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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
IGATE 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2000

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
IGATE CORPORATION

100 SOMERSET CORPORATE BLVD.
BRIDGEWATER, NJ 08807

2b Employer Identification Number (EIN)
25-1802235

2c Plan Sponsor's telephone number
617-207-9786

2d Business code (see instructions)
541511

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	JOHN HAGEN
	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)

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN
5	Total number of participants at the beginning of the plan year	**5**	4614
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	4226
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4539
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	375
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4915
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	4915
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	935
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:
2E 2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
IGATE 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
IGATE CORPORATION

D Employer Identification Number (EIN)
25-1802235

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

(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

(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

(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)

LPL FINANCIAL LLC

04-3046611

(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?
27	ADVISOR	50000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	4313	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AMCENT INFL ADJBD IS - AMERICAN CE 44-0619208	0.05%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ASTON/F MID CAP I - BNY MELLON INV	P.O. BOX 9793 PROVIDENCE, RI 02940	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BMO SMALL CAP GR I - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL/ACORN INTL Z - COLUMBIA MGT IN 04-3156901	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JH ALT ASSET ALLC I - JOHN HANCOCK 01-0233346	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SMRTRET INCM I - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SMRTRET 2015 I - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SMRTRET 2020 I - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SMRTRET 2025 I - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SMRTRET 2030 I - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SMRTRET 2035 I - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SMRTRET 2040 I - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SMRTRET 2045 I - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SMRTRET 2050 I - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SMRTRET 2055 I - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
METWEST TOT RTN BD I - BNY MELLON P.O. BOX 9793 PROVIDENCE, RI 02940	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
NB REAL ESTATE INST - STATE STREET 04-0025081	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
OPP DEVELOPING MKT Y - OFI GLOBAL TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
RDGWTH HIGH INCOME I - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP EQUITY INCOME - T. ROWE PRICE 52-2269240	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
WF STABLE VALUE 41-1813702	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
WFA GROWTH INST - BOSTON FINANCIAL P.O. BOX 8480 BOSTON, MA 02266	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
IGATE 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
IGATE CORPORATION

D Employer Identification Number (EIN)
25-1802235

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

a Name of MTIA, CCT, PSA, or 103-12 IE: STABLE VALUE FUND M

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
94-6751924-001	C	3104151

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)

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
IGATE 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
IGATE CORPORATION

D Employer Identification Number (EIN)
25-1802235

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	280694	316339
(9) Value of interest in common/collective trusts	1c(9)	3445116	3104151
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	24352473	26223661
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	28078283	29644151
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	28078283	29644151

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)	5848	
(B) Participants	2a(1)(B)	3389486	
(C) Others (including rollovers)	2a(1)(C)	426617	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3821951
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	14917	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14917
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1868532	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1868532
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		32371
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-443950
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		5293821
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3381028	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3381028
f Corrective distributions (see instructions)	2f		292604
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	54321	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		54321
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3727953
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1565868
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: G.T.REILLY **(2)** EIN: 04-2513210

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n		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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
IGATE 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
IGATE CORPORATION

D Employer Identification Number (EIN)
25-1802235

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GT REILLY & COMPANY
CPAs and Advisors

Audited Financial Statements

iGate 401(k) Savings Plan

December 31, 2014

iGate 401(k) Savings Plan

Audited Financial Statements

December 31, 2014

INDEPENDENT AUDITORS' REPORT 1

AUDITED FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS 3

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS 4

NOTES TO FINANCIAL STATEMENTS 5

SUPPLEMENTAL SCHEDULE

SCHEDULE OF ASSETS (HELD AT END OF YEAR) 13

GT REILLY
& COMPANY
CPAs and Advisors

424 Adams Street, Milton MA 02186-4358
T. 617.696.8900 / F. 617.698.1803
www.gtreilly.com

Independent Auditors' Report

To the Trustee of the
iGate 401(k) Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of iGate 401(k) Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

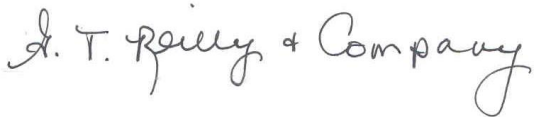
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Supplemental Schedule

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year at December 31, 2014), which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee and custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulation for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



G.T. Reilly & Company

Milton, Massachusetts
October 5, 2015

Statements of Net Assets Available for Benefits

December 31

	2014	2013
Assets		
INVESTMENTS, at fair value (Notes 2, 3, 7, 8 & 11)		
Shares of registered investment companies	**$ 26,223,661**	$ 24,352,473
Shares of a common/collective trust (Note 4)	**3,147,673**	3,472,715
	29,371,334	27,825,188
RECEIVABLES		
Notes receivable from participants	**316,339**	280,694
TOTAL ASSETS	**29,687,673**	28,105,882
Liabilities		
EXCESS CONTRIBUTIONS (Note 2)	**320,426**	257,063
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	**29,367,247**	27,848,819
ADJUSTMENT		
Adjustment from fair value to contract value for interest in a common/collective trust relating to fully benefit responsive investment contract (Notes 2 & 3)	**(43,522)**	(27,599)
NET ASSETS AVAILABLE FOR BENEFITS	**$ 29,323,725**	$ 27,821,220

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

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2014

ADDITIONS	
Additions to net assets attributed to:	
Participant contributions	$ 3,495,677
Investment gain (Note 7):	
Dividend and interest income	1,854,044
TOTAL ADDITIONS	5,349,721
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	3,381,028
Administrative expenses	54,322
Net depreciation in fair value of investments	411,866
TOTAL DEDUCTIONS	3,847,216
NET INCREASE	1,502,505
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	27,821,220
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 29,323,725

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

Notes to Financial Statements

December 31, 2014

Note 1 - Plan Description

Plan Description – The following description of iGate 401(k) Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan for a more complete description of the Plan's provisions.

General – The plan is a defined contribution retirement plan sponsored by iGate Corporation. The Plan contains a salary reduction feature under Internal Revenue Code 401(k). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company has established a committee which oversees governance of the Plan. The committee determines the appropriateness of the Plan's investment offerings, monitors performance and reports to the Board of Directors.

Eligibility – All employees of iGate Americas, Inc., Patni Telecom Solutions, Inc. and Subsidiaries, iGate Technologies, Inc., iGate Global Solutions Limited and CHCS Services, Inc. (collectively the "Company") are eligible to participate in the Plan. Participation commences on the first day of the month after reaching the age of 21.

Participant Contributions – Participants may defer and contribute up to 75% of qualified compensation to a maximum of $17,500 in 2014. Such contributions are not subject to federal income taxes until withdrawn from the Plan, in accordance with Section 401(a) of the Internal Revenue Code (the IRC). Participants may also contribute amounts representing distributions from other qualified retirement plans.

Employer Contributions – The Plan allows for discretionary employer profit-sharing and matching contributions for participants who earned 1,000 hours of service during the Plan year and were employed on the last day of the Plan year. The Plan also allows for Qualified Non-elective Employer Contributions (QNEC) for participants who were employed on the last day of the Plan year or earned more than 500 hours of service. Employer contributions are made at the discretion of the Board of Directors and are subject to limitations imposed by the IRC. There were no employer contributions for the year ended December 31, 2014.

Participant Accounts – Each participant's account is credited with the participant's contribution and an allocation of the Company's contribution, plan earnings (based on participant's investment election and account balance), and forfeitures of terminated participants' non-vested accounts. The benefit to which a participant is entitled to is the benefit that can be provided from the participant's vested account balance. All assets of the Plan are participant directed

Vesting – Participants are immediately vested in their contributions plus related earnings. Employer contributions plus related earnings vest according to the following schedule:

Years of Credited Service	Percent Vested
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5 or more	100%

Vesting schedules different from above apply to certain participants.

If a participant's employment terminates due to death, disability or retirement, his or her company contributions and any related earnings become fully vested.

Note 1 - Plan Description (Cont.)

Payment of Benefits – Plan benefits are available at normal retirement age (age 58), deferred retirement, disability retirement, death, or termination of employment. A participant will receive the vested portion of his or her account as a lump-sum payment.

In-Service Withdrawals – The Plan allows for hardship withdrawals if the withdrawal is due to immediate financial need, as defined in the Plan. The amount of the hardship withdrawal is subjected to certain limitations as specified in the Plan and the Internal Revenue Code. The participant's voluntary contributions are suspended for six months after the receipt of a hardship withdrawal.

Forfeitures – If a participant's employment terminates for any reason other than death, disability or retirement, any portion of that participant's account not then vested shall be credited to a forfeiture account. In the year subsequent to employee termination, forfeitures may first be used for payment of plan expenses. Remaining forfeitures are applied to reduce employer matching contributions. Forfeitures available to be allocated for the year ended December 31, 2014 totaled $332,540.

Notes Receivable from Participants - Participants are allowed to borrow from the Plan. Participants may borrow amounts not to exceed the lessor of (1) $50,000, or (2) 50% of their account balance. Repayment terms may not exceed five years, although a loan for the purchase of a principal residence may be repaid over a reasonable period of time greater than five years. A reasonable rate of interest is determined by the Plan Administrator. Principal and interest are paid by regular payroll deductions, at least quarterly. Loans are secured by the balance in the participant's account.

Note 2 - Significant Accounting Policies

Basis of Accounting - The accompanying financial statements are presented on the accrual basis, except that benefit payments are recorded upon distribution.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contract because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a common/collective trust. Contract value for a common/collective trust is based on the net asset value of the investments as reported by the investment advisor. The statements of net assets available for benefits presents the fair value of the common/collective trust as well as the adjustment, if any, of the investments from fair value to contract value relating to the common/collective trust (see Notes 4 & 5). The statement of changes in net assets available for benefits is prepared on a contract value basis.

Accounting Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Fair Value Measurements - The Plan follows the provisions of the Financial Accounting Standards Board's (FASB) Accounting Standards Codification (ASC) Topic 820, “Fair Value Measurements and Disclosures”, (ASC Topic 820), for assets and liabilities that are measured and recorded at fair value on a recurring basis, and to determine fair value disclosures. This standard defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements (see Note 8).

Investment Valuation and Income Recognition - The Plan’s investments are stated at fair value, except for a common/collective trust, which is stated at contract value with investment appreciation or depreciation reflected in the statement of changes in net assets available for benefits. See Note 8 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, and dividends are recorded on the ex-dividend date.

Note 2 - Significant Accounting Policies (Cont.)

Net appreciation and depreciation include the Plan's gains and losses on investments bought and sold, as well as held during the year (see Note 7).

Plan Expenses – Expenses incurred in the administration of the Plan are primarily paid by the Plan sponsor. Recordkeeping fees are paid by the participants.

Payment of Benefits – Benefits are recorded upon distribution.

Excess Contributions – Required payments to be made to active participants to return excess deferral contributions in order to satisfy the relevant nondiscrimination provisions of the Plan are recorded as liabilities in the year the contribution is received.

Evaluation of Subsequent Events – Management has evaluated subsequent events involving the Plan for potential recognition or disclosure in the accompanying financial statements. Subsequent events are events or transactions that occurred after December 31, 2014 up through October 5, 2015, the date the accompanying financial statements were available to be issued.

Note 3 – Investments

The following investments represent 5% or more of the Plan's net assets at December 31:

	2014		2013	
Aston/Fairpointe Mid Cap I	**$ 2,545,743**		$ 2,236,414	
Metropolitan West Total Return Bond I	**$ 1,541,743**		$ 1,487,816	
Spartan 500 Index Adv	**$ 3,289,809**		$ 2,591,522	
Wells Fargo Advantage Growth Institutional Class	**$ 6,127,378**		$ 6,634,316	
Wells Fargo Stable Value Fund	**$ 3,104,151**	*	$ 3,445,116	*

* This amount represents contract value for this investment contract (see Note 4).

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $411,866. All depreciation relates to shares of registered investment companies (mutual funds).

Note 4 – Common/Collective Trust

Effective January 15, 2013 the Plan offers the Wells Fargo Stable Value Fund (the "Trust"), as an investment option, which is a common/collective trust fund. The Trust is a conservative fixed income vehicle that seeks to provide a stable rate of return with preservation of principal and liquidity as primary objectives. The Trust invests in a high credit quality, diversified fixed income portfolio whose investment strategies are managed based on the advice and support of multiple third party sub-advisors. There is no guarantee against loss of principal. The crediting interest rate at December 31, 2014 was:

Average Yield by the Plan	1.40%
Average Yield Earned Credited to the Participant	1.64%

Note 5 – Exempt Transactions with a Party-in-Interest

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer and others. Approximately 18% of Plan investments are shares of mutual funds managed by Fidelity Investments. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. The Plan also issues loans to participants, which are secured by the vested balances in the participants' accounts, and these transactions qualify as exempt party-in-interest transactions.

Note 6 – Information Prepared and Certified by the Plan's Trustee

The Plan Administrator has elected the method of compliance permitted by 29 CFR Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the auditors not to perform any auditing procedures with respect to the information certified by the trustee, Fidelity Management Trust Company, except for comparing such information to the related information included in the accompanying financial statements and supplemental schedule.

The following information included in the accompanying financial statements and supplemental schedule of plan assets (held at end of year) was obtained from data that has been prepared and certified as to completeness and accuracy by the Trustee as of December 31, 2014 and 2013 and for the year ended December 31, 2014.

	2014	2013
Investments at fair value:		
Shares of registered investment companies	**$ 26,223,661**	$ 24,352,473
Investments at contract value:		
Shares of a common/collective trust	**$ 3,104,151**	$ 3,445,116
Notes receivable from participants	**$ 316,339**	$ 280,694
Investment income:		
Interest and dividends	**$ 1,854,044**	
Net depreciation in fair value of investments	**$ (411,866)**	

Note 7 – Fair Value Measurements

The Plan uses fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures. Under generally accepted accounting principles, fair value is defined as 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. Fair value is best determined based upon quoted market prices. However, in many instances quoted market prices are not available; therefore, fair values are based upon estimates using present value or other valuation techniques. Inputs to valuation techniques refer to the assumptions that market participants would use in pricing the asset or liability. Inputs may be observable, meaning those that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from independent sources, or unobservable, meaning those that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available to management.

Note 7 – Fair Value Measurements (Cont.)

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

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

Level 2 inputs to the valuation methodology include the following:

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

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

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

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

The following is a schedule of the Plan's assets at fair value by category and level within the fair value hierarchy:

	Level 1	Level 2	Level 3	Total
December 31, 2014:				
Shares of registered investment companies:				
Diversified Emerging Markets	**$ 922,451**	**$ -**	**$ -**	**$ 922,451**
Small Blend	**1,279,686**	**-**	**-**	**1,279,686**
Small Growth	**445,671**	**-**	**-**	**445,671**
Small/Mid Growth	**310,250**	**-**	**-**	**310,250**
Mid-Cap Blend	**2,545,743**	**-**	**-**	**2,545,743**
Intermediate Term	**1,541,743**	**-**	**-**	**1,541,743**
Moderate Allocation	**1,520,451**	**-**	**-**	**1,520,451**
Large Growth	**6,127,378**	**-**	**-**	**6,127,378**
Large Value	**941,620**	**-**	**-**	**941,620**
Large Blend	**4,602,199**	**-**	**-**	**4,602,199**
High Yield	**219,735**	**-**	**-**	**219,735**
Inflation Protected	**284,584**	**-**	**-**	**284,584**
Retirement Income	**419,713**	**-**	**-**	**419,713**
Real Estate	**101,901**	**-**	**-**	**101,901**
Target Date	**4,960,536**	**-**	**-**	**4,960,536**
Shares of a common/collective trust	**-**	**3,147,673**	**-**	**3,147,673**
	$ 26,223,661	**$ 3,147,673**	**$ -**	**$ 29,371,334**

Note 7 – Fair Value Measurements (Cont.)

December 31, 2013:	Level 1	Level 2	Level 3	Total
Shares of registered investment companies:				
Diversified Emerging Markets	$ 947,952	$ -	$ -	$ 947,952
Small Blend	1,229,054	-	-	1,229,054
Small Growth	491,573	-	-	491,573
Small/Mid Growth	256,414	-	-	256,414
Mid-Cap Blend	2,236,414	-	-	2,236,414
Intermediate Term	1,487,816	-	-	1,487,816
Moderate Allocation	1,364,486	-	-	1,364,486
Large Growth	6,634,316	-	-	6,634,316
Large Value	994,922	-	-	994,922
Large Blend	3,973,312	-	-	3,973,312
High Yield	132,717	-	-	132,717
Inflation Protected	364,679	-	-	364,679
Retirement Income	386,052	-	-	386,052
Real Estate	88,437	-	-	88,437
Target Date	3,764,329	-	-	3,764,329
Shares of a common/collective trust	-	3,472,715	-	3,472,715
	$ 24,352,473	$ 3,472,715	$ -	$ 27,825,188

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies at December 31, 2014 and 2013.

Shares of Registered Investment Companies - These investments (mutual funds) are public investment vehicles valued at the daily closing price, as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Shares of a Common/Collective Trust - These investments are public investment vehicles valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held be the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different that the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that the securities liquidations will be carried out in an orderly business manner.

The following table summarizes investments measured at fair value based on NAV per share:

Year Ended	Investment	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
December 31, 2014	Common/collective trust - Wells Fargo Stable Value Fund	$3,147,673	n/a	Daily	12 months written notice to liquidate entire shares
December 31, 2013	Common/collective trust - Wells Fargo Stable Value Fund	$3,472,715	n/a	Daily	12 months written notice to liquidate entire shares

Note 8 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a partial or complete Plan termination, participants will become 100% vested in their accounts, which will be distributed to participants in accordance with the Plan's provision.

Note 9 – Income Tax Status

The Company has adopted a non-standardized prototype plan which is intended to qualify under 401(a) of the Internal Revenue Code (IRC). The Company obtained a favorable opinion letter from the Internal Revenue Service dated March 31, 2008 which states that the form of the plan is acceptable under the IRC. The plan administrator is responsible to operate the Plan in compliance with the requirements of Section 401(a) of the IRC, to ensure the Plan is exempt from income taxes.

Note 10 - Investment Risks and Uncertainties

The Plan offers investment options in shares of registered investment companies (mutual funds) and shares of a common collective trust, which are exposed to various risks, such as interest rate risk, credit risk and overall market risk. Due to the level of risk associated with these investments, and the level of uncertainty related to changes in the value of these investments, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Subsequent Decline in Market Values of Investments – Since the date of the accompanying financial statements, December 31, 2014, the Plan's investment depreciated in value by approximately $1.3 million (4%) through September 17, 2015 (including any gains and losses on investments bought and sold, as well as held during the period) as a result of a volatile stock market.

Note 11 – Reconciliation of Financial Statements to Form 5500

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

	2014	2013
Net assets available for benefits per the financial statements	**$ 29,323,725**	$ 27,821,220
Excess contributions	**320,426**	257,063
Net assets available for benefits per Form 5500	**$ 29,644,151**	$ 28,078,283

The following is a reconciliation of contributions per the financial statements to Form 5500:

	Year Ended December 31, 2014
Contributions per the financial statements	$ 3,495,677
Excess contributions	320,426
Other	5,848
Contributions per Form 5500	$ 3,821,951

Note 11 – Reconciliation of Financial Statements to Form 5500 (Cont.)

The following is a reconciliation of distribution of benefits per the financial statements to Form 5500:

.	Year Ended December 31, 2014
Distribution of benefits per the financial statements	$ 3,381,028
Return of excess contributions	292,604
Distribution of benefits per Form 5500	$ 3,673,632

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to Form 5500:

	Year Ended December 31, 2014
Net increase in net assets available for benefits per the financial statements	$ 1,502,505
Increase in excess contributions liability	63,363
Net decrease in net assets available for benefits per Form 5500, Schedule H, Line 2k	$ 1,565,868

SUPPLEMENTAL SCHEDULE

Schedule of Assets (Held at End of Year)

E.I.N. 25-1802235

Plan No.: 003

December 31, 2014

(a)	(b) Identity of Issue, Borrower or Similar Party		(c) Investment (No. of shares)	(d) ** Cost	(e) Fair Value	
	Neuberger Berman Real Estate Inst		6,913		$ 101,901	
	JPMorgan SmartRetirement 2015 I		8,060		142,664	
	JPMorgan SmartRetirement 2020 I		79,560		1,462,312	
	JPMorgan SmartRetirement 2025 I		15,575		277,082	
	JPMorgan SmartRetirement 2030 I		50,862		974,009	
	JPMorgan SmartRetirement 2035 I		40,972		751,419	
	JPMorgan SmartRetirement 2040 I		33,181		652,011	
	JPMorgan SmartRetirement 2045 I		15,409		286,297	
	JPMorgan SmartRetirement 2050 I		8,465		157,102	
	JPMorgan SmartRetirement 2055 I		12,592		257,640	
	JPMorgan SmartRetirement Income I		23,874		419,713	
	Aston/Fairpointe Mid Cap I		61,240		2,545,743	
	Columbia Acorn International Z		7,435		310,250	
	TRP Equity Income		28,708		941,620	
	Oppenheimer Developing Markets Bond Y		26,311		922,451	
	American Century Infl-Adj Bond Instl		24,512		284,584	
	Wells Fargo Stable Value Fund		64,415		3,104,151	***
	Metropolitan West Total Return Bond I		141,444		1,541,743	
	Vanguard Small Cap Index		22,905		1,279,686	
	Wells Fargo Advantage Growth Institutional Class		120,951		6,127,378	
	John Hancock Alternative Asset Allocation Fund		15,137		215,394	
	BMO Small Cap Growth I		23,693		445,671	
	Ridgeworth High Income I		33,243		219,735	
*	Spartan International Index Adv		35,260		1,312,390	
*	Spartan 500 Index Adv		45,159		3,289,809	
*	Fidelity Puritan K		60,757		1,305,057	
					29,327,812	
*	Notes receivable from participants	Interest rate - 4.25% - 7.00%			316,339	
					$ 29,644,151	

* Represents a permitted party-in-interest to the Plan.
** Cost information is not required for participant-directed investments.
*** The stable value fund is reported on Form 5500 at contract value

The above information has been prepared and certified by Fidelity Management Trust Company, the Trustee, as complete and accurate.

GT REILLY & COMPANY
CPAs and Advisors

Audited Financial Statements

iGate 401(k) Savings Plan

December 31, 2014

iGate 401(k) Savings Plan

Audited Financial Statements

December 31, 2014

INDEPENDENT AUDITORS' REPORT 1

AUDITED FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS 3

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS 4

NOTES TO FINANCIAL STATEMENTS 5

SUPPLEMENTAL SCHEDULE

SCHEDULE OF ASSETS (HELD AT END OF YEAR) 13

GT REILLY
& COMPANY
CPAs and Advisors

424 Adams Street, Milton MA 02186-4358
T. 617.696.8900 / F. 617.698.1803
www.gtreilly.com

Independent Auditors' Report

To the Trustee of the
iGate 401(k) Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of iGate 401(k) Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

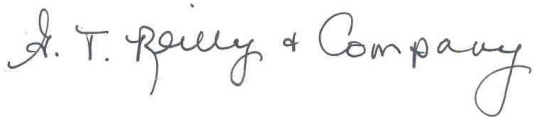
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Supplemental Schedule

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year at December 31, 2014), which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee and custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulation for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



G.T. Reilly & Company

Milton, Massachusetts
October 5, 2015

Statements of Net Assets Available for Benefits

December 31

	2014	2013
Assets		
INVESTMENTS, at fair value (Notes 2, 3, 7, 8 & 11)		
Shares of registered investment companies	**$ 26,223,661**	$ 24,352,473
Shares of a common/collective trust (Note 4)	**3,147,673**	3,472,715
	29,371,334	27,825,188
RECEIVABLES		
Notes receivable from participants	**316,339**	280,694
TOTAL ASSETS	**29,687,673**	28,105,882
Liabilities		
EXCESS CONTRIBUTIONS (Note 2)	**320,426**	257,063
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	**29,367,247**	27,848,819
ADJUSTMENT		
Adjustment from fair value to contract value for interest in a common/collective trust relating to fully benefit responsive investment contract (Notes 2 & 3)	**(43,522)**	(27,599)
NET ASSETS AVAILABLE FOR BENEFITS	**$ 29,323,725**	$ 27,821,220

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

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2014

ADDITIONS	
Additions to net assets attributed to:	
Participant contributions	$ 3,495,677
Investment gain (Note 7):	
Dividend and interest income	1,854,044
TOTAL ADDITIONS	5,349,721
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	3,381,028
Administrative expenses	54,322
Net depreciation in fair value of investments	411,866
TOTAL DEDUCTIONS	3,847,216
NET INCREASE	1,502,505
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	27,821,220
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 29,323,725

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

Notes to Financial Statements

December 31, 2014

Note 1 - Plan Description

Plan Description – The following description of iGate 401(k) Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan for a more complete description of the Plan's provisions.

General – The plan is a defined contribution retirement plan sponsored by iGate Corporation. The Plan contains a salary reduction feature under Internal Revenue Code 401(k). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company has established a committee which oversees governance of the Plan. The committee determines the appropriateness of the Plan's investment offerings, monitors performance and reports to the Board of Directors.

Eligibility – All employees of iGate Americas, Inc., Patni Telecom Solutions, Inc. and Subsidiaries, iGate Technologies, Inc., iGate Global Solutions Limited and CHCS Services, Inc. (collectively the "Company") are eligible to participate in the Plan. Participation commences on the first day of the month after reaching the age of 21.

Participant Contributions – Participants may defer and contribute up to 75% of qualified compensation to a maximum of $17,500 in 2014. Such contributions are not subject to federal income taxes until withdrawn from the Plan, in accordance with Section 401(a) of the Internal Revenue Code (the IRC). Participants may also contribute amounts representing distributions from other qualified retirement plans.

Employer Contributions – The Plan allows for discretionary employer profit-sharing and matching contributions for participants who earned 1,000 hours of service during the Plan year and were employed on the last day of the Plan year. The Plan also allows for Qualified Non-elective Employer Contributions (QNEC) for participants who were employed on the last day of the Plan year or earned more than 500 hours of service. Employer contributions are made at the discretion of the Board of Directors and are subject to limitations imposed by the IRC. There were no employer contributions for the year ended December 31, 2014.

Participant Accounts – Each participant's account is credited with the participant's contribution and an allocation of the Company's contribution, plan earnings (based on participant's investment election and account balance), and forfeitures of terminated participants' non-vested accounts. The benefit to which a participant is entitled to is the benefit that can be provided from the participant's vested account balance. All assets of the Plan are participant directed

Vesting – Participants are immediately vested in their contributions plus related earnings. Employer contributions plus related earnings vest according to the following schedule:

Years of Credited Service	Percent Vested
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5 or more	100%

Vesting schedules different from above apply to certain participants.

If a participant's employment terminates due to death, disability or retirement, his or her company contributions and any related earnings become fully vested.

Note 1 - Plan Description (Cont.)

Payment of Benefits – Plan benefits are available at normal retirement age (age 58), deferred retirement, disability retirement, death, or termination of employment. A participant will receive the vested portion of his or her account as a lump-sum payment.

In-Service Withdrawals – The Plan allows for hardship withdrawals if the withdrawal is due to immediate financial need, as defined in the Plan. The amount of the hardship withdrawal is subjected to certain limitations as specified in the Plan and the Internal Revenue Code. The participant's voluntary contributions are suspended for six months after the receipt of a hardship withdrawal.

Forfeitures – If a participant's employment terminates for any reason other than death, disability or retirement, any portion of that participant's account not then vested shall be credited to a forfeiture account. In the year subsequent to employee termination, forfeitures may first be used for payment of plan expenses. Remaining forfeitures are applied to reduce employer matching contributions. Forfeitures available to be allocated for the year ended December 31, 2014 totaled $332,540.

Notes Receivable from Participants - Participants are allowed to borrow from the Plan. Participants may borrow amounts not to exceed the lessor of (1) $50,000, or (2) 50% of their account balance. Repayment terms may not exceed five years, although a loan for the purchase of a principal residence may be repaid over a reasonable period of time greater than five years. A reasonable rate of interest is determined by the Plan Administrator. Principal and interest are paid by regular payroll deductions, at least quarterly. Loans are secured by the balance in the participant's account.

Note 2 - Significant Accounting Policies

Basis of Accounting - The accompanying financial statements are presented on the accrual basis, except that benefit payments are recorded upon distribution.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contract because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a common/collective trust. Contract value for a common/collective trust is based on the net asset value of the investments as reported by the investment advisor. The statements of net assets available for benefits presents the fair value of the common/collective trust as well as the adjustment, if any, of the investments from fair value to contract value relating to the common/collective trust (see Notes 4 & 5). The statement of changes in net assets available for benefits is prepared on a contract value basis.

Accounting Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Fair Value Measurements - The Plan follows the provisions of the Financial Accounting Standards Board's (FASB) Accounting Standards Codification (ASC) Topic 820, “Fair Value Measurements and Disclosures”, (ASC Topic 820), for assets and liabilities that are measured and recorded at fair value on a recurring basis, and to determine fair value disclosures. This standard defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements (see Note 8).

Investment Valuation and Income Recognition - The Plan’s investments are stated at fair value, except for a common/collective trust, which is stated at contract value with investment appreciation or depreciation reflected in the statement of changes in net assets available for benefits. See Note 8 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, and dividends are recorded on the ex-dividend date.

Note 2 - Significant Accounting Policies (Cont.)

Net appreciation and depreciation include the Plan's gains and losses on investments bought and sold, as well as held during the year (see Note 7).

Plan Expenses – Expenses incurred in the administration of the Plan are primarily paid by the Plan sponsor. Recordkeeping fees are paid by the participants.

Payment of Benefits – Benefits are recorded upon distribution.

Excess Contributions – Required payments to be made to active participants to return excess deferral contributions in order to satisfy the relevant nondiscrimination provisions of the Plan are recorded as liabilities in the year the contribution is received.

Evaluation of Subsequent Events – Management has evaluated subsequent events involving the Plan for potential recognition or disclosure in the accompanying financial statements. Subsequent events are events or transactions that occurred after December 31, 2014 up through October 5, 2015, the date the accompanying financial statements were available to be issued.

Note 3 – Investments

The following investments represent 5% or more of the Plan's net assets at December 31:

	2014		2013	
Aston/Fairpointe Mid Cap I	**$ 2,545,743**		$ 2,236,414	
Metropolitan West Total Return Bond I	**$ 1,541,743**		$ 1,487,816	
Spartan 500 Index Adv	**$ 3,289,809**		$ 2,591,522	
Wells Fargo Advantage Growth Institutional Class	**$ 6,127,378**		$ 6,634,316	
Wells Fargo Stable Value Fund	**$ 3,104,151**	*	$ 3,445,116	*

* This amount represents contract value for this investment contract (see Note 4).

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $411,866. All depreciation relates to shares of registered investment companies (mutual funds).

Note 4 – Common/Collective Trust

Effective January 15, 2013 the Plan offers the Wells Fargo Stable Value Fund (the "Trust"), as an investment option, which is a common/collective trust fund. The Trust is a conservative fixed income vehicle that seeks to provide a stable rate of return with preservation of principal and liquidity as primary objectives. The Trust invests in a high credit quality, diversified fixed income portfolio whose investment strategies are managed based on the advice and support of multiple third party sub-advisors. There is no guarantee against loss of principal. The crediting interest rate at December 31, 2014 was:

Average Yield by the Plan	1.40%
Average Yield Earned Credited to the Participant	1.64%

Note 5 – Exempt Transactions with a Party-in-Interest

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer and others. Approximately 18% of Plan investments are shares of mutual funds managed by Fidelity Investments. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. The Plan also issues loans to participants, which are secured by the vested balances in the participants' accounts, and these transactions qualify as exempt party-in-interest transactions.

Note 6 – Information Prepared and Certified by the Plan's Trustee

The Plan Administrator has elected the method of compliance permitted by 29 CFR Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the auditors not to perform any auditing procedures with respect to the information certified by the trustee, Fidelity Management Trust Company, except for comparing such information to the related information included in the accompanying financial statements and supplemental schedule.

The following information included in the accompanying financial statements and supplemental schedule of plan assets (held at end of year) was obtained from data that has been prepared and certified as to completeness and accuracy by the Trustee as of December 31, 2014 and 2013 and for the year ended December 31, 2014.

	2014	2013
Investments at fair value:		
Shares of registered investment companies	**$ 26,223,661**	$ 24,352,473
Investments at contract value:		
Shares of a common/collective trust	**$ 3,104,151**	$ 3,445,116
Notes receivable from participants	**$ 316,339**	$ 280,694
Investment income:		
Interest and dividends	**$ 1,854,044**	
Net depreciation in fair value of investments	**$ (411,866)**	

Note 7 – Fair Value Measurements

The Plan uses fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures. Under generally accepted accounting principles, fair value is defined as 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. Fair value is best determined based upon quoted market prices. However, in many instances quoted market prices are not available; therefore, fair values are based upon estimates using present value or other valuation techniques. Inputs to valuation techniques refer to the assumptions that market participants would use in pricing the asset or liability. Inputs may be observable, meaning those that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from independent sources, or unobservable, meaning those that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available to management.

Note 7 – Fair Value Measurements (Cont.)

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

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

Level 2 inputs to the valuation methodology include the following:

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

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

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

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

The following is a schedule of the Plan's assets at fair value by category and level within the fair value hierarchy:

	Level 1	Level 2	Level 3	Total
December 31, 2014:				
Shares of registered investment companies:				
Diversified Emerging Markets	**$ 922,451**	**$ -**	**$ -**	**$ 922,451**
Small Blend	**1,279,686**	**-**	**-**	**1,279,686**
Small Growth	**445,671**	**-**	**-**	**445,671**
Small/Mid Growth	**310,250**	**-**	**-**	**310,250**
Mid-Cap Blend	**2,545,743**	**-**	**-**	**2,545,743**
Intermediate Term	**1,541,743**	**-**	**-**	**1,541,743**
Moderate Allocation	**1,520,451**	**-**	**-**	**1,520,451**
Large Growth	**6,127,378**	**-**	**-**	**6,127,378**
Large Value	**941,620**	**-**	**-**	**941,620**
Large Blend	**4,602,199**	**-**	**-**	**4,602,199**
High Yield	**219,735**	**-**	**-**	**219,735**
Inflation Protected	**284,584**	**-**	**-**	**284,584**
Retirement Income	**419,713**	**-**	**-**	**419,713**
Real Estate	**101,901**	**-**	**-**	**101,901**
Target Date	**4,960,536**	**-**	**-**	**4,960,536**
Shares of a common/collective trust	**-**	**3,147,673**	**-**	**3,147,673**
	$ 26,223,661	**$ 3,147,673**	**$ -**	**$ 29,371,334**

Note 7 – Fair Value Measurements (Cont.)

December 31, 2013:	Level 1	Level 2	Level 3	Total
Shares of registered investment companies:				
Diversified Emerging Markets	$ 947,952	$ -	$ -	$ 947,952
Small Blend	1,229,054	-	-	1,229,054
Small Growth	491,573	-	-	491,573
Small/Mid Growth	256,414	-	-	256,414
Mid-Cap Blend	2,236,414	-	-	2,236,414
Intermediate Term	1,487,816	-	-	1,487,816
Moderate Allocation	1,364,486	-	-	1,364,486
Large Growth	6,634,316	-	-	6,634,316
Large Value	994,922	-	-	994,922
Large Blend	3,973,312	-	-	3,973,312
High Yield	132,717	-	-	132,717
Inflation Protected	364,679	-	-	364,679
Retirement Income	386,052	-	-	386,052
Real Estate	88,437	-	-	88,437
Target Date	3,764,329	-	-	3,764,329
Shares of a common/collective trust	-	3,472,715	-	3,472,715
	$ 24,352,473	$ 3,472,715	$ -	$ 27,825,188

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies at December 31, 2014 and 2013.

Shares of Registered Investment Companies - These investments (mutual funds) are public investment vehicles valued at the daily closing price, as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Shares of a Common/Collective Trust - These investments are public investment vehicles valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held be the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different that the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that the securities liquidations will be carried out in an orderly business manner.

The following table summarizes investments measured at fair value based on NAV per share:

Year Ended	Investment	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
December 31, 2014	Common/collective trust - Wells Fargo Stable Value Fund	$3,147,673	n/a	Daily	12 months written notice to liquidate entire shares
December 31, 2013	Common/collective trust - Wells Fargo Stable Value Fund	$3,472,715	n/a	Daily	12 months written notice to liquidate entire shares

Note 8 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a partial or complete Plan termination, participants will become 100% vested in their accounts, which will be distributed to participants in accordance with the Plan's provision.

Note 9 – Income Tax Status

The Company has adopted a non-standardized prototype plan which is intended to qualify under 401(a) of the Internal Revenue Code (IRC). The Company obtained a favorable opinion letter from the Internal Revenue Service dated March 31, 2008 which states that the form of the plan is acceptable under the IRC. The plan administrator is responsible to operate the Plan in compliance with the requirements of Section 401(a) of the IRC, to ensure the Plan is exempt from income taxes.

Note 10 - Investment Risks and Uncertainties

The Plan offers investment options in shares of registered investment companies (mutual funds) and shares of a common collective trust, which are exposed to various risks, such as interest rate risk, credit risk and overall market risk. Due to the level of risk associated with these investments, and the level of uncertainty related to changes in the value of these investments, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Subsequent Decline in Market Values of Investments – Since the date of the accompanying financial statements, December 31, 2014, the Plan's investment depreciated in value by approximately $1.3 million (4%) through September 17, 2015 (including any gains and losses on investments bought and sold, as well as held during the period) as a result of a volatile stock market.

Note 11 – Reconciliation of Financial Statements to Form 5500

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

	2014	2013
Net assets available for benefits per the financial statements	**$ 29,323,725**	$ 27,821,220
Excess contributions	**320,426**	257,063
Net assets available for benefits per Form 5500	**$ 29,644,151**	$ 28,078,283

The following is a reconciliation of contributions per the financial statements to Form 5500:

	Year Ended December 31, 2014
Contributions per the financial statements	$ 3,495,677
Excess contributions	320,426
Other	5,848
Contributions per Form 5500	$ 3,821,951

Note 11 – Reconciliation of Financial Statements to Form 5500 (Cont.)

The following is a reconciliation of distribution of benefits per the financial statements to Form 5500:

.	Year Ended December 31, 2014
Distribution of benefits per the financial statements	$ 3,381,028
Return of excess contributions	292,604
Distribution of benefits per Form 5500	$ 3,673,632

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to Form 5500:

	Year Ended December 31, 2014
Net increase in net assets available for benefits per the financial statements	$ 1,502,505
Increase in excess contributions liability	63,363
Net decrease in net assets available for benefits per Form 5500, Schedule H, Line 2k	$ 1,565,868

SUPPLEMENTAL SCHEDULE

Schedule of Assets (Held at End of Year)

E.I.N. 25-1802235

Plan No.: 003

December 31, 2014

(a)	(b) Identity of Issue, Borrower or Similar Party		(c) Investment (No. of shares)	(d) ** Cost	(e) Fair Value	
	Neuberger Berman Real Estate Inst		6,913		$ 101,901	
	JPMorgan SmartRetirement 2015 I		8,060		142,664	
	JPMorgan SmartRetirement 2020 I		79,560		1,462,312	
	JPMorgan SmartRetirement 2025 I		15,575		277,082	
	JPMorgan SmartRetirement 2030 I		50,862		974,009	
	JPMorgan SmartRetirement 2035 I		40,972		751,419	
	JPMorgan SmartRetirement 2040 I		33,181		652,011	
	JPMorgan SmartRetirement 2045 I		15,409		286,297	
	JPMorgan SmartRetirement 2050 I		8,465		157,102	
	JPMorgan SmartRetirement 2055 I		12,592		257,640	
	JPMorgan SmartRetirement Income I		23,874		419,713	
	Aston/Fairpointe Mid Cap I		61,240		2,545,743	
	Columbia Acorn International Z		7,435		310,250	
	TRP Equity Income		28,708		941,620	
	Oppenheimer Developing Markets Bond Y		26,311		922,451	
	American Century Infl-Adj Bond Instl		24,512		284,584	
	Wells Fargo Stable Value Fund		64,415		3,104,151	***
	Metropolitan West Total Return Bond I		141,444		1,541,743	
	Vanguard Small Cap Index		22,905		1,279,686	
	Wells Fargo Advantage Growth Institutional Class		120,951		6,127,378	
	John Hancock Alternative Asset Allocation Fund		15,137		215,394	
	BMO Small Cap Growth I		23,693		445,671	
	Ridgeworth High Income I		33,243		219,735	
*	Spartan International Index Adv		35,260		1,312,390	
*	Spartan 500 Index Adv		45,159		3,289,809	
*	Fidelity Puritan K		60,757		1,305,057	
					29,327,812	
*	Notes receivable from participants	Interest rate - 4.25% - 7.00%			316,339	
					$ 29,644,151	

* Represents a permitted party-in-interest to the Plan.
** Cost information is not required for participant-directed investments.
*** The stable value fund is reported on Form 5500 at contract value

The above information has been prepared and certified by Fidelity Management Trust Company, the Trustee, as complete and accurate.