	5.00%

Long term interest rate for annuity conversions

4/1/2013	4/1/2012
5.50%	5.50%

Representative termination rates (per 100 employees) not due to disability, retirement or mortality

The rates at which participants are assumed to leave the company by age are shown below:

Attained Age	Annual Probability
25	17.00%
30	15.00%
35	12.00%
40	11.00%
45	10.00%
50 and over	8.50%

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Form of payment

Employees who terminated prior to 4/1/1999

100% are assumed to elect a single life annuity commencing at age 65, since early retirement and lump sums are not available to these employees.

Employees who terminated on or after 4/1/1999 and before the valuation date

Employees are assumed to commence distribution of their vested Accrued Benefits according to the following schedule:

If termination date is between one year prior to valuation date and the valuation date:

- 75% assumed to commence on the valuation date and elect a lump sum
- 25% assumed to commence at age 65 with 10%/90% electing a single life annuity/lump sum.

If termination date is more than one year prior to the valuation date:

- 100% assumed to commence at age 65 with 10%/90% electing a single life annuity/lump sum.

Employees terminating on or after the valuation date

50% are assumed to elect to receive the vested Account Balance in an immediate lump sum distribution, 40% are assumed to elect a lump sum at age 65, and 10% are assumed to receive a single life annuity beginning at age 65.

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible participants are assumed to be married and male spouses are assumed to be three years older than female spouses.

Employees

It was assumed there will be no new or rehired employees.

Plan compensation

Not applicable.

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Cash flow and timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Valuation date

First day of plan year.

Funding target

Present value of accrued benefits.

Target normal cost

Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.

Asset methods

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2012 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Participant data

Employee data was supplied by the employer as of the census date. Data on persons receiving benefits was supplied by the plan trustee. Data on other participants was supplied by plan administrator.

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Benefits not valued

Towers Watson has reviewed the plan provisions with Hitachi Data Systems and, based on that review, is not aware of any significant benefits required to be valued that were not.

Changes in assumptions and methods since last actuarial valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of December 2011 to December 2012.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.

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Schedule SB, Part V Summary of Plan Provisions

Effective date and most recent amendment

The plan was originally effective April 1, 1991. An amendment reflected herein is a complete restatement of the Plan, which was adopted on February 23, 1999, and had provisions effective April 1, 1999. The last plan amendment was effective April 1, 2008.

Plan year

The twelve-month period ending March 31.

Affiliate

A corporation, trade or business which is, together with the Employer, a member of a controlled group of corporations, a trade or business under common control or an affiliated service group and any other entity required to be aggregated with the Employer.

Employer

Hitachi Data Systems Corporation (HDS) and such of its successors or assigns as may expressly adopt the Plan.

Participating employer

An affiliate or any other business entity whether a corporation, partnership or sole proprietor who with the approval of the Employer duly adopts the Plan and agrees to be bound by its terms and conditions.

Coverage and participation

The plan was frozen for all employees effective December 31, 2007.

Credited service

The plan was frozen for all employees effective December 31, 2007. Each year of service credited to a Participant; provided, however, that no service prior to May 1, 1989 and no service after December 31, 2007 shall be credited for this purpose.

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Vesting service

Total service from date of hire to date of termination, less any absence in excess of 12 months, computed in completed days.

Compensation

The plan was frozen for all employees effective December 31, 2007.

Normal retirement benefit

Normal Retirement Date: The first of the month coincident with or next following attainment of age 65.

Benefit Formula:

Cash Balance:

1) Formula:

Beginning Balance at 4/1/1999 = Monthly benefit earned as of 4/1/1999 (payable at age 65), converted to a lump sum value based on GATT mortality, 6.0% interest rate.

Thereafter, Cash Balance is increased with "interest" based on a variable interest rate equal to the greater of the 3-month Treasury rate at the previous month plus 175 basis points, or 4.7%. The cash balance account is also increased by a percent of pay "contribution" which is based on the colleague's age as follows:

Age	Pay Credit
0 – 29	2.00%
30 – 34	2.75%
35 – 39	3.50%
40 – 44	4.25%
45 – 49	5.00%
50 – 54	6.50%
55 – 59	8.00%
60 – 64	9.50%
65 and over	11.00%

- 2) Grandfathering pre April1, 1999 benefits: Monthly annuity equivalent of cash balance, payable at age 65, will not be less than the accrued monthly benefit as of the date of the amendment. The minimum cash balance payout equals the lump sum value of accrued benefit as of the date of amendment.

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- 3) Colleagues who terminated employment prior to the April 1, 1999 plan amendment: Benefit provision as of date of termination. In particular, the monthly benefit is payable at age 65 and there is no lump sum option.
- 4) Effective December 31, 2006, the "Non-Grandfathered" participants who did not have at least 55 age plus service points on January 1, 2007 will no longer receive pay credits to their cash balance accounts. They will, however, continue to receive interest credits.
- 5) Effective December 31, 2007, the "Grandfathered" participants who had at least 55 age plus service points on January 1, 2007 will no longer receive pay credits to their cash balance accounts. They will, however, continue to receive interest credits.

Form of Benefit: The normal form of payment is a single life annuity, which is the actuarial equivalent of the vested cash balance. Actuarial equivalence is based on a variable interest rate equal to the 3 month Treasury rate at the month previous to termination plus 175 basis points and the GATT mortality table. The plan provides the lump sum payment which equals to the vested cash balance (cash balance times vesting percentage).

Early retirement benefit

Eligibility: Any age prior to age 65.

Vested benefits upon termination of service

Vesting (prior to January 1, 2008):

Years of Service	Vesting Percentage
0 – 2	0%
3	50%
4	75%
5 or more	100%

Vesting (on or after January 1, 2008):

Years of Service	Vesting Percentage
0 – 2	0%
3 or more	100%

A participant becomes 100% vested upon death or disability.

Effective August 1, 2001, all Hitachi Innovative Solutions, Inc. active participants became 100% vested.

Effective December 31, 2007, all Grandfathered active participants became 100% vested.

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Termination Benefit: Commencing with the first of the month coinciding with or next following termination date. Vested Cash Balance (Cash balance times vesting percentage) can be paid as a lump sum, or as an annuity equivalent if the lump value is greater than \$5,000.

Death benefits for participants in active service

Eligibility: Married and unmarried colleagues.

Benefit: The vested Cash Balance payable to spouse or other named beneficiary.

Optional forms of retirement income in lieu of normal form

The plan also provides the following optional payment forms: Ten-Year Certain annuity, 50% Joint and Survivor annuity, 75% Joint and Survivor annuity and 100% Joint and Survivor annuity. The benefit payable under an optional form of benefit is the actuarial equivalence of the Single Life annuity payable over the Participant's lifetime. Actuarial equivalence for this purpose is based on a 7% interest rate and the UP-1984 Annuity Mortality Table.

Pension increases

None.

Plan participants' contributions

They are neither required nor permitted.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future plan changes

None.

Changes in plan provisions since last actuarial valuation

There have been no changes to the plan since the prior valuation.

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SCHEDULE SB ATTACHMENTS

**The Required SB Attachment is located in the
Actuary Statement File**

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Actuary Statement File**

SCHEDULE H ATTACHMENTS

The required Information is included in the
Accountants Opinion attachment

SCHEDULE H ATTACHMENTS

The required Information is included in the
Accountants Opinion attachment