

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>04/01/2014</u> and ending <u>03/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>HITACHI DATA SYSTEMS PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1991</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>04/01/1991</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>04/01/1991</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>HITACHI DATA SYSTEMS CORPORATION</u> <u>2845 LAFAYETTE ST</u> <u>SANTA CLARA, CA 95050-2639</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>94-2603663</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>408-970-1000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>423600</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>94-2603663</u>	2c Plan Sponsor's telephone number <u>408-970-1000</u>	2d Business code (see instructions) <u>423600</u>	
2b Employer Identification Number (EIN) <u>94-2603663</u>					
2c Plan Sponsor's telephone number <u>408-970-1000</u>					
2d Business code (see instructions) <u>423600</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>12/01/2015</u>	<u>LARISA TOMAZOVA</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor ADMINISTRATIVE COMMITTEE 2845 LAFAYETTE ST SANTA CLARA, CA 95050-2639	3b Administrator's EIN 94-2603663 3c Administrator's telephone number 408-970-1000 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1890
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 907 6a(2) 806 6b 340 6c 610 6d 1756 6e 44 6f 1800 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 04 Day 01 Year 2014			
2 Assets:			
a Market value	2a	127369780	
b Actuarial value	2b	120939377	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	360	23646194	23646194
b For terminated vested participants	630	24945045	24945045
c For active participants	907	56352570	56352570
d Total	1897	104943809	104943809
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.30%	
6 Target normal cost	6	800000	

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

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>MOE M. TUN</div> <div>Type or print name of actuary</div> <div>TOWERS WATSON DELAWARE INC.</div> <div>Firm name</div> <div>345 CALIFORNIA STREET, SUITE 2000 SAN FRANCISCO, CA 94104</div> <div>Address of the firm</div>	<div>11/20/2015</div> <div>Date</div> <div>14-06897</div> <div>Most recent enrollment number</div> <div>415-733-4100</div> <div>Telephone number (including area code)</div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3628734
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	3628734
10 Interest on line 9 using prior year's actual return of <u>14.20</u> %	0	515280
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.15</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4144014

Part III Funding Percentages		
14 Funding target attainment percentage	14	111.29 %
15 Adjusted funding target attainment percentage	15	115.24 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	107.65 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6).....	31a	800000										
b Excess assets, if applicable, but not greater than line 31a	31b	800000										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0										
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....	0	0	0									
36 Additional cash requirement (line 34 minus line 35).....	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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

For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PIMCO TOTAL RETURN FUND
33-0239892

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

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

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

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

DOUBLELINE FLOATING RATE FUND

25-1536944

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

HOTCHKIS & WILEY HIGH YIELD FUND

25-1536944

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

DOUBLELINE TOTAL RETURN BOND FUND

25-1536944

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

LEGG MASON BW GLOBAL BOND OPPORTUNI

25-1536944

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

TEMPLETON GLOBAL BOND FUND/UNI

25-1536944

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

METROPOLITAN WEST T/R BOND

25-1536944

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

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

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

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

TOWERS WATSON DELAWARE

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	730439	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 28 50 52 99	NONE	145535	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LONDON COMPANY

90-0824693

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	114052	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)

HS MANAGEMENT PARTNERS, LLC

26-0335469

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	108976	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CANTERBURY CONSULTING INC.

33-0307982

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	97562	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SANDS CAPITAL MANAGEMENT

54-1578408

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	80814	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)

CRESCENT CAPITAL GROUP

11100 SANTA MONICA BOULEVARD
SUITE 2000
LOS ANGELES, CA 90025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	73741	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DENVER INVESTMENT ADVISORS LLC

84-1284659

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	55199	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIAMOND HILL CAPITAL MANAGEMENT INC

65-0190407

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	52889	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PINNACLE ASSOCIATES

13-3220717

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	52706	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTFIELD CAPITAL MANAGEMENT

80-0175963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	46700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KIRKLAND & ELLIS LLP

36-1326630

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	21589	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015

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

Part I	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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMP INV FD

b Name of sponsor of entity listed in (a): BANK OF NEW YORK

c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5937045</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015		
A Name of plan HITACHI DATA SYSTEMS PENSION PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 HITACHI DATA SYSTEMS CORPORATION		D Employer Identification Number (EIN) 94-2603663

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	282284	6317
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	304	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	48393888	36
(5) Partnership/joint venture interests	1c(5)	9095147	9146379
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	2856597	5937045
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	66982716	108102621
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	127610936	123192398

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	241156	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	241156	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	127369780	123192398
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	5562	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5562
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	540947	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2727917	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3268864
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	68992843	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	64068228	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		4924615
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-348076	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-348076

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		835318
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8686283

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11190853	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		11190853
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	993179	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	569996	
(4) Other.....	2i(4)	109637	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1672812
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		12863665

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-4177382
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: MOSS ADAMS LLP

(2) EIN: 91-0189318

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

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

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.
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For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>94-2603663</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>87</u>

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 64.0% Investment-Grade Debt: 25.0% High-Yield Debt: 11.0% Real Estate: 0.0% Other: 0.0%

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

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

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

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

REPORT OF INDEPENDENT AUDITORS

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements in liquidation of the Hitachi Data Systems Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of March 31, 2015 (liquidation basis) and 2014 (ongoing basis), and the related statements of changes in net assets available for benefits for the years ended March 31, 2015 and 2014, and the related notes to the financial statements in liquidation.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended March 31, 2015 and 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 on these financial statements. Accordingly, we do not express an opinion on these financial statements.

Emphasis of a Matter – Terminating Plan

As further discussed in Note 1 to the financial statements, the Board of Directors of Hitachi Data Systems Corporation, the Plan's sponsor, voted on February 18, 2015 to terminate the Plan. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting from the ongoing basis used in presenting the 2014 financial statements to the liquidation basis used in presenting the 2015 financial statements. Our opinion is not modified with respect to this matter.

Other Matter – Supplementary Information

The Schedule H, line 4(i) – Schedule of assets (held at end of year) as of March 31, 2015 and Schedule H, line 4(j) – Schedule of reportable transactions for the year ended March 31, 2015 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplementary information.

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

The form and content of the information included in the financial statements and supplementary information, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Campbell, California
November 10, 2015

FINANCIAL STATEMENTS

HITACHI DATA SYSTEMS
PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
March 31, 2015 and 2014

	<u>2015</u> <u>(liquidation</u> <u>basis)</u>	<u>2014</u> <u>(ongoing</u> <u>basis)</u>
Assets:		
Investments, at fair value:		
Mutual funds	\$ 108,102,621	\$ 66,982,716
Common stocks	36	48,393,888
Collective short-term investment fund	5,937,045	2,856,597
Limited partnership	9,146,379	9,095,147
Interest-bearing cash	<u>-</u>	<u>304</u>
	123,186,081	127,328,652
Receivables:		
Due from broker	<u>6,317</u>	<u>282,284</u>
Total assets	123,192,398	127,610,936
Liabilities:		
Due to broker	<u>-</u>	<u>241,156</u>
Net assets available for benefits	<u><u>\$ 123,192,398</u></u>	<u><u>\$ 127,369,780</u></u>

HITACHI DATA SYSTEMS**PENSION PLAN****STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS****Years Ended March 31, 2015 and 2014**

	<u>2015</u> <u>(liquidation</u> <u>basis)</u>	<u>2014</u> <u>(ongoing</u> <u>basis)</u>
Additions to net assets attributed to:		
Investment and other income:		
Dividends and interest	\$ 3,317,556	\$ 2,384,926
Net realized and unrealized appreciation in fair value of investments	<u>5,368,727</u>	<u>14,350,316</u>
Total additions	<u>8,686,283</u>	<u>16,735,242</u>
Deductions from net assets attributed to:		
Benefits paid to participants	11,190,853	6,281,766
Administrative expenses	<u>1,672,812</u>	<u>1,323,158</u>
Total deductions	<u>12,863,665</u>	<u>7,604,924</u>
Net increase (decrease) in net assets	(4,177,382)	9,130,318
Net assets available for benefits:		
Beginning of year	<u>127,369,780</u>	<u>118,239,462</u>
End of year	<u><u>\$ 123,192,398</u></u>	<u><u>\$ 127,369,780</u></u>

See accompanying notes.

HITACHI DATA SYSTEMS
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – THE PLAN AND ITS SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

On February 18, 2015, the Company's Board of Directors voted to terminate the Plan effective April 30, 2015 and plan assets will be distributed to participants subject to the provisions of ERISA. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting from the ongoing basis used in presenting the 2014 financial statements to the liquidation basis used in presenting the 2015 financial statements.

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

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

Basis of accounting – The financial statements of the Plan are prepared on the liquidation basis of accounting for 2015 and on the accrual method of accounting for 2014 in accordance with accounting principles generally accepted in the United States of America.

Investment valuation and income recognition – The investments are reported at fair value. The Plan's trustee, BNY, certifies the fair market value of all investments. If available, quoted market prices are used to value investments. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 2 for discussion of fair value measurements.

HITACHI DATA SYSTEMS
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

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

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

In accordance with guidance on accounting for uncertainty in income taxes (ASC 740-10), management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

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

Recent accounting pronouncements – In April 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. The ASU is effective for public business entities for fiscal years beginning after December 15, 2015, with earlier application permitted.

The amendments remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value (NAV) per share practical expedient. The ASU has been adopted for the March 31, 2015 Plan year end; however, the retrospective approach requires that an investment for which fair value is measured using NAV be removed from the fair value hierarchy in all periods presented in the financial statements. Accordingly, the investment disclosures in Note 2 have been modified as of March 31, 2014 as well.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Contribution Pension Plans (Topic 962); I. Fully Benefit-Responsive Investment Contracts; II. Plan Investment Disclosures; and III. Measurement Date Practical Expedient*. The amendments remove the requirement to:

- disclose individual investments held which exceed 5% of net assets available for benefits.
- disclose net appreciation in fair value of investments by type of investment held.
- disaggregate investments reported in the fair value hierarchy table by class of investment. They may be presented by general type only.
- disclose investment strategy for investments for which fair value is measured using the NAV practical expedient, if they are Form 5500 Direct Filing Entities.

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

ASU 2015-12 has been adopted for the March 31, 2015 Plan year end; however, the retrospective approach requires that the above items, applicable to the prior year, be presented in accordance with ASU 2015-12 as well.

Subsequent events – The Plan has evaluated subsequent events through November 10, 2015, which is the date the financial statements were available to be issued.

NOTE 2 – FAIR VALUE MEASUREMENTS

The fair value measurements standard establishes a framework for measuring fair value. That framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the standard are described below:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2015 and 2014.

Mutual funds: 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 U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

HITACHI DATA SYSTEMS
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

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

Collective short-term investment fund: Valued using the market approach at amortized cost, which in the normal course of business approximates fair value. This method values a security at its cost at the time of purchase and thereafter assumes a constant rate of amortization to maturity of any discount or premium in order to maintain a constant NAV of \$1 per unit.

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2015 and 2014:

	2015			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 108,102,621	\$ -	\$ -	\$ 108,102,621
Common stocks	36	-	-	36
Limited partnership	-	9,146,379	-	9,146,379
Total assets in the fair value hierarchy	\$ 108,102,657	\$ 9,146,379	\$ -	117,249,036
Investments measured at NAV practical expedient				5,937,045
Investments at fair value				\$ 123,186,081

HITACHI DATA SYSTEMS
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

	2014			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 304	\$ -	\$ -	\$ 304
Mutual funds	66,982,716	-	-	66,982,716
Common stocks	48,393,888	-	-	48,393,888
Limited partnership	-	9,095,147	-	9,095,147
Total assets in the fair value hierarchy	<u>\$ 115,376,908</u>	<u>\$ 9,095,147</u>	<u>\$ -</u>	124,472,055
Investments measured at NAV practical expedient				<u>2,856,597</u>
Investments at fair value				<u>\$ 127,328,652</u>

NOTE 3 – RELATED PARTY TRANSACTIONS

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

NOTE 4 – BENEFITS

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

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

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

HITACHI DATA SYSTEMS
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

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

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

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

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

NOTE 5 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

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

HITACHI DATA SYSTEMS
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

The significant actuarial assumptions used in the valuation as of April 1, 2014 (beginning of the Plan year) are as follows:

Rate of return:	7.5%
Mortality assumption:	The PPA-2014 Combined Mortality Table for males and females
Retirement age:	Age 65

The actuarial present value of accumulated Plan benefits as of April 1, 2014 is as follows:

Actuarial present value of accumulated Plan benefits:	
Active participants	\$ 52,124,269
Inactive participants receiving benefits	22,524,755
Inactive participants with deferred benefits	<u>21,677,253</u>
Total vested benefits	96,326,277
Nonvested benefits	<u>-</u>
Actuarial present value of accumulated Plan benefits	<u><u>\$ 96,326,277</u></u>

The change in the actuarial present value of accumulated Plan benefits for the year ended April 1, 2014 is as follows:

Actuarial present value of accumulated Plan benefits, April 1, 2013	\$ 96,020,539
Increase (decrease) during the year attributable to:	
Actuarial gains	(378,470)
Decrease in discount period	6,965,974
Actual benefits paid	<u>(6,281,766)</u>
Actuarial present value of accumulated Plan benefits, April 1, 2014	<u><u>\$ 96,326,277</u></u>

The foregoing actuarial assumptions are based on a beginning of Plan year valuation, on the presumption that the Plan will continue to operate until Plan assets are liquidated. No assets have been distributed during the Plan year due to the termination. Had the assets been distributed or the valuation prepared based on a liquidation basis, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

The Company is in the process of assessing the effect of the Plan termination on accumulated Plan benefits and based on part on the advice of Towers Watson, the Company believes the current estimated accumulated Plan benefits may range from \$120,000,000 to \$139,000,000.

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

NOTE 6 – FUNDING POLICY

It is the policy of the Company to fund pension costs as accrued. Annual contributions are determined by the Plan's actuary to meet the requirements of the Funding Standard Account prescribed by ERISA and the Code. No Company contributions were required to meet the minimum amounts as well as the specified timing requirements required by ERISA and the Code for the years ended March 31, 2015 and 2014.

NOTE 7 – CERTIFIED INFORMATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, BNY, the trustee of the Plan, has certified to the completeness and accuracy of:

- Investments reflected on the accompanying statements of net assets available for benefits as of March 31, 2015 (liquidation basis) and 2014 (ongoing basis).
- Net appreciation in fair value of investments, dividends and interest, reflected on the accompanying statements of changes in net assets available for benefits for the years ended March 31, 2015 (liquidation basis) and 2014 (ongoing basis).
- Investments reflected on the schedule of assets (held at end of year).
- Investments reflected on the schedule of reportable transactions.

NOTE 8 – PLAN TERMINATION OR MODIFICATION

On February 18, 2015, the Company's Board of Directors voted to terminate the Plan. The Company intends to distribute Plan assets to participants subject to the provisions of ERISA. If required, the Company will make additional contributions to fully fund the Plan, and any remaining assets after all benefits paid will be allocated among participants, their spouses and their beneficiaries.

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of April 1, 2014

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		9		0		0		0		0		0		0		0	
30 - 34	0		0		12		15		0		0		0		0		0		0	
35 - 39	0		0		25		38		5		0		0		0		0		0	
40 - 44	0		0		51		52		10		3		0		0		0		0	
45 - 49	0		0		44		58		19		10		0		0		0		0	
50 - 54	0		1		59		53		37		24		0		0		0		0	
55 - 59	0		0		28		51		41		82		0		0		0		0	
60 - 64	0		0		26		36		9		50		0		0		0		0	
65 - 69	0		0		5		11		9		23		0		0		0		0	
70 & Over	0		0		2		0		3		6		0		0		0		0	

Plan Name: Hitachi Data Systems Pension Plan
 EIN / PN: 94-2603663 / 002
 Plan Sponsor: Hitachi Data Systems Corporation
 Valuation Date: April 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- | | |
|-----------------------|-----------------|
| ● Applicable month | December |
| ● Interest rate basis | 3-Segment Rates |

Interest rates:

- | | Reflecting
Corridors | Not Reflecting
Corridors |
|---------------------------|-------------------------|-----------------------------|
| ● First segment rate | 4.99% | 1.28% |
| ● Second segment rate | 6.32% | 4.05% |
| ● Third segment rate | 6.99% | 5.07% |
| ● Effective interest rate | 6.30% | 4.03% |

Annual rates of increase:

- | | |
|--------------------------------------|---------------------------------|
| ● Compensation | Not applicable. Plan is frozen. |
| ● Future Social Security wage bases | Not applicable. |
| ● Statutory limits on compensation | None. |
| ● Assumed cost of living adjustments | 0.00% |

Plan Name:	Hitachi Data Systems Pension Plan
EIN / PN:	94-2603663 / 002
Plan Sponsor:	Hitachi Data Systems Corporation
Valuation Date:	April 1, 2014

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality:

- All participants The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.
- SFAS35 purposes PPA 2014 Combined Mortality Tables for males and females.
- Account balance conversion 417(e) Mortality Tables.

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

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

Disability None.

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

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

Plan Name: Hitachi Data Systems Pension Plan
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Valuation Date: April 1, 2014

SCHEDULE SB ATTACHMENTS

Form of payment for:

- Employees who terminated prior to 4/1/1999
100% are assumed to elect a single life annuity commencing at age 65, since early retirement and lump sums are not available to these employees.
- Employees who terminated on or after 4/1/1999 and before the valuation date
Employees are assumed to commence distribution of their vested Accrued Benefits according to one of the following schedules:
 - 1) If termination date is between one year prior to valuation date and the valuation date:
 - ▶ 75% assumed to commence on the valuation date and elect a lump sum
 - ▶ 25% assumed to commence at age 65 with 10% (90%) electing a single life annuity (lump sum).
 - 2) If termination date is more than one year prior to the valuation date:
 - ▶ 100% assumed to commence at age 65 with 10% (90%) electing a single life annuity (lump sum).
- Employees who terminated on or after the valuation date
50% are assumed to elect to receive the vested Account Balance in an immediate lump sum distribution, 40% are assumed to elect a lump sum at age 65, and 10% are assumed to receive a single life annuity beginning at age 65.

Percent married

For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible participants are assumed to be married.

Spouse age

Male spouses are assumed to be three years older than female spouses.

Plan-related expenses

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

Cash flow and timing of benefit payments

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

Plan Name: Hitachi Data Systems Pension Plan
EIN / PN: 94-2603663 / 002
Plan Sponsor: Hitachi Data Systems Corporation
Valuation Date: April 1, 2014

SCHEDULE SB ATTACHMENTS

Cash balance interest crediting rate

Date	Interest Rate (%)
04/01/2014	5.00
04/01/2013	5.00

Long term interest rate for annuity conversions

Date	Interest Rate (%)
04/01/2014	5.50
04/01/2013	5.50

Methods

Valuation date First day of plan year.

Funding target Present value of accrued benefits.

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

Tax policy The actuarial valuation performed for the plan year ending March 31, 2015 is used to determine the maximum deductible contribution for the tax year ending March 31, 2015.

Asset methods Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2013 plan year).

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

Plan Name: Hitachi Data Systems Pension Plan
EIN / PN: 94-2603663 / 002
Plan Sponsor: Hitachi Data Systems Corporation
Valuation Date: April 1, 2014

SCHEDULE SB ATTACHMENTS

Benefits not valued

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

Change in assumptions and methods since prior valuation

The following changes in assumptions and methods were made as part of this valuation:

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of December 2012 to December 2013 and were subsequently revised by applying the corridors of HATFA.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.
- There have been no changes to the plan since the prior valuation.

Plan Name: Hitachi Data Systems Pension Plan
EIN / PN: 94-2603663 / 002
Plan Sponsor: Hitachi Data Systems Corporation
Valuation Date: April 1, 2014

**HITACHI DATA SYSTEMS
PENSION PLAN**

SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended March 31, 2015

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

Identity of party involved	Description of assets (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category 1 - Single transactions in excess of 5% of value								
Purchases:								
Doubleline Total Return Bond Fund	Mutual Fund	\$ 7,200,000	\$ -	\$ -	\$ -	\$ 7,200,000	\$ 7,200,000	\$ -
Doubleline Floating Rate Fund	Mutual Fund	7,500,000	-	-	-	7,500,000	7,500,000	-
Hotchkis & Wiley High Yield Bond Fund	Mutual Fund	7,500,000	-	-	-	7,500,000	7,500,000	-
Metropolitan West Total Return Bond Fund	Mutual Fund	6,980,000	-	-	-	6,980,000	6,980,000	-
Metropolitan West Total Return Bond Fund	Mutual Fund	33,500,000	-	-	-	33,500,000	33,500,000	-
PIMCO Total Return Institutional Fund	Mutual Fund	33,500,000	-	-	-	33,500,000	33,500,000	-
EB Temporary Investment Fund	Collective Short-Term Investment Fund	90,907,716	-	-	-	90,907,716	90,907,716	-
Sales:								
Dodge & Cox International Stock Fund	Mutual Fund	-	9,256,652	-	-	7,831,692	7,831,692	1,424,960
Dodge & Cox Stock Fund	Mutual Fund	-	9,216,145	-	-	5,943,279	5,943,279	3,272,866
American EuroPacific Growth R6 Fund	Mutual Fund	-	8,943,668	-	-	6,222,959	6,222,959	2,720,709
Legg Mason BW Global Opportunities Bond Fund	Mutual Fund	-	8,339,113	-	-	8,211,080	8,211,080	128,034
PIMCO Total Return Fund	Mutual Fund	-	6,980,000	-	-	6,789,458	6,789,458	190,542
Templeton Global Bond Fund	Mutual Fund	-	7,956,254	-	-	8,401,819	8,401,819	(445,565)
EB Temporary Investment Fund	Collective Short-Term Investment Fund	-	74,200,000	-	-	74,200,000	74,200,000	-
EB Temporary Investment Fund	Collective Short-Term Investment Fund	-	15,000,000	-	-	15,000,000	15,000,000	-
Category 3 - Series transactions in excess of 5% of value								
Purchases:								
Doubleline Total Return Bond Fund	Mutual Fund	7,559,040	-	-	-	7,559,040	7,559,040	-
Doubleline Floating Rate Fund	Mutual Fund	7,539,789	-	-	-	7,539,789	7,539,789	-
Hotchkis & Wiley High Yield Bond Fund	Mutual Fund	7,537,372	-	-	-	7,537,372	7,537,372	-
Metropolitan West Total Return Bond Fund	Mutual Fund	40,601,075	-	-	-	40,601,075	40,601,075	-
PIMCO Total Return Institutional Fund	Mutual Fund	33,959,503	-	-	-	33,959,503	33,959,503	-
EB Temporary Investment Fund	Mutual Fund	114,659,326	-	-	-	114,659,326	114,659,326	-

HITACHI DATA SYSTEMS

PENSION PLAN

SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended March 31, 2015

Identity of party involved	Description of assets (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Sales:								
Dodge & Cox International Stock Fund	Mutual Fund	-	10,506,652	-	-	8,845,281	8,845,281	1,661,371
Dodge & Cox Stock Fund	Mutual Fund	-	11,516,145	-	-	7,478,441	7,478,441	4,037,703
American EuroPacific Growth R6 Fund	Mutual Fund	-	9,793,668	-	-	6,814,603	6,814,603	2,979,065
Legg Mason BW Global Opportunities Bond Fund	Mutual Fund	-	8,339,113	-	-	8,211,080	8,211,080	128,034
PIMCO Total Return Institutional Fund	Mutual Fund	-	7,580,000	-	-	7,386,196	7,386,196	193,804
Templeton Global Bond Fund	Mutual Fund	-	7,956,254	-	-	8,401,819	8,401,819	(445,565)
EB Temporary Investment Fund	Collective Short-Term Investment Fund	-	111,578,878	-	-	111,578,878	111,578,878	-

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015

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

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

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

Part I Basic Information			
1 Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value.....	2a	127369780	
b Actuarial value.....	2b	120939377	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	360	23646194	23646194
b For terminated vested participants.....	630	24945045	24945045
c For active participants.....	907	56352570	56352570
d Total.....	1897	104943809	104943809
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5		6.30%
6 Target normal cost.....	6		800000

Statement by Enrolled Actuary

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

SIGN HERE	Moe M. Tun M.T.	October 20, 2015
	Signature of actuary	Date
	Moe M. Tun	1406897
	Type or print name of actuary	Most recent enrollment number
	Towers Watson Delaware Inc.	415-733-4100
	Firm name	Telephone number (including area code)
	345 California Street, Suite 2000	
	San Francisco CA 94104	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3628734
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	3628734
10	Interest on line 9 using prior year's actual return of <u>14.20%</u>	0	515280
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.15%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	4144014

Part III Funding Percentages			
14	Funding target attainment percentage	14	111.29%
15	Adjusted funding target attainment percentage	15	115.24%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	107.65%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	☐ Yes	☒ No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes	☐ No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 61
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Hitachi Data Systems Corporation
EIN/PN	94-2603663 / 002
Plan Name	Hitachi Data Systems Pension Plan
Valuation Date	April 1, 2014
Enrolled Actuary	Moe M. Tun
Enrollment Number	14-06897

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of April 1, 2014

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

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

Plan Name: Hitachi Data Systems Pension Plan
EIN / PN: 94-2603663 / 002
Plan Sponsor: Hitachi Data Systems Corporation
Valuation Date: April 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of April 1, 2014

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		9		0		0		0		0		0		0		0	
30 - 34	0		0		12		15		0		0		0		0		0		0	
35 - 39	0		0		25		38		5		0		0		0		0		0	
40 - 44	0		0		51		52		10		3		0		0		0		0	
45 - 49	0		0		44		58		19		10		0		0		0		0	
50 - 54	0		1		59		53		37		24		0		0		0		0	
55 - 59	0		0		28		51		41		82		0		0		0		0	
60 - 64	0		0		26		36		9		50		0		0		0		0	
65 - 69	0		0		5		11		9		23		0		0		0		0	
70 & Over	0		0		2		0		3		6		0		0		0		0	

Plan Name: Hitachi Data Systems Pension Plan
 EIN / PN: 94-2603663 / 002
 Plan Sponsor: Hitachi Data Systems Corporation
 Valuation Date: April 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- | | |
|-----------------------|-----------------|
| ● Applicable month | December |
| ● Interest rate basis | 3-Segment Rates |

Interest rates:

- | | Reflecting
Corridors | Not Reflecting
Corridors |
|---------------------------|-------------------------|-----------------------------|
| ● First segment rate | 4.99% | 1.28% |
| ● Second segment rate | 6.32% | 4.05% |
| ● Third segment rate | 6.99% | 5.07% |
| ● Effective interest rate | 6.30% | 4.03% |

Annual rates of increase:

- | | |
|--------------------------------------|---------------------------------|
| ● Compensation | Not applicable. Plan is frozen. |
| ● Future Social Security wage bases | Not applicable. |
| ● Statutory limits on compensation | None. |
| ● Assumed cost of living adjustments | 0.00% |

Plan Name:	Hitachi Data Systems Pension Plan
EIN / PN:	94-2603663 / 002
Plan Sponsor:	Hitachi Data Systems Corporation
Valuation Date:	April 1, 2014

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality:

- All participants The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.
- SFAS35 purposes PPA 2014 Combined Mortality Tables for males and females.
- Account balance conversion 417(e) Mortality Tables.

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

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

Disability None.

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

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

Plan Name: Hitachi Data Systems Pension Plan
EIN / PN: 94-2603663 / 002
Plan Sponsor: Hitachi Data Systems Corporation
Valuation Date: April 1, 2014

SCHEDULE SB ATTACHMENTS

Form of payment for:

- Employees who terminated prior to 4/1/1999
100% are assumed to elect a single life annuity commencing at age 65, since early retirement and lump sums are not available to these employees.
- Employees who terminated on or after 4/1/1999 and before the valuation date
Employees are assumed to commence distribution of their vested Accrued Benefits according to one of the following schedules:
 - 1) If termination date is between one year prior to valuation date and the valuation date:
 - ▶ 75% assumed to commence on the valuation date and elect a lump sum
 - ▶ 25% assumed to commence at age 65 with 10% (90%) electing a single life annuity (lump sum).
 - 2) If termination date is more than one year prior to the valuation date:
 - ▶ 100% assumed to commence at age 65 with 10% (90%) electing a single life annuity (lump sum).
- Employees who terminated on or after the valuation date
50% are assumed to elect to receive the vested Account Balance in an immediate lump sum distribution, 40% are assumed to elect a lump sum at age 65, and 10% are assumed to receive a single life annuity beginning at age 65.

Percent married

For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible participants are assumed to be married.

Spouse age

Male spouses are assumed to be three years older than female spouses.

Plan-related expenses

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

Cash flow and timing of benefit payments

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

Plan Name: Hitachi Data Systems Pension Plan
EIN / PN: 94-2603663 / 002
Plan Sponsor: Hitachi Data Systems Corporation
Valuation Date: April 1, 2014

SCHEDULE SB ATTACHMENTS

Cash balance interest crediting rate

Date	Interest Rate (%)
04/01/2014	5.00
04/01/2013	5.00

Long term interest rate for annuity conversions

Date	Interest Rate (%)
04/01/2014	5.50
04/01/2013	5.50

Methods

Valuation date First day of plan year.

Funding target Present value of accrued benefits.

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

Tax policy The actuarial valuation performed for the plan year ending March 31, 2015 is used to determine the maximum deductible contribution for the tax year ending March 31, 2015.

Asset methods Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2013 plan year).

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

Plan Name: Hitachi Data Systems Pension Plan
EIN / PN: 94-2603663 / 002
Plan Sponsor: Hitachi Data Systems Corporation
Valuation Date: April 1, 2014

SCHEDULE SB ATTACHMENTS

Benefits not valued

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

Change in assumptions and methods since prior valuation

The following changes in assumptions and methods were made as part of this valuation:

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of December 2012 to December 2013 and were subsequently revised by applying the corridors of HATFA.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.
- There have been no changes to the plan since the prior valuation.

Plan Name: Hitachi Data Systems Pension Plan
EIN / PN: 94-2603663 / 002
Plan Sponsor: Hitachi Data Systems Corporation
Valuation Date: April 1, 2014

SCHEDULE SB ATTACHMENTS

Plan Provisions

Effective date and most recent amendment	The plan was originally effective April 1, 1991. An amendment reflected herein is a complete restatement of the Plan, which was adopted on February 23, 1999, and had provisions effective April 1, 1999. The last plan amendment was effective April 1, 2008.
Plan year	The 12-month period ending March 31.
Coverage and participation	The plan was frozen for all employees effective December 31, 2007.
Employer	Hitachi Data Systems Corporation (HDS) and such of its successors or assigns as may expressly adopt the Plan.

Definitions

Affiliate	A corporation, trade or business which is, together with the Employer, a member of a controlled group of corporations, a trade or business under common control or an affiliated service group and any other entity required to be aggregated with the Employer.
Participating employer	An affiliate or any other business entity whether a corporation, partnership or sole proprietor who with the approval of the Employer duly adopts the Plan and agrees to be bound by its terms and conditions.
Credited service	The plan was frozen for all employees effective December 31, 2007. Each year of service credited to a Participant; provided, however, that no service prior to May 1, 1989 and no service after December 31, 2007 shall be credited for this purpose.
Vesting service	Total service from date of hire to date of termination, less any absence in excess of 12 months, computed in completed days.
Compensation	The plan was frozen for all employees effective December 31, 2007.
Normal retirement date (NRD)	The first of the month coincident with or next following attainment of age 65.

Plan Name:	Hitachi Data Systems Pension Plan
EIN / PN:	94-2603663 / 002
Plan Sponsor:	Hitachi Data Systems Corporation
Valuation Date:	April 1, 2014

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement Retirement on NRD.

Early retirement Any age prior to age 65.

Vested termination Vesting (prior to January 1, 2008):

<i>Years of Service</i>	<i>Vesting Percentage</i>
0 – 2	0
3	50
4	75
5 or more	100

Vesting (on or after January 1, 2008):

<i>Years of Service</i>	<i>Vesting Percentage</i>
0 – 2	0
3 or more	100

A participant becomes 100% vested upon death or disability.

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

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

Preretirement death benefit Vested married and unmarried colleagues.

Plan Name: Hitachi Data Systems Pension Plan
EIN / PN: 94-2603663 / 002
Plan Sponsor: Hitachi Data Systems Corporation
Valuation Date: April 1, 2014

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

Cash balance benefit formula:

1) Formula:

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

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

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

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

Plan Name: Hitachi Data Systems Pension Plan
EIN / PN: 94-2603663 / 002
Plan Sponsor: Hitachi Data Systems Corporation
Valuation Date: April 1, 2014

SCHEDULE SB ATTACHMENTS

Early retirement	Refer to normal retirement benefit.
Vested termination	Commencing with the first of the month coinciding with or next following termination date. Vested Cash Balance (Cash balance times vesting percentage) can be paid as a lump sum, or as an annuity equivalent if the lump value is greater than \$5,000.
Pre-retirement death	The vested Cash Balance payable to spouse or other named beneficiary.
Other Plan Provisions	
Forms of payment:	
● Normal form	The normal form of payment is a single life annuity, which is the actuarial equivalent of the vested cash balance. Actuarial equivalence is based on a variable interest rate equal to the 3-month Treasury rate at the month previous to termination plus 175 basis points and the GATT mortality table. The plan provides the lump sum payment which equals to the vested cash balance (cash balance times vesting percentage).
● Optional forms	The plan also provides the following optional payment forms: 10-Year Certain annuity, 50% Joint and Survivor annuity, 75% Joint and Survivor annuity and 100% Joint and Survivor annuity. The benefit payable under an optional form of benefit is the actuarial equivalence of the Single Life annuity payable over the Participant's lifetime. Actuarial equivalence for this purpose is based on a 7% interest rate and the UP-1984 Annuity Mortality Table.
Pension increases	None.
Plan participants' contributions	They are neither required nor permitted.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Plan Name:	Hitachi Data Systems Pension Plan
EIN / PN:	94-2603663 / 002
Plan Sponsor:	Hitachi Data Systems Corporation
Valuation Date:	April 1, 2014

SCHEDULE SB ATTACHMENTS

Future Plan Changes

None.

Changes in Benefits Valued Since Prior Year

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

Substantive Commitment

None.

Plan Name: Hitachi Data Systems Pension Plan
EIN / PN: 94-2603663 / 002
Plan Sponsor: Hitachi Data Systems Corporation
Valuation Date: April 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Hitachi Data Systems Corporation
EIN/PN	94-2603663 / 002
Plan Name	Hitachi Data Systems Pension Plan
Valuation Date	April 1, 2014
Enrolled Actuary	Moe M. Tun
Enrollment Number	14-06897

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of April 1, 2014

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

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

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EIN / PN: 94-2603663 / 002
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Valuation Date: April 1, 2014

SCHEDULE SB ATTACHMENTS

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SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement Retirement on NRD.

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Vested termination Vesting (prior to January 1, 2008):

<i>Years of Service</i>	<i>Vesting Percentage</i>
0 – 2	0
3	50
4	75
5 or more	100

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SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

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Cash balance benefit formula:

1) Formula:

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SCHEDULE SB ATTACHMENTS

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Pension increases	None.
Plan participants' contributions	They are neither required nor permitted.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Plan Name:	Hitachi Data Systems Pension Plan
EIN / PN:	94-2603663 / 002
Plan Sponsor:	Hitachi Data Systems Corporation
Valuation Date:	April 1, 2014

SCHEDULE SB ATTACHMENTS

Future Plan Changes

None.

Changes in Benefits Valued Since Prior Year

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

Substantive Commitment

None.

Plan Name: Hitachi Data Systems Pension Plan
EIN / PN: 94-2603663 / 002
Plan Sponsor: Hitachi Data Systems Corporation
Valuation Date: April 1, 2014

HITACHI DATA SYSTEMS
PENSION PLAN
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
March 31, 2015

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

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Unifi Inc	Common Stock	\$ 13	\$ 36
	Crescent Capital High Income Fund B L.P.	Limited Partnership	9,376,949	9,146,379
	EB Temporary Investment Fund	Collective Short-Term Investment Fund	5,937,045	5,937,045
	Doubleline Total Return Bond I Fund	Mutual Fund	13,774,371	13,847,060
	Doubleline Floating Rate I Fund	Mutual Fund	6,940,383	6,960,939
	Hotchkis & Wiley High Yield I Fund	Mutual Fund	6,932,091	6,904,741
	Metropolitan West Total Return Bond I Fund	Mutual Fund	40,003,019	40,169,356
	PIMCO Total Return Institutional Fund	Mutual Fund	39,965,333	40,220,525
				<u>\$ 123,186,081</u>