

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2013</div> <div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a Name of plan <u>EDGAR ONLINE, INC. 401K SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>EDGAR ONLINE, INC. C/O RR DONNELLEY</u> <u>111 SOUTH WACKER DRIVE</u> <u>CHICAGO, IL 60606</u>	1c Effective date of plan <u>01/01/1999</u>	2b Employer Identification Number (EIN) <u>06-1447017</u>
	2c Sponsor's telephone number <u>312-326-8000</u>	2d Business code (see instructions) <u>541990</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/14/2014</u>	<u>ANNE PEASE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	147
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	0
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	78
d Subtotal. Add lines 6a , 6b , and 6c		6d	78
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	78
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	78
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan EDGAR ONLINE, INC. 401K SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EDGAR ONLINE, INC. C/O RR DONNELLEY	D Employer Identification Number (EIN) 06-1447017

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

ING LIFE INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	878270	78	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
27112	3504

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KOLINSKY HILL FINANCIAL GROUP
50 TICE BOULEVARD, ATRIUM FLOOR
WOODCLIFF LK, NJ 07677

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27112			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ASSOCIATED PENSION CONSULTANTS, INC
6800 JERICHO TPKE
SYOSSET, NY 11791

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3504	TPA PARTNERSHIP PROGRAM	5

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

Schedule A (Form 5500) 2013
v. 130118

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	217634
5 Current value of plan's interest under this contract in separate accounts at year end	5	3032254

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶ **AS PER RULES OF INSURANCE COMPANY**

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP PENSION FUNDING**

b Balance at the end of the previous year	7b	1087915
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	27705	
(4) Transferred from separate account	7c(4)	46070	
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions **7c(6)** 73775

d Total of balance and additions (add lines 7b and 7c(6))	7d	1161690
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	914273	
(2) Administration charge made by carrier	7e(2)	29783	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions **7e(5)** 944056

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	217634
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

A Name of plan <u>EDGAR ONLINE, INC. 401K SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EDGAR ONLINE, INC. C/O RR DONNELLEY</u>	D Employer Identification Number (EIN) <u>06-1447017</u>

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
<u>ING LIFE INSURANCE & ANNUITY</u> <u>PO BOX 990067</u> <u>HARTFORD, CT 06199</u>
<u>71-0294708</u>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan EDGAR ONLINE, INC. 401K SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 EDGAR ONLINE, INC. C/O RR DONNELLEY	D Employer Identification Number (EIN) 06-1447017	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
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)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	91748	7728
(9) Value of interest in common/collective trusts	1c(9)		
(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)	6361340	3032254
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1087915	217634
(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	7541003	3257616

Liabilities

g Benefit claims payable	1g	5748	0
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5748	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7535255	3257616
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	27705	
(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)	1139	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		28844
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		1338820
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1367664

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5612970	
(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)		5612970
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)		
(2) Contract administrator fees.....	2i(2)	32333	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		32333
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5645303

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-4277639
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: BDO USA, LLP

(2) EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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 (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>EDGAR ONLINE, INC. 401K SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EDGAR ONLINE, INC. C/O RR DONNELLEY</u>	D Employer Identification Number (EIN) <u>06-1447017</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>71-0294708</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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



EDGAR Online, Inc. 401(k) Savings Plan

Financial Statements
and Supplemental Schedule
As of and for the Years Ended
December 31, 2013 and 2012

EDGAR Online, Inc.
401(k) Savings Plan

Financial Statements
and Supplemental Schedule
As of and for the Years Ended
December 31, 2013 and 2012

EDGAR Online, Inc. 401(k) Savings Plan

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7101 Wisconsin Ave, Suite 800
Bethesda, MD 20814

Independent Auditor's Report

Plan Administrator
EDGAR Online, Inc. 401(k) Savings Plan
Rockville, MD

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **EDGAR Online, Inc. 401(k) Savings Plan** (the Plan), which comprise the statement of net assets in liquidation available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets in liquidation available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by ING Life Insurance and Annuity Company (ING), except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that ING holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from ING as of and for the years ended December 31, 2013 and 2012, that the information provided to the Plan administrator by ING is complete and accurate.



Disclaimer of Opinion

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

Other Matters

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2013, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Basis of Accounting

As discussed in Note 1 to the financial statements, the Plan was terminated effective August 13, 2012. Management has determined that liquidation is imminent as of December 31, 2013. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to determine the amounts at which Plan assets are stated, from the ongoing plan basis to the liquidation basis for the year ended December 31, 2013. Our opinion is not modified with respect to this matter.

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

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

BDO USA, LLP

October 14, 2014

Financial Statements

EDGAR Online, Inc. 401(k) Savings Plan

Statements of Net Assets in Liquidation Available for Benefits

<i>December 31,</i>	2013	2012
Assets		
Investments, at fair value		
Pooled separate accounts	\$ 3,032,254	\$ 6,361,340
Fixed investment contract	226,263	1,198,383
Total investments	3,258,517	7,559,723
Receivables:		
Notes receivable from participants	7,728	91,748
Total Assets	3,266,245	7,651,471
Liabilities		
Benefits payable	-	5,748
Net assets available for benefits, at fair value	3,266,245	7,645,723
Adjustment from fair value to contract value for fully benefit responsive investment contracts	(8,629)	(110,468)
Net assets available for benefits	\$ 3,257,616	\$ 7,535,255

See accompanying notes to financial statements.

EDGAR Online, Inc. 401(k) Savings Plan

Statement of Changes in Net Assets in Liquidation Available for Benefits

<i>Years ended December 31,</i>	2013	2012
Changes to net assets attributable to:		
Net investment income:		
Net appreciation in fair value of pooled separate accounts	\$ 1,338,820	\$ 870,137
Interest income from fixed investment contract	27,705	33,035
Total net investment income	1,366,525	903,172
Interest income on notes receivable from participants	1,139	3,065
Contributions:		
Participants	-	458,527
Employer	-	149,374
Rollovers	-	3,955
Total contributions	-	611,856
Distributions:		
Benefits paid to participants	(5,612,970)	(1,774,365)
Administrative expenses	(32,333)	(6,090)
Total distributions	(5,645,303)	(1,780,455)
Net decrease	(4,277,639)	(262,362)
Net assets available for benefits, beginning of year	7,535,255	7,797,617
Net assets available for benefits, end of year	\$ 3,257,616	\$ 7,535,255

See accompanying notes to financial statements.

EDGAR Online, Inc. 401(k) Savings Plan

Notes to Financial Statements

1. Description of Plan

The following description of the EDGAR Online, Inc. 401(k) Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan document or Summary Plan Description ("SPD") for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 401(k) plan covering all employees of EDGAR Online, Inc. (the "Company") who have reached twenty-one years of age. The Plan does not cover members of a collective bargaining unit and non-resident aliens. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") as amended.

EDGAR Online, Inc. was acquired by RR Donnelley Sons Company on August 14, 2012. The Board of the Company voted to terminate the Plan on August 13, 2012. All contributions to the Plan were ceased at that time. See further discussion in Note 2, Basis of Accounting.

Contributions

Participants may contribute up to 100 percent of their eligible compensation to the Plan. Participants who have attained age 50 before the end the Plan year are eligible for catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans.

The Company may make a matching contribution equal to 50% of the participant's salary deferral up to 6% of the participant's eligible compensation. In addition, the Company may also make discretionary, non-elective contributions. In order to receive the discretionary non-elective contribution, a participant must complete 1,000 hours of service, waived for death, disability and retirement. The Company did not elect to make a discretionary, non-elective contribution during 2013 or 2012.

Contributions are subject to certain limitations.

Participants' Accounts

Each participant's account is credited with the participant's and Company's contributions and allocations of Plan earnings thereon. The participants have the option of investing their account balances in pooled separate accounts or a fixed investment contract. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their salary deferral contributions plus actual earnings thereon. Vesting in the Company matching contribution account and discretionary, non-elective contribution account occurs on a graduated scale with full vesting after five years of service, in accordance with the Plan or upon participant's death, disability or attainment of age 65. As discussed in Note 2, participants became fully vested in their accounts on the date of termination.

EDGAR Online, Inc. 401(k) Savings Plan

Notes to Financial Statements

Notes Receivable from Participants

Participants are allowed loans for any purpose, in a minimum amount of \$1,000, not to exceed the lesser of 50% of the participant's vested balance or \$50,000. The loan interest rate is the prime rate of interest plus 1.5%. All loans are secured by the participant's account balance. Loan terms vary but may not exceed five years unless the proceeds are used for the acquisition of a principal residence. A participant may have no more than one loan outstanding at any one time. Principal and interest are paid ratably through payroll deductions. Interest rates ranged from 4.75% to 6.50% and 4.75% to 9.75% during 2013 and 2012, respectively.

Payment of Benefits

Upon termination of service, death, disability, or retirement, the standard form of benefit payment is a lump-sum amount equal to the value of the participant's vested interest in his or her account. Participants may also receive hardship distributions based on criteria in the Plan document. Other optional forms of distributions are also available.

The Plan may make involuntary cash-out distributions of account balances of terminated vested participants of \$1,000 or less. Amounts that are above \$1,000 but are not more than \$5,000 may be automatically rolled over to an Individual Retirement Account (IRA).

Forfeitures of Unvested Balances

Upon termination of a participant's employment for any reason other than retirement, death, or disability, the unvested portion of the Company's contribution account will be forfeited and allocated to participants. Forfeited, unallocated balances totaled \$0 and \$31,623 as of December 31, 2013 and 2012, respectively. Total forfeiture amounts allocated during 2013 and 2012 were \$10,457 and \$37,546, respectively.

Administrative Expenses

Certain participant requested transaction fees are paid by the Plan. All other expenses are paid by the Company.

2. Summary of Significant Account Policies

Basis of Accounting

The Board of Directors of Edgar Online, Inc., the Plan Sponsor, voted on August 13, 2012 to terminate the Plan. The Plan Sponsor had the right to terminate the Plan under the provisions of ERISA. The Plan early adopted the provisions of Accounting Standards Update ("ASU") 2013-07, Presentation of Financial Statements (Topic 205): Liquidation Basis of Accounting at that time. As of December 31, 2013, management determined that termination is imminent. As a result, participants became 100% vested in their accounts.

In accordance with generally accepted accounting principles, the Plan has changed the basis of accounting used to value Plan assets from the ongoing plan basis used for the year ended December 31, 2012 to the liquidation basis for the year ended December 31, 2013.

EDGAR Online, Inc. 401(k) Savings Plan

Notes to Financial Statements

Investment contracts held by a defined contribution plan are required to be reported at fair value, however, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statement of net assets available for benefits presents the fair value of the investment contracts, as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statements of changes in net assets available for benefits are prepared on a contract value basis.

Management Estimates

The preparation of financial statements in conformity with generally accepted accounting principles 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.

Investment Valuation and Income Recognition

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price).

Purchases and sales of investments are recorded on a trade-date basis. Net appreciation in fair value of investments includes realized and unrealized appreciation. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes Receivable from Participants

Participant loans are classified as notes receivable from participants, and are measured at the unpaid principal balance plus unpaid accrued interest. The Plan considers a loan defaulted if any repayment remains unpaid as of the last business day of the calendar quarter following the calendar quarter in which a loan is initially considered past due. Defaulted notes receivable from participants are deemed distributed and recorded as benefits paid to participants in the statements of changes in net assets available for benefits. During 2013 there were no loans that were recorded as deemed distributions, during 2012 the Plan recorded \$20,015 as deemed distributions.

Payment of Benefits

Benefits are recorded when paid.

EDGAR Online, Inc. 401(k) Savings Plan

Notes to Financial Statements

3. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset 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 December 31, 2013 and 2012.

Fixed Investment Contract

The Plan holds investment contracts with ING Insurance and Annuity Company ("ING"), called the ING Fixed Account. The fair value of the fixed investment contract is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations. The fair value represents the approximate amount that would be paid if the contract had been terminated less potential surrender charges and market value adjustments. The fixed investment contract is presented at fair value with an adjustment to contract value for fully benefit-responsive contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. An investment in the ING Fixed Investment Contract Account is supported by the general assets of ING.

EDGAR Online, Inc. 401(k) Savings Plan

Notes to Financial Statements

Pooled Separate Accounts

The Plan holds a pooled separate account ("PSA") that does not file as a direct filing entity with the Department of Labor (DOL). This PSA is divided into sub-accounts or separate accounts which are offered to participants. The separate accounts hold registered investments and incur separate account charges.

Pooled separate accounts are valued at fair value based on their "accumulation unit value" ("AUV"). The pooled separate accounts are valued daily based on the fair values of the underlying investments less applicable charges.

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The significance of transfers between levels was evaluated based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. Total transfers into Level 3 assets for the years ended December 31, 2013 and 2012 are disclosed in the Level 3 Gains and Losses section of this disclosure.

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

EDGAR Online, Inc. 401(k) Savings Plan

Notes to Financial Statements

The following tables, set forth by level within the fair value hierarchy, summarize the Plan's investment assets at fair value as of December 31, 2013 and 2012:

<i>December 31, 2013</i>	Level 1	Level 2	Level 3	2013 Total
Fixed Investment Contract:				
Fixed Interest	\$ -	\$ -	\$ 226,263	\$ 226,263
Pooled Separate Accounts:				
Asset Allocation Funds	-	576,812	-	576,812
Balanced	-	134,026	-	134,026
Fixed Income	-	163,754	-	163,754
Foreign Large Value	-	32,489	-	32,489
Large Cap Blend	-	302,783	-	302,783
Large Cap Growth	-	163,998	-	163,998
Large Cap Value	-	271,704	-	271,704
Mid Cap Value	-	801,793	-	801,793
Mid Cap Growth	-	70,305	-	70,305
Mid Cap Blend	-	187,785	-	187,785
Small Cap Value	-	15,273	-	15,273
Small Cap Growth	-	153,040	-	153,040
Small Cap Blend	-	13,511	-	13,511
Specialty	-	2	-	2
World Stock	-	144,979	-	144,979
Total investments at fair value	\$ -	\$ 3,032,254	\$ 226,263	\$ 3,258,517

Level 3 assets represent 7% of total assets at fair value at December 31, 2013.

<i>December 31, 2012</i>	Level 1	Level 2	Level 3	2012 Total
Fixed Investment Contract:				
Fixed Interest	\$ -	\$ -	\$ 1,198,383	\$ 1,198,383
Pooled Separate Accounts:				
Asset Allocation Funds	-	856,252	-	856,252
Balanced	-	339,097	-	339,097
Fixed Income	-	549,671	-	549,671
Foreign Large Value	-	158,345	-	158,345
Large Cap Blend	-	689,937	-	689,937
Large Cap Growth	-	373,330	-	373,330
Large Cap Value	-	774,029	-	774,029
Mid Cap Value	-	862,094	-	862,094
Mid Cap Growth	-	209,921	-	209,921
Mid Cap Blend	-	407,317	-	407,317
Small Cap Value	-	472,528	-	472,528
Small Cap Growth	-	210,562	-	210,562
Small Cap Blend	-	15,055	-	15,055
Specialty	-	52,679	-	52,679
World Stock	-	390,523	-	390,523
Total investments at fair value	\$ -	\$ 6,361,340	\$ 1,198,383	\$ 7,559,723

Level 3 assets represent 16% of total assets at fair value at December 31, 2012.

EDGAR Online, Inc. 401(k) Savings Plan

Notes to Financial Statements

The tables below present additional information for the Plan's investments, whose fair value is estimated using the practical expedient of reported NAV. These disclosures are required for all investments that are eligible to be valued using the practical expedient as defined in FASB ASC 820, regardless of whether the practical expedient has been applied.

December 31, 2013				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled Separate Accounts				
Asset allocation (a)	\$ 576,814	\$ -	Immediate/Daily	Daily
Stocks - balanced (b)	134,026	-	Immediate/Daily	Daily
Bonds - fixed income (c)	163,754	-	Immediate/Daily	Daily
Stocks - large-cap (d)	770,974	-	Immediate/Daily	Daily
Stocks - mid-cap (e)	1,059,883	-	Immediate/Daily	Daily
Stocks - small cap (f)	181,824	-	Immediate/Daily	Daily
Stocks - speciality (g)	2	-	Immediate/Daily	Daily
Stocks - world (h)	144,979	-	Immediate/Daily	Daily
	\$ 3,032,254	\$ -		

December 31, 2012				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled Separate Accounts				
Asset allocation (a)	\$ 856,252	\$ -	Immediate/Daily	Daily
Stocks - balanced (b)	339,097	-	Immediate/Daily	Daily
Bonds - fixed income (c)	549,671	-	Immediate/Daily	Daily
Stocks - large-cap (d)	1,995,641	-	Immediate/Daily	Daily
Stocks - mid-cap (e)	1,479,332	-	Immediate/Daily	Daily
Stocks - small cap (f)	698,145	-	Immediate/Daily	Daily
Stocks - speciality (g)	52,679	-	Immediate/Daily	Daily
Stocks - world (h)	390,523	-	Immediate/Daily	Daily
	\$ 6,361,340	\$ -		

(a) The asset allocation funds seek to provide total return consistent with an asset allocation targeted to or at retirement. The funds invest in a combination of underlying funds, which are actively managed funds or passively managed funds (index funds), that invest in U.S. stocks, international stocks, U.S. bonds, and other debt instruments.

(b) The investment objectives of the balanced fund are: (1) conservation of capital, (2) current income and (3) long-term growth of capital and income. The fund invests primarily in blue chip equities and investment-grade fixed-income securities, using a balanced approach and a U.S. emphasis. The fund may invest up to 15% of its assets in securities of issuers domiciled outside the U.S. and may not invest more than 75% of assets in common stocks. All of the fund's fixed-income investments must be investment-grade at the time of purchase.

(c) The fixed income funds seek maximum total return, consistent with capital appreciation/preservation and prudent investment management. The funds invest the majority of their assets in a diversified portfolio of fixed-income instruments.

EDGAR Online, Inc. 401(k) Savings Plan

Notes to Financial Statements

(d) The large-cap funds seek total return and/or long-term capital appreciation. They invest in equity securities of companies included in the S&P 500® Index or equity securities of companies that are representative of the index (including derivatives), in equity securities of U.S. companies of all market capitalizations that demonstrate promising growth potential.

(e) The mid-cap funds seek long-term capital appreciation. The funds invest in common stocks and real estate investment trusts. The majority of funds are invested in U.S. companies but the funds also invest some of their assets in foreign companies in developed and emerging markets.

(f) The small-cap funds seek long-term capital appreciation and growth of capital. The funds invest the majority of net assets in equity securities of small-capitalization companies.

(g) The specialty funds seek to provide total return and long-term growth of capital. The funds invest at least 80% of total assets in securities or issuers in the utilities sector (global energy and natural resources companies and companies in associated businesses).

(h) The world funds seek capital appreciation. Under normal market conditions, the portfolio invests mainly in common stocks of companies in the U.S. and foreign countries. It can invest without limit in foreign securities and can invest in any country, including countries with developing or emerging markets. However, the portfolio currently emphasizes investments in developed markets such as the U.S., Western European countries and Japan. It does not limit its investments to companies in a particular capitalization range, but currently focuses its investments in mid- and large-capitalization companies.

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2013 and 2012:

<i>Year Ended December 31,</i>	<i>2013 Fixed Income Account</i>	<i>2012 Fixed Income Account</i>
Beginning balance	\$ 1,198,383	\$ 1,273,761
Interest income	27,705	33,035
Purchases	-	50,212
Sales	(914,273)	(245,661)
Unrealized (loss) gain related to instruments still held at the reporting date (1)	(101,839)	22,761
Net transfers in and out of Level 3	16,287	64,275
Ending balance	\$ 226,263	\$ 1,198,383

(1) Unrealized (loss) gain is reported in the statement of net assets available for benefits in adjustments from fair value to contract value for fully benefit-responsive investment contracts.

Qualitative information as of December 31, 2013, with respect to assets measured and carried at fair value on a recurring basis with the use of significant unobservable inputs (Level 3) follows:

Description	2013 Fair Value	2012 Fair Value	Principal Valuation Techniques	Unobservable Inputs	Weighted Average
Fixed Investment Contract	\$ 226,263	\$ 1,198,383	Contract Value	Composite Guaranteed Rate	N/A

EDGAR Online, Inc. 401(k) Savings Plan

Notes to Financial Statements

Level 3 Valuation Process

The Plan administrator performs on-going due diligence of the funds which includes reviewing and comparing to the ING Annual Report. There were no changes in valuation techniques noted for this fund for 2013 and 2012.

Level 3 Sensitivity of Fair Value Measurements and Changes in Significant Unobservable Inputs

The significant unobservable inputs used in the fair value measurement of the Plan's Level 3 investments are subject to market risks resulting from changes in the market value of its investments.

4. Investments

Investments that represent 5% or more of the Plan's net assets are separately identified as follows:

<i>December 31,</i>	2013	2012
Columbia Mid-Cap Value Fund-A	\$ 801,791	\$ 862,094
ING Pioneer Equity Income Fund	\$ 271,704	\$ 774,029
ING Solution 2045 Port-Svc	\$ 258,345	\$ *
ING Fixed Investment Contract	\$ 226,263	\$ 1,198,383
ING Index Plus Portfolio	\$ 187,783	\$ *
Fidelity VIP Contrafund	\$ 166,076	\$ 385,415
Alger Appreciation Fund-A	\$ 163,994	\$ *
PIMCO Total Return Portfolio Fund	\$ 163,750	\$ 549,221
Wells Fargo Advantage Special Values Fund	\$ *	\$ 472,528
Oppenheimer Global Portfolio	\$ *	\$ 390,523

* Investments that individually represent less than 5 percent of net assets in the respective year.

Fixed Investment Contract

In 2007, the Plan entered into a benefit-responsive investment contract with ING. ING maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to pay a specified interest rate that is guaranteed to the Plan. The minimum guaranteed interest rate for the life of the Plan is 2 percent. However, the minimum rate set was 3 percent through December 31, 2013.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. ING determines the interest rates for all deposits annually.

<i>Average Yields</i>	2013	2012
Based on actual earnings	3.00%	3.00%
Based on interest rate credited to participants	3.00%	3.00%

EDGAR Online, Inc. 401(k) Savings Plan

Notes to Financial Statements

5. Information Certified by ING

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, ING has certified the following data as of December 31, 2013 and 2012 and for the years then ended:

<i>December 31,</i>	2013	2012
Fixed investment contract	\$ 226,263	\$ 1,198,383
Pooled separate accounts	\$ 3,032,254	\$ 6,361,340
Notes receivable from participants	\$ 7,728	\$ 91,748

<i>Years ended December 31,</i>	2013	2012
Interest income from fixed investment contract	\$ 27,705	\$ 33,035
Interest income on notes receivable from participants	\$ 1,139	\$ 3,065
Net appreciation in fair value of pooled separate accounts	\$ 1,338,820	\$ 870,137

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

6. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan administrator, by a letter dated June 7, 2009, that the Plan is qualified and the trust established under the Plan is tax-exempt under the appropriate sections of the Internal Revenue Code (IRC).

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013 and 2012, there are no uncertain positions taken or expected to be taken that would require recognition of the liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

7. Risks and Uncertainties

The Plan utilizes various investment instruments which are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

EDGAR Online, Inc. 401(k) Savings Plan

Notes to Financial Statements

8. Party-In-Interest

The Company is the sponsor of the Plan, and as such, executes the normal duties associated therewith. Costs incurred by the Plan are paid by the Company. There were no financial transactions recorded between the Company and the Plan other than contributions made and the payment of administrative fees.

The Plan invests in shares of pooled separate accounts and a fixed investment contract that are managed by ING Life Insurance and Annuity Company. These transactions qualify as party-in-interest transactions.

9. Subsequent Events

As of August 27, 2014, the Plan Sponsor transferred all remaining assets from the the Plan to an Individual Retirement Account ("IRA") for each participant and terminated the Plan. The IRA's are maintained by a Third-Party Trust Company.

The Plan has evaluated subsequent events from the date of the statement of net assets available for benefits through October 14, 2014, the date the financial statements were available to be issued. During this period, no material recognizable subsequent events were identified.

Supplemental Schedule

EDGAR Online, Inc.
401(k) Savings Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - December 31, 2013

EIN: 06-1447017
Plan number: 001
Form: 5500

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity value	(d) Cost	(e) Current Value
General account:				
*	ING Fixed Account	Fixed account	(a)	\$ 226,263
Pooled separate accounts:				
	Columbia Management	Mid Cap Value Fund Class A	(a)	801,791
*	ING	Pioneer Equity Income Fund	(a)	271,704
*	ING	Solution 2045 Portfolio - Service Class	(a)	258,345
*	ING	VP Index Plus Mid-Cap Portfolio	(a)	187,783
	Fidelity	VIP Contrafund	(a)	166,076
	Alger	Capital Appreciation Fund Class A	(a)	163,994
*	ING PIMCO	Total Return Portfolio Fund	(a)	163,750
	Lord Abbett	Developing Growth Class R3	(a)	153,040
*	ING Oppenheimer	Global Portfolio Fund	(a)	144,979
*	ING	Solution 2025 Portfolio - Service Class	(a)	139,504
*	ING	Stock Index Portfolio Institutional Class	(a)	136,707
	American Funds	Balanced Fund	(a)	134,026
*	ING	Solution 2035 Portfolio - Service Class	(a)	124,979
	Wagner Investment Management, Inc.	Select Fund	(a)	70,305
*	ING	Solution Income Portfolio - Service Class	(a)	51,274
	Janus	Overseas Fund - Class S	(a)	32,489
	Wells Fargo	Advantage Special Values Fund	(a)	15,273
*	ING Russell	TM Small Cap Fund	(a)	13,511
*	ING	Solutions 2055 Portfolio - Service Class	(a)	2,081
*	ING	Solution 2015 Portfolio - Service Class	(a)	631
	Oppenheimer	Developing Markets Fund - Class A	(a)	4
	Franklin Templeton Investments	Global Bond Fund Class R	(a)	4
*	ING	Clarion Real Estate Portfolio-Service Class	(a)	2
	BlackRock	Energy and Resources Portfolio Investor A Shares	(a)	2
Total pooled separate accounts				3,032,254
Total investments per financial statements				3,258,517
*	Notes receivable from participants	Interest rates ranging from 4.75% to 6.50%	-	7,728
Total investments at fair value held at end of year				\$ 3,266,245

See accompanying notes to financial statements.

* Represents a party-in-interest as defined by ERISA.

(a) Not required for participant-directed investments.

EDGAR Online, Inc.
401(k) Savings Plan

Schedule H, Line 4i, Schedule of Assets (Held at End of Year) - December 31, 2013

EIN: 06-1447017
Plan number: 001
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	Janus	Overseas Fund - Class S	(a)	32,489
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*	Russell	TM Small Cap Fund	(a)	13,511
*	ING	Solutions 2055 Portfolio - Service Class	(a)	2,081
*	ING	Solution 2015 Portfolio - Service Class	(a)	631
	Oppenheimer	Developing Markets Fund - Class A	(a)	4
	Franklin Templeton Investments	Global Bond Fund Class R	(a)	4
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	BlackRock	Energy and Resources Portfolio Investor A Shares	(a)	2
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