

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>04/01/2015</u> and ending <u>03/31/2016</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>	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>04/01/1991</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HITACHI DATA SYSTEMS CORPORATION</u> <u>2845 LAFAYETTE ST</u> <u>SANTA CLARA, CA 95050-2639</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	<u>Filed with authorized/valid electronic signature.</u>	<u>01/16/2017</u>	<u>KENNETH MOORE</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)			Preparer's telephone number

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
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 1800
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 806
a(2) Total number of active participants at the end of the plan year	6a(2) 742
b Retired or separated participants receiving benefits.....	6b 363
c Other retired or separated participants entitled to future benefits.....	6c 538
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1643
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 50
f Total. Add lines 6d and 6e	6f 1693
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1I	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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>2015</div> <div>This Form is Open to Public Inspection</div>
--	---	--

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

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.

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

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 2015			
2 Assets:			
a Market value	2a	123192398	
b Actuarial value	2b	120588016	
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	392	26109445	26109445
b For terminated vested participants	610	26935720	26935720
c For active participants	806	47883179	47883179
d Total	1808	100928344	100928344
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	6.08%	
6 Target normal cost	6	1400000	

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>01/09/2017</div>
<div>Signature of actuary</div>	<div>Date</div>
<div>MOE M. TUN</div>	<div>14-06897</div>
<div>Type or print name of actuary</div>	<div>Most recent enrollment number</div>
<div>TOWERS WATSON DELAWARE INC.</div>	<div>415-733-4100</div>
<div>Firm name</div>	<div>Telephone number (including area code)</div>
<div>345 CALIFORNIA STREET, SUITE 2000 SAN FRANCISCO, CA 94104-2612</div>	
<div>Address of the firm</div>	

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	4144014
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	4144014
10 Interest on line 9 using prior year's actual return of <u>6.70</u> %	0	277649
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>6.30</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	4421663

Part III Funding Percentages		
14 Funding target attainment percentage.....	14	115.09 %
15 Adjusted funding target attainment percentage	15	119.47 %
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	111.29 %
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: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ 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	1400000	
b Excess assets, if applicable, but not greater than line 31a	31b	1400000	
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		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016		
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
METROPOLITAN WEST T/R BOND
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
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 FLOATING RATE FUND

25-1536944

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

AM BEAC CR SH DUR HI INC FUND

27-2698206

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

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

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

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

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

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

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

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

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	646673	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	131674	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	73180	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)

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?
28 50	NONE	51439	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	16537	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning **04/01/2015** and ending **03/31/2016**

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

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

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

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

c EIN-PN 25-6078093-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8854471
---------------------------------------	-------------------------------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <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> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>04/01/2015</u> and ending <u>03/31/2016</u>		
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	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	6317	14907
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	36	23
	(5) Partnership/joint venture interests	1c(5)	9146379	0
	(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)	5937045	8854471
	(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)	108102621	107767113
	(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	123192398	116636514

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	123192398	116636514
---	-----------	-----------	-----------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3671020	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3671020

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	66	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		66

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3516
(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)		-2674665
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		999937

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6531107	
(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)		6531107
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)	902814	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	16537	
(4) Other	2i(4)	105363	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1024714
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7555821

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-6555884
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:

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

	Yes	No	N/A	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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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: 0

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

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
---------------	----------------------

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>94</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)
----------------	--

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

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: 0.0% Investment-Grade Debt: 70.5% High-Yield Debt: 29.5% 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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?.....	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?.....	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?.....	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

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, 2016 and 2015 (liquidation basis), and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements 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, 2016 and 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

***Other Matter – Supplementary Information***

The Schedule H, line 4(i) – Schedule of assets (held at end of year) as of March 31, 2016 and Schedule H, line 4(j) – Schedule of reportable transactions for the year ended March 31, 2016 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplementary information.

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

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

A handwritten signature in black ink that reads "Moss Adams LLP".

Campbell, California
January 13, 2017

FINANCIAL STATEMENTS

HITACHI DATA SYSTEMS PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (LIQUIDATION BASIS)
March 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Assets:		
Investments, at fair value:		
Mutual funds	\$ 107,767,113	\$ 108,102,621
Common stocks	23	36
Collective short-term investment fund	8,854,471	5,937,045
Limited partnership	<u>-</u>	<u>9,146,379</u>
	116,621,607	123,186,081
Receivables:		
Due from broker	<u>14,907</u>	<u>6,317</u>
Net assets available for benefits	<u>\$ 116,636,514</u>	<u>\$ 123,192,398</u>

See accompanying notes.

HITACHI DATA SYSTEMS PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (LIQUIDATION BASIS)
Years Ended March 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Additions to net assets attributed to:		
Investment and other income:		
Dividends and interest	\$ 3,674,536	\$ 3,317,556
Net realized and unrealized appreciation (depreciation) in fair value of investments	<u>(2,674,599)</u>	<u>5,368,727</u>
Total additions	<u>999,937</u>	<u>8,686,283</u>
Deductions from net assets attributed to:		
Benefits paid to participants	6,531,107	11,190,853
Administrative expenses	<u>1,024,714</u>	<u>1,672,812</u>
Total deductions	<u>7,555,821</u>	<u>12,863,665</u>
Net decrease in net assets	(6,555,884)	(4,177,382)
Net assets available for benefits:		
Beginning of year	<u>123,192,398</u>	<u>127,369,780</u>
End of year	<u><u>\$ 116,636,514</u></u>	<u><u>\$ 123,192,398</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 was 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 was a cash balance pension plan and contributions were not allowed by participants. As of the last day of each month, a cash balance credit was 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 were credited to any Non-Grandfathered Participant and Grandfathered Participants, effective after December 31, 2006 and December 31, 2007, respectively.

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

The Plan was 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 were to be distributed to participants subject to the provisions of ERISA. Therefore, in accordance with accounting principles generally accepted in the United States of America, the liquidation basis of accounting is used in presenting the Plan's financial statements.

Administration – The Company appointed a Plan Retirement Committee (the Committee) to manage the operation and administration of the Plan. The Company 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 were paid by the Plan, except for legal fees, which were 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 in accordance with accounting principles generally accepted in the United States of America.

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

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

Income taxes – The Plan received a favorable determination letter dated February 3, 2016. The Company believed that the Plan was 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, was 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.

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

Subsequent events – The Plan has evaluated subsequent events through January 13, 2017, 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, 2016 and 2015.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan were open-end mutual funds that were registered with the U.S. Securities and Exchange Commission. These funds were required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan were deemed to be actively traded.

Common stocks: Valued at the closing price reported on the active market on which the individual securities were 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 were 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 included readily marketable investments, as well as those that require estimation based upon similar asset categories and recent sales or offer prices. Values were adjusted for actual contributions and distributions as they occurred.

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 believed its valuation methods were appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could have resulted in a different fair value measurement at the reporting date.

HITACHI DATA SYSTEMS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2016 and 2015:

	2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 107,767,113	\$ -	\$ -	\$ 107,767,113
Common stocks	23	-	-	23
Limited partnership	-	-	-	-
Total assets in the fair value hierarchy	<u>\$ 107,767,136</u>	<u>\$ -</u>	<u>\$ -</u>	107,767,136
Investments measured at NAV practical expedient				<u>8,854,471</u>
Investments at fair value				<u>\$ 116,621,607</u>

	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	<u>\$ 108,102,657</u>	<u>\$ 9,146,379</u>	<u>\$ -</u>	117,249,036
Investments measured at NAV practical expedient				<u>5,937,045</u>
Investments at fair value				<u>\$ 123,186,081</u>

NOTE 3 – RELATED PARTY TRANSACTIONS

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

NOTE 4 – BENEFITS

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

Participants or their beneficiaries may have elected 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 was less than a specified minimum amount, a single lump sum benefit was paid.

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

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

Death and disability benefits – Participants who died while employed with the Company became immediately 100% vested. If the participant was married, the spouse could have elected to receive monthly benefits or, in lieu of the annuity, could have elected to receive his or her benefits in a lump sum. If the participant was unmarried, benefit payments were paid to the participant's designated beneficiary.

Participants who became totally and permanently disabled while employed with the Company became immediately 100% vested, and the accrued benefit was calculated on the basis of the participant's cash balance account balance as of the last day of active work. The participant could have elected to receive disability benefits in the same manner as described for vested participants who terminated from the Plan.

Vesting – Benefits vested to participants who 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 vested 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 have been restored to the extent allowed under the Plan.

NOTE 5 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits represented the estimated future periodic payments, including lump sum distributions, under the Plan's provisions that were attributable to services rendered by employees through the valuation date. Accumulated Plan benefits included 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 were based on age of employees, years of service, and benefit credit rates. The accumulated Plan benefits for active employees were 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) were included, to the extent they were deemed attributable to employee service rendered to the valuation date.

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

The significant actuarial assumptions used in the valuation as of April 1, 2015 (beginning of the Plan year) are as follows:

Rate of return:	4.0%
Mortality assumption:	The RP-2014 Mortality Table
Retirement age:	Age 65

The actuarial present value of accumulated Plan benefits as of April 1, 2015 is as follows:

Actuarial present value of accumulated Plan benefits:	
Active participants	\$ 54,673,396
Inactive participants receiving benefits	33,321,446
Inactive participants with deferred benefits	34,540,213
Total vested benefits	122,535,055
Nonvested benefits	-
Actuarial present value of accumulated Plan benefits	<u><u>\$ 122,535,055</u></u>

HITACHI DATA SYSTEMS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

The change in the actuarial present value of accumulated Plan benefits for the year ended April 1, 2015 is as follows:

Actuarial present value of accumulated Plan benefits, April 1, 2014	\$	96,326,277
Increase (decrease) during the year attributable to:		
Actuarial gains		(592,445)
Decrease in discount period		6,804,814
Actuarial benefits paid		(11,190,853)
Assumption changes		31,187,262
Actuarial present value of accumulated Plan benefits, April 1, 2015	\$	<u>122,535,055</u>

The funding valuation reflects the following assumption changes:

- The segment rates used to calculate the funding target and normal cost were updated from an applicable month of December 2013 to December 2014 and were 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.
- The administrative expense assumption changed from \$800,000 last year to \$1,400,000 for the current year.
- The ASC 960 discount rate was changed from 7.5% last year to 4.0% this year.
- The mortality assumption for ASC 960 was updated from the PPA 2014 Optional Combined table to the RP-2014 table without collar or amount adjustments, projected using Scale MP-2014 with generational projection with separate mortality rates for annuitants and non-annuitants
- The ASC 960 lump sum conversion interest rate was updated from 5.5% to 5.0%.

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. 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. Management does not believe this impact to be significant. Further, as discussed in Note 9 to the financial statements, subsequent to March 31, 2016, actual Plan benefits of approximately \$124,000,000 were fully distributed to participants subject to provisions of ERISA.

NOTE 6 – FUNDING POLICY

It was the policy of the Company to fund pension costs as accrued. Annual contributions were 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 years ended March 31, 2016 and 2015.

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, 2016 and 2015.
- 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, 2016 and 2015.
- 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 would have made additional contributions to fully fund the Plan, and any remaining assets after all benefits paid would have been allocated among participants, their spouses and their beneficiaries. As discussed in Note 9 to the financial statements, subsequent to March 31, 2016, the Company fully liquidated the Plan.

Certain benefits under the Plan were 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 did not guarantee all types of benefits under the Plan and the amount of benefit protection was subject to certain limitations. Vested benefits under the Plan were guaranteed at the level in effect on the date of termination. There was a statutory ceiling, which was adjusted periodically, on the amount of a participant's monthly benefit that the PBGC guarantees.

NOTE 9 – SUBSEQUENT EVENTS

From April 2016 through January 2017, the following was required to complete the termination of the Plan:

- Distributions of approximately \$60,324,000 to participants subject to the provisions of ERISA
- Additional contributions of approximately \$8,300,000 to fully fund the Plan
- Purchase of a group annuity contract, for approximately \$64,000,000, held outside the Plan, from American General Life Insurance Company to pay plan benefits.

There were no remaining assets allocated to participants.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of April 1, 2015

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		6		1		0		0		0		0		0		0	
30 - 34	0		0		3		11		0		0		0		0		0		0	
35 - 39	0		0		18		42		7		0		0		0		0		0	
40 - 44	0		0		26		49		14		3		0		0		0		0	
45 - 49	0		0		31		59		24		8		0		0		0		0	
50 - 54	0		0		41		56		37		16		12		0		0		0	
55 - 59	0		0		24		45		45		24		35		0		0		0	
60 - 64	0		0		19		33		14		18		38		0		0		0	
65 - 69	0		0		7		10		4		5		12		0		0		0	
70 & Over	0		0		1		1		2		0		5		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, 2015

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	4.72%	1.20%
■ Second segment rate	6.11%	4.10%
■ Third segment rate	6.81%	5.20%
■ Effective interest rate	6.08%	4.06%

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, 2015

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 RP-2014 table without collar or amount adjustments, projected using Scale MP-2014 with generational projection with separate mortality rates for annuitants and non-annuitants.
- 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, 2015

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:
If termination date is between one year prior to valuation date and the valuation date:
 - 75% assumed to commence on the valuation date and elect a lump sum
 - 25% assumed to commence at age 65 with 10% (90%) electing a single life annuity (lump sum).
If termination date is more than one year prior to the valuation date:
 - 100% assumed to commence at age 65 with 10% (90%) electing a single life annuity (lump sum).
- Employees 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.

Administrative expenses

The amount included this year for administrative expenses is \$1,400,000.

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.

Cash balance interest crediting rate

Date	Interest Rate (%)
04/01/2015	5.00
04/01/2014	5.00

Long term interest rate for annuity conversions

Date	Interest Rate (%)
04/01/2015	5.00
04/01/2014	5.50

Plan Name: Hitachi Data Systems Pension Plan
EIN / PN: 94-2603663 / 002
Plan Sponsor: Hitachi Data Systems Corporation
Valuation Date: April 1, 2015

SCHEDULE SB ATTACHMENTS

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, 2016 is used to determine the maximum deductible contribution for the tax year ending March 31, 2016.
Asset methods	<p>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 2014 plan year).</p> <p>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.</p>
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.

Plan Name:	Hitachi Data Systems Pension Plan
EIN / PN:	94-2603663 / 002
Plan Sponsor:	Hitachi Data Systems Corporation
Valuation Date:	April 1, 2015

SCHEDULE SB ATTACHMENTS

Change in assumptions and methods since prior valuation

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

- The segment rates used to calculate the funding target and normal cost were updated from an applicable month of December 2013 to December 2014 and were 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.
- The administrative expense assumption changed from \$800,000 last year to \$1,400,000 for the current year.

Data Sources

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.

Assumptions Rationale - Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Cash balance interest crediting rate

The plan credits interest to cash balance accounts using the 3-month Treasury rate at the previous month plus 175 basis points but with a minimum interest credit rate of 4.70%. After examining historical variability in this rate and considering the increase in interest crediting expected to be caused by the minimum interest credit, we believe that the selected assumption does not significantly conflict with what would be reasonable based on future expectations consistent with other economic assumptions used, other than the discount rate.

Administrative expenses

Administrative expenses are estimated by determining the expected actual expenses for the coming year, reflecting items like expected PBGC premiums, audit expenses, recordkeeping and other expenses expected to be paid from the trust over the next year.

Assumptions Rationale - Significant Demographic Assumptions

Termination

Termination rates were based on an experience study conducted in 2011, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Plan Name:	Hitachi Data Systems Pension Plan
EIN / PN:	94-2603663 / 002
Plan Sponsor:	Hitachi Data Systems Corporation
Valuation Date:	April 1, 2015

SCHEDULE SB ATTACHMENTS

Retirement

Retirement rates were based on an experience study conducted in 2011, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Form of payment

The percentage of participants assumed to take a lump sum is based on an experience study conducted in 2011 and is based on observed experience over the period between April 1, 2007 and April 1, 2011.

Plan Name:	Hitachi Data Systems Pension Plan
EIN / PN:	94-2603663 / 002
Plan Sponsor:	Hitachi Data Systems Corporation
Valuation Date:	April 1, 2015

HITACHI DATA SYSTEMS PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended March 31, 2016

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:								
American Beacon Crescent Short Duration High Income Fund	Mutual Fund	\$ 8,300,000	\$ -	\$ -	\$ -	\$ 8,300,000	\$ 8,300,000	\$ -
Doubleline Total Return Bond Fund Class I	Mutual Fund	9,600,000	-	-	-	9,600,000	9,600,000	-
EB Temporary Investment Fund	Collective Short-Term Investment Fund	8,270,228	-	-	-	8,270,228	8,270,228	-
EB Temporary Investment Fund	Collective Short-Term Investment Fund	9,600,000	-	-	-	9,600,000	9,600,000	-
Sales:								
EB Temporary Investment Fund	Collective Short-Term Investment Fund	-	17,900,000	-	-	17,900,000	17,900,000	-
EB Temporary Investment Fund	Collective Short-Term Investment Fund	-	8,270,216	-	-	8,426,493	8,426,493	(156,277)
Category 3 - Series transactions in excess of 5% of value								
Purchases:								
American Beacon Crescent Short-Duration High-Income Fund	Mutual Fund	8,471,328	-	-	-	8,471,328	8,471,328	-
Doubleline Total Return Bond Fund Class I	Mutual Fund	14,045,232	-	-	-	14,045,232	14,045,232	-
Metropolitan West Total Return Bond Fund	Mutual Fund	4,613,790	-	-	-	4,613,790	4,613,790	-
PIMCO Total Return Institutional Fund	Mutual Fund	6,025,098	-	-	-	6,025,098	6,025,098	-
EB Temporary Investment Fund	Collective Short-Term Investment Fund	31,135,905	-	-	-	31,135,905	31,135,905	-
Sales:								
American Beacon Crescent Short-Duration High-Income Fund	Mutual Fund	-	7,050,000	-	-	7,286,744	7,286,744	(236,744)
Doubleline Total Return Bond Fund Class I	Mutual Fund	-	750,000	-	-	750,273	750,273	(273)
Metropolitan West Total Return Bond Fund	Mutual Fund	-	5,300,000	-	-	5,377,366	5,377,366	(77,366)
PIMCO Total Return Institutional Fund	Mutual Fund	-	5,300,000	-	-	5,405,902	5,405,902	(105,902)
EB Temporary Investment Fund	Collective Short-Term Investment Fund	-	28,218,479	-	-	28,218,479	28,218,479	-
Crescent Capital High Income Fund B, L.P.	Pooled Investment Fund	-	9,272	-	-	11,088	11,088	(1,816)
Crescent Capital High Income Fund B, L.P.	Pooled Investment Fund	-	9,244,796	-	-	9,446,853	9,446,853	(202,057)

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 2015 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

► **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>2015</u>				
2 Assets:				
a Market value	2a	123,192,398		
b Actuarial value	2b	120,588,016		
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	392	26,109,445	26,109,445	
b For terminated vested participants	610	26,935,720	26,935,720	
c For active participants	806	47,883,179	47,883,179	
d Total	1,808	100,928,344	100,928,344	
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	6.08%		
6 Target normal cost	6	1,400,000		

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

SIGN HERE	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> Moe M. Tun </div> <div style="flex: 1; text-align: center;"> </div> </div>	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> January 9, 2017 </div> </div>
	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 94104-2612	
	Address of the firm	

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

7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4,144,014
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	4,144,014
10	Interest on line 9 using prior year's actual return of <u>6.70%</u>	0	277,649
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>6.30%</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	4,421,663

14	Funding target attainment percentage	14	115.09 %
15	Adjusted funding target attainment percentage	15	119.47 %
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	111.29 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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)

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: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ 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	1,400,000
b Excess assets, if applicable, but not greater than line 31a		31b	1,400,000
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	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39		0
40 Unpaid minimum required contributions for all years	40		0

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Hitachi Data Systems Corporation
EIN/PN	94-2603663 / 002
Plan Name	Hitachi Data Systems Pension Plan
Valuation Date	April 1, 2015
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, 2015

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, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

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 effective on April 1, 2015.
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, 2015

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):

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

Vesting (on or after January 1, 2008):

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

A participant becomes 100% vested upon death or disability.

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

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

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, 2015

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.

Early retirement

Refer to normal retirement benefit.

Plan Name: Hitachi Data Systems Pension Plan
EIN / PN: 94-2603663 / 002
Plan Sponsor: Hitachi Data Systems Corporation
Valuation Date: April 1, 2015

SCHEDULE SB ATTACHMENTS

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, 2015

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

The HDS Pension Plan will be terminated effective April 30, 2015. HDS requested a favorable determination letter from the IRS on March 13, 2015, with respect to the Plan's termination. The assets of the Plan are expected to be distributed once the IRS issues the favorable determination letter. As the determination letter has not yet been received from the IRS, the plan termination has not been reflected in the valuation of benefit obligations in this report.

Plan Name:	Hitachi Data Systems Pension Plan
EIN / PN:	94-2603663 / 002
Plan Sponsor:	Hitachi Data Systems Corporation
Valuation Date:	April 1, 2015

HITACHI DATA SYSTEMS PENSION PLAN
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
March 31, 2016

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	\$ 23
	EB Temporary Investment Fund	Collective Short-Term Investment Fund	8,854,471	8,854,471
	American Beacon Crescent Short Duration High Income Fund	Mutual Fund	1,184,584	1,122,240
	Doubleline Total Return Bond I Fund	Mutual Fund	27,069,329	26,892,318
	Doubleline Floating Rate I Fund	Mutual Fund	1,272,139	1,230,085
	Hotchkiss & Wiley High Yield I Fund	Mutual Fund	1,375,423	1,214,581
	Metropolitan West Total Return Bond I Fund	Mutual Fund	39,239,444	38,827,023
	PIMCO Total Return Institutional Fund	Mutual Fund	40,584,529	38,480,866
				<u>\$ 116,621,607</u>

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

- The administrative expense assumption changed from \$800,000 last year to \$1,400,000 for the current year.

Plan Name: Hitachi Data Systems Pension Plan
EIN / PN: 94-2603663 / 002
Plan Sponsor: Hitachi Data Systems Corporation
Valuation Date: April 1, 2015