Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HEALTH DIALOG SERVICES CORPORATION RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

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

100 SUMMER STREET
SUITE 1400
BOSTON, MA 02110

2b Employer Identification Number (EIN)
04-3274661

2c Plan Sponsor's telephone number
617-406-5200

2d Business code (see instructions)
561420

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	GREGG SPIRO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	992
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)**	335
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	290
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	589
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	883
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	885
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	835
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	14
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:
2F 2G 2J 2K 2T 3D

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

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

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] 0 **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
HEALTH DIALOG SERVICES CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-3274661

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	2113	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GS MIDCAP VALUE INST - GOLDMAN, SA 13-5108880	0.10%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOOMIS SM CP GRTH IS - BOSTON FINA	P.O. BOX 8480 BOSTON, MA 02266	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MSIF MID CAP GRTH I - BOSTON FINAN	330 W. 9TH STREET KANSAS CITY, MO 66160	0.15%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO TOTAL RETURN P - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.10%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RS PARTNERS A - BOSTON FINANCIAL D P.O. BOX 8480 BOSTON, MA 02266	0.55%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP EQUITY INCOME - T. ROWE PRICE 52-2269240	0.15%

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

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(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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
HEALTH DIALOG SERVICES CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-3274661

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2111964	1862301
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	307293	271973
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	47256170	42911784
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	49675427	45046058
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	49675427	45046058

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)	527950	
(B) Participants	2a(1)(B)	1966759	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2494709
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	218	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	13994	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14212
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3795419	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3795419
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1141429
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		5162911
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9790134	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		9790134
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	2146	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2146
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9792280
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-4629369
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: KPMG **(2)** EIN: 13-5565207

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
HEALTH DIALOG SERVICES CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-3274661

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HEALTH DIALOG SERVICES CORPORATION RETIREMENT PLAN

Financial Statements and Supplemental Schedule

December 31, 2014 and 2013

(With Independent Auditors' Report Thereon)

HEALTH DIALOG SERVICES
CORPORATION RETIREMENT PLAN

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Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2014	12

Note: Certain supplemental schedules specified by the Employee Retirement Income Security Act of 1974 (ERISA) are not applicable and have been omitted.

KPMG LLP
Two Financial Center
60 South Street
Boston, MA 02111

Independent Auditors' Report

The Board of Directors and Plan Administrator
Health Dialog Services Corporation Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Health Dialog Services Corporation Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with generally accepted accounting principles 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters 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) 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 3 to the financial statements, which was certified by Fidelity Management Trust Company, the trustee and custodian 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 and custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained the certification from the trustee and custodian as of December 31, 2014 and 2013, and for the years then ended, that the information provided to the plan administrator by the trustee and custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matters 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.

KPMG LLP is a Delaware limited liability partnership, the U.S. member firm of KPMG International Cooperative ("KPMG International"), a Swiss entity.

Other Matter

The supplemental schedule, Schedule H line 4i, Schedule of Assets (Held at End of Year) at December 31, 2014, is required by the DOL's 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 not a required part of the financial statements. Because of the significance of the matters described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

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

KPMG LLP

Boston, Massachusetts
October 14, 2015

HEALTH DIALOG SERVICES CORPORATION RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

	2014	2013
Assets:		
Investments, at fair value (note 3)	$ 44,774,086	49,368,134
Notes receivable from participants	271,973	307,293
	45,046,059	49,675,427
Contributions receivable:		
Participants	—	18,198
Employer	—	5,451
Total contributions receivable	—	23,649
Total assets	45,046,059	49,699,076
Net assets available for benefits	$ 45,046,059	49,699,076

See accompanying notes to financial statements.

HEALTH DIALOG SERVICES
CORPORATION RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2014 and 2013

	2014	2013
Additions:		
Investment income:		
Net (depreciation) appreciation in fair value of investments (note 3)	$ (1,141,428)	7,330,873
Interest and dividends (note 3)	3,809,643	2,408,402
Total investment income	2,668,215	9,739,275
Contributions:		
Participants	1,948,560	2,281,398
Rollover	—	1,586
Employer	522,499	492,266
Total contributions	2,471,059	2,775,250
Total additions	5,139,274	12,514,525
Deductions:		
Benefits paid directly to participants	9,790,145	11,015,283
Administrative expenses	2,146	2,823
Total deductions	9,792,291	11,018,106
Net (decrease) increase	(4,653,017)	1,496,419
Net assets available for benefits:		
Beginning of year	49,699,076	48,202,657
End of year	$ 45,046,059	49,699,076

See accompanying notes to financial statements.

(1) Description of the Plan

The following description of Health Dialog Services Corporation Retirement Plan (the Plan) is provided for general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined-contribution plan sponsored by Health Dialog Services Corporation (the Company) and was established effective January 1, 1997 and is subject to applicable provisions of the Internal Revenue Code (the Code). The Plan covers all eligible employees of the Company and its subsidiaries who choose to participate in the Plan. An employee is eligible to participate in the Plan on the first day of each month following their date of hire provided that the employee has reached the age of 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On March 31, 2014, Rite Aid Corporation (Rite Aid) acquired all issued and outstanding shares of common stock of the Company. Effective January 1, 2015, all eligible participants of the Plan make tax deferred contributions into the Rite Aid sponsored defined-contribution plan, a safe harbor plan with Aon Hewitt serving as trustee and custodian of the Plan. Also during 2015, it is management's intention to transfer all assets in the Plan and merge with Rite Aid's plan. Prior to the transfer of all assets in the Plan to the Rite Aid sponsored defined-contribution plan, the Plan Sponsor will amend the Plan to allow for participant accounts to be 100% vested as of December 31, 2014.

(b) Contributions and Vesting

Participants may make tax deferred contributions up to an annual maximum of the lesser of 60% of their eligible compensation, as defined, or the Internal Revenue Service limit of $17,500 for 2014 and 2013. ERISA regulations also allowed participants over the age of 50 to contribute an additional catch-up amount of $5,500 for 2014 and 2013 allowing a total maximum contribution of $23,000 for 2014 and 2013. The Plan was amended on July 21, 2006 to offer participants the ability to make Roth deferral contributions and Roth direct rollovers into the Plan. Participants are vested immediately in their contributions plus actual earnings thereon. Contributions are recognized each pay period. For 2014 and 2013, the Company elected to make matching contributions in an amount equal to 50% of the first 6% of a participant's compensation contributed to the Plan. Participants vest in the employer matching contribution and earnings thereon at a rate of 33⅓% per year for a period of three years. Prior to October 2013, vesting was at a rate of 20% per year for a period of five years. Participants automatically become 100% vested in their account balances when they attain age 65.

At December 31, 2014 and 2013, forfeited nonvested accounts totaled $18,420 and $27,445, respectively. These accounts will be used to reduce future employer contributions. Also in 2014 and 2013, employer contributions were reduced by $63,469 and $177,580, respectively, from forfeited nonvested accounts.

(c) Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of plan earnings plus the Company's matching contribution and earnings thereon and charged with administrative expenses, as applicable. Participants were provided with the option to allocate their contributions into any of the 31 and 33 different options in 2014 and 2013, respectively, through Fidelity Management Trust Company, a party-in-interest.

(d) Distribution of Benefits

Amounts may be distributed to participants only (i) upon termination of employment, (ii) upon attaining the age of 59½, or (iii) upon demonstration by the participant to the plan administrator that the participant is suffering from "hardship" (as defined in applicable regulations promulgated or to be promulgated pursuant to Section 401(k) of the Internal Revenue Code of standards established by the Secretary of the Treasury or his delegate).

If employment is terminated because of death, disability, retirement, or any other reason, a participant (or in the event of death, a designated beneficiary) may receive the vested accrued benefit credited to his or her account in a lump-sum or installment distributions.

(e) Notes Receivable from Participants

In accordance with the Plan's provisions, employees may borrow against their individual account balances. Participants may borrow a minimum of $1,000 up to a maximum of the lesser of 50% of their vested account balance or $50,000 reduced by their highest outstanding note receivable during the prior 12-month period. Only one note may be outstanding at any given time. Notes receivable from participants are collateralized by the participant's account. Notes receivable from participants are to be repaid in level payments through payroll deductions on at least a quarterly basis over a five-year period, or over a ten-year period if it is for the purchase of a principal residence. Notes receivable from participants shall bear interest at a rate determined by the plan administrator. The interest rate was between 4.25% and 8.25% for 2014 and 2013.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

(b) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent the net asset values of shares held by the Plan at year-end.

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

(c) Notes Receivable from Participants

Notes receivable from participants are carried at their outstanding balance plus unpaid accrued interest. No allowance for credit issues have been recorded as of December 31, 2014 and 2013.

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Administrative Expenses

Administrative expenses are generally paid by the Company.

(f) Use of Estimates

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits, changes therein, and, when applicable, disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

(g) Risk and Uncertainties

The Plan provides for various investment options in any combination of mutual funds. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amount reported in the statements of net assets available for benefits.

The Plan's exposure to a concentration of credit risk is limited by the diversification of investments across a variety of participant-directed fund elections. Additionally, the investments within each participant-directed fund election are further diversified into varied financial instruments.

(h) Subsequent Events

The Plan has evaluated subsequent events through October 14, 2015, the date the financial statements were available to be issued, identifying one subsequent events requiring disclosure (Note 10).

(3) Information Certified by Trustee

All information certified by Trustee disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2014 and 2013, and net appreciation or depreciation in fair value of investments, and interest and dividend income for the years ended December 31, 2014 and 2013, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Fidelity Management Trust Company.

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to investments and notes receivable from participants held at December 31, 2014 and 2013, and net appreciation or depreciation in fair value of investments, and interest and dividend income for the years ended December 31, 2014 and 2013.

Investments that represent 5% or more of the fair value of the Plan's net assets available for benefits are as follows:

Description		2014	2013
Fidelity Contrafund	$	7,633,469	8,345,210
Fidelity Diversified International Fund		3,215,039	4,151,703
Fidelity Dividend Growth Fund		3,664,954	3,604,458
Fidelity Freedom K 2020		2,683,387	2,657,698
Fidelity Puritan Fund		3,662,947	4,442,263
MSIF Mid Cap Growth I		3,203,046	3,675,893
Pimco Total Return		2,846,063	3,207,500

During 2014 and 2013, the Plan's investments (including investments purchased, sold, as well as held during the year) depreciated/appreciated in fair value as determined by quoted market prices as follows:

		2014	2013
Net (depreciation) appreciation in fair value of investments:			
Mutual funds	$	(1,141,428)	7,330,873

		2014	2013
Interest and dividends:			
Mutual funds	$	3,795,649	2,390,564
Notes receivable from participants		13,994	17,838
	$	3,809,643	2,408,402

(4) Plan Termination

The Company has the right under the Plan to discontinue, terminate, amend, or modify the Plan subject to the provisions of ERISA. In the event the Plan terminates, participants will become 100% vested in their accounts (note 1(a)).

(Continued)

(5) Plan Tax Status

The Plan is based on a prototype plan. The Internal Revenue Service informed the prototype plan sponsor, in an opinion letter dated March 31, 2008, that the form of the prototype plan is acceptable under the requirements of the Internal Revenue Code. As provided in Revenue Procedure 2005-16, an employer that adopts a prototype plan may rely on a favorable opinion letter with respect to the qualification of its plan under Section 401(a). Although the Plan has been amended since the date of the opinion letter, the Plan administrator believes that the current Plan is designed and being operated in compliance with applicable requirements of the Code and is qualified and the related trust is tax-exempt. Therefore, no provision for federal income taxes is included in the Plan's financial statements.

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 derecognize an 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, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or derecognition of an 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.

(6) Risks and Uncertainties

The plan invests in various investment securities. Investment securities are exposed to various risk, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts report in the statement of net assets available for benefits.

(7) Party-in-Interest Transactions

Plan assets include investments that are managed by affiliates of Fidelity Management Trust Company (the trustee and custodian of the Plan) and notes receivable from participants and, therefore, these transactions qualify as party-in-interest transactions.

(8) Reconciliation of Financial Statements to Form 5500

The Plan prepares its Form 5500 on a cash basis of accounting. The following is a reconciliation of net assets available for benefits as presented on the statements of net assets available for benefits in the financial statements to Form 5500 as of December 31, 2014 and 2013:

		2014	2013
Net assets available for benefits per the financial statements	$	45,046,059	49,699,076
Participant contributions receivable		—	(18,198)
Employer contributions receivable		—	(5,451)
Net assets available for benefits per Form 5500	$	45,046,059	49,675,427

(Continued)

The following is a reconciliation of the net increase or decrease as presented in the statements of changes in net assets available for benefits in the financial statements to Form 5500 for the years ended December 31, 2014 and 2013:

	2014	2013
Net (decrease) increase per the financial statements	$ (4,653,017)	1,496,419
Change in participant contributions receivable	18,198	(2,229)
Change in employer contributions receivable	5,451	(892)
Net (decrease) increase per Form 5500	$ (4,629,368)	1,493,298

(9) Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Subtopic 820-10, *Fair Value Measurement*, establishes a 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 unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC Subtopic 820-10 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 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.

Mutual funds: Valued at quoted market prices of shares held by the Plan at year end.

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

The following table summarizes the valuation and investment strategies of the Plan's financial instruments under the fair value hierarchy levels as of December 31, 2014:

	Fair value measurements at December 31, 2014					
	Level 1	Level 2	Level 3	Total	Redemption frequency	Days notice
Mutual funds:						
Money market	$ 1,862,301	—	—	1,862,301	Daily	1
Mid/large cap stock	33,257,380	—	—	33,257,380	Daily	1
Fixed income	3,665,285	—	—	3,665,285	Daily	1
Small cap stock	1,756,764	—	—	1,756,764	Daily	1
International	4,232,356	—	—	4,232,356	Daily	1
Total	$ 44,774,086	—	—	44,774,086		

The following table summarizes the valuation and investment strategies of the Plan's financial instruments under the fair value hierarchy levels as of December 31, 2013:

	Fair value measurements at December 31, 2013					
	Level 1	Level 2	Level 3	Total	Redemption frequency	Days notice
Mutual funds:						
Money market	$ 2,111,964	—	—	2,111,964	Daily	1
Mid/large cap stock	35,667,592	—	—	35,667,592	Daily	1
Fixed income	4,048,355	—	—	4,048,355	Daily	1
Small cap stock	2,161,077	—	—	2,161,077	Daily	1
International	5,379,146	—	—	5,379,146	Daily	1
Total	$ 49,368,134	—	—	49,368,134		

(10) Subsequent Event

Health Dialog Services Corporation adopted the updated Fidelity Volume Submitter Defined Contribution Plan effective April 15, 2015 before the deadline for adoption of the updated plan.

HEALTH DIALOG SERVICES
CORPORATION RETIREMENT PLAN

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

December 31, 2014

	Identity of issue, borrower, lessor, or similar party	Description of investments		Current value
Mutual Funds Held by Fidelity as custodian	MSIF Mid Cap Growth I	81420	Shares	$ 3,203,046
	* Fidelity Cap Appreciation	32099	Shares	1,156,510
	* Fidelity Contrafund	77916	Shares	7,633,469
	* Fidelity Diversified International Fund	93325	Shares	3,215,039
	* Fidelity Dividend Growth Fund	109663	Shares	3,664,954
	* Fidelity Freedom K 2005	2941	Shares	38,141
	* Fidelity Freedom K 2010	17067	Shares	225,280
	* Fidelity Freedom K 2015	39138	Shares	532,271
	* Fidelity Freedom K 2020	188440	Shares	2,683,387
	* Fidelity Freedom K 2025	74718	Shares	1,110,303
	* Fidelity Freedom K 2030	70466	Shares	1,068,978
	* Fidelity Freedom K 2035	43356	Shares	676,793
	* Fidelity Freedom K 2040	55971	Shares	875,949
	* Fidelity Freedom K 2045	38410	Shares	616,865
	* Fidelity Freedom K 2050	37993	Shares	614,350
	* Fidelity Freedom K 2055	2206	Shares	26,247
	* Fidelity Freedom K Income	13648	Shares	161,597
	* Fidelity International Discovery	23053	Shares	875,789
	TRP Equity Income	9131	Shares	299,508
	* Fidelity Leveraged Co Stock	38784	Shares	1,757,681
	Fidelity Puritan Fund	170449	Shares	3,662,947
	* Fidelity Retirement Money Market Portfolio	1862301	Shares	1,862,301
	GS Midcap Value Inst	29256	Shares	1,216,448
	Loomis Small Cap Growth IS	37213	Shares	846,221
	Pimco Total Return	266985	Shares	2,846,063
	RS Partners A	29297	Shares	910,543
	* Spartan Extended Market Index	7198	Shares	397,210
	* Spartan 500 Index	20938	Shares	1,525,330
	* Spartan International Index	3802	Shares	141,528
	* Spartan U.S. Bond Index	69840	Shares	819,222
	* Fidelity Four In One Index	2966	Shares	110,116
	Total mutual funds			44,774,086
* Notes receivable from participants	Participants loans, interest rate 4.25% – 8.25%			271,973
				$ 45,046,059

* Indicates party-in-interest to the Plan.

See accompanying independent auditors' report.

HEALTH DIALOG SERVICES CORPORATION RETIREMENT PLAN

Financial Statements and Supplemental Schedule

December 31, 2014 and 2013

(With Independent Auditors' Report Thereon)

HEALTH DIALOG SERVICES
CORPORATION RETIREMENT PLAN

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Note: Certain supplemental schedules specified by the Employee Retirement Income Security Act of 1974 (ERISA) are not applicable and have been omitted.

KPMG LLP
Two Financial Center
60 South Street
Boston, MA 02111

Independent Auditors' Report

The Board of Directors and Plan Administrator
Health Dialog Services Corporation Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Health Dialog Services Corporation Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with generally accepted accounting principles 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters 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) 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 3 to the financial statements, which was certified by Fidelity Management Trust Company, the trustee and custodian 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 and custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained the certification from the trustee and custodian as of December 31, 2014 and 2013, and for the years then ended, that the information provided to the plan administrator by the trustee and custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matters 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.

KPMG LLP is a Delaware limited liability partnership, the U.S. member firm of KPMG International Cooperative ("KPMG International"), a Swiss entity.

Other Matter

The supplemental schedule, Schedule H line 4i, Schedule of Assets (Held at End of Year) at December 31, 2014, is required by the DOL's 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 not a required part of the financial statements. Because of the significance of the matters described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

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

KPMG LLP

Boston, Massachusetts
October 14, 2015

HEALTH DIALOG SERVICES CORPORATION RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

	2014	2013
Assets:		
Investments, at fair value (note 3)	$ 44,774,086	49,368,134
Notes receivable from participants	271,973	307,293
	45,046,059	49,675,427
Contributions receivable:		
Participants	—	18,198
Employer	—	5,451
Total contributions receivable	—	23,649
Total assets	45,046,059	49,699,076
Net assets available for benefits	$ 45,046,059	49,699,076

See accompanying notes to financial statements.

HEALTH DIALOG SERVICES
CORPORATION RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2014 and 2013

	2014	2013
Additions:		
Investment income:		
Net (depreciation) appreciation in fair value of investments (note 3)	$ (1,141,428)	7,330,873
Interest and dividends (note 3)	3,809,643	2,408,402
Total investment income	2,668,215	9,739,275
Contributions:		
Participants	1,948,560	2,281,398
Rollover	—	1,586
Employer	522,499	492,266
Total contributions	2,471,059	2,775,250
Total additions	5,139,274	12,514,525
Deductions:		
Benefits paid directly to participants	9,790,145	11,015,283
Administrative expenses	2,146	2,823
Total deductions	9,792,291	11,018,106
Net (decrease) increase	(4,653,017)	1,496,419
Net assets available for benefits:		
Beginning of year	49,699,076	48,202,657
End of year	$ 45,046,059	49,699,076

See accompanying notes to financial statements.

(1) Description of the Plan

The following description of Health Dialog Services Corporation Retirement Plan (the Plan) is provided for general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined-contribution plan sponsored by Health Dialog Services Corporation (the Company) and was established effective January 1, 1997 and is subject to applicable provisions of the Internal Revenue Code (the Code). The Plan covers all eligible employees of the Company and its subsidiaries who choose to participate in the Plan. An employee is eligible to participate in the Plan on the first day of each month following their date of hire provided that the employee has reached the age of 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On March 31, 2014, Rite Aid Corporation (Rite Aid) acquired all issued and outstanding shares of common stock of the Company. Effective January 1, 2015, all eligible participants of the Plan make tax deferred contributions into the Rite Aid sponsored defined-contribution plan, a safe harbor plan with Aon Hewitt serving as trustee and custodian of the Plan. Also during 2015, it is management's intention to transfer all assets in the Plan and merge with Rite Aid's plan. Prior to the transfer of all assets in the Plan to the Rite Aid sponsored defined-contribution plan, the Plan Sponsor will amend the Plan to allow for participant accounts to be 100% vested as of December 31, 2014.

(b) Contributions and Vesting

Participants may make tax deferred contributions up to an annual maximum of the lesser of 60% of their eligible compensation, as defined, or the Internal Revenue Service limit of $17,500 for 2014 and 2013. ERISA regulations also allowed participants over the age of 50 to contribute an additional catch-up amount of $5,500 for 2014 and 2013 allowing a total maximum contribution of $23,000 for 2014 and 2013. The Plan was amended on July 21, 2006 to offer participants the ability to make Roth deferral contributions and Roth direct rollovers into the Plan. Participants are vested immediately in their contributions plus actual earnings thereon. Contributions are recognized each pay period. For 2014 and 2013, the Company elected to make matching contributions in an amount equal to 50% of the first 6% of a participant's compensation contributed to the Plan. Participants vest in the employer matching contribution and earnings thereon at a rate of 33⅓% per year for a period of three years. Prior to October 2013, vesting was at a rate of 20% per year for a period of five years. Participants automatically become 100% vested in their account balances when they attain age 65.

At December 31, 2014 and 2013, forfeited nonvested accounts totaled $18,420 and $27,445, respectively. These accounts will be used to reduce future employer contributions. Also in 2014 and 2013, employer contributions were reduced by $63,469 and $177,580, respectively, from forfeited nonvested accounts.

(c) Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of plan earnings plus the Company's matching contribution and earnings thereon and charged with administrative expenses, as applicable. Participants were provided with the option to allocate their contributions into any of the 31 and 33 different options in 2014 and 2013, respectively, through Fidelity Management Trust Company, a party-in-interest.

(d) Distribution of Benefits

Amounts may be distributed to participants only (i) upon termination of employment, (ii) upon attaining the age of 59½, or (iii) upon demonstration by the participant to the plan administrator that the participant is suffering from "hardship" (as defined in applicable regulations promulgated or to be promulgated pursuant to Section 401(k) of the Internal Revenue Code of standards established by the Secretary of the Treasury or his delegate).

If employment is terminated because of death, disability, retirement, or any other reason, a participant (or in the event of death, a designated beneficiary) may receive the vested accrued benefit credited to his or her account in a lump-sum or installment distributions.

(e) Notes Receivable from Participants

In accordance with the Plan's provisions, employees may borrow against their individual account balances. Participants may borrow a minimum of $1,000 up to a maximum of the lesser of 50% of their vested account balance or $50,000 reduced by their highest outstanding note receivable during the prior 12-month period. Only one note may be outstanding at any given time. Notes receivable from participants are collateralized by the participant's account. Notes receivable from participants are to be repaid in level payments through payroll deductions on at least a quarterly basis over a five-year period, or over a ten-year period if it is for the purchase of a principal residence. Notes receivable from participants shall bear interest at a rate determined by the plan administrator. The interest rate was between 4.25% and 8.25% for 2014 and 2013.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

(b) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent the net asset values of shares held by the Plan at year-end.

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

(c) Notes Receivable from Participants

Notes receivable from participants are carried at their outstanding balance plus unpaid accrued interest. No allowance for credit issues have been recorded as of December 31, 2014 and 2013.

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Administrative Expenses

Administrative expenses are generally paid by the Company.

(f) Use of Estimates

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits, changes therein, and, when applicable, disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

(g) Risk and Uncertainties

The Plan provides for various investment options in any combination of mutual funds. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amount reported in the statements of net assets available for benefits.

The Plan's exposure to a concentration of credit risk is limited by the diversification of investments across a variety of participant-directed fund elections. Additionally, the investments within each participant-directed fund election are further diversified into varied financial instruments.

(h) Subsequent Events

The Plan has evaluated subsequent events through October 14, 2015, the date the financial statements were available to be issued, identifying one subsequent events requiring disclosure (Note 10).

(3) Information Certified by Trustee

All information certified by Trustee disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2014 and 2013, and net appreciation or depreciation in fair value of investments, and interest and dividend income for the years ended December 31, 2014 and 2013, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Fidelity Management Trust Company.

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to investments and notes receivable from participants held at December 31, 2014 and 2013, and net appreciation or depreciation in fair value of investments, and interest and dividend income for the years ended December 31, 2014 and 2013.

Investments that represent 5% or more of the fair value of the Plan's net assets available for benefits are as follows:

Description		2014	2013
Fidelity Contrafund	$	7,633,469	8,345,210
Fidelity Diversified International Fund		3,215,039	4,151,703
Fidelity Dividend Growth Fund		3,664,954	3,604,458
Fidelity Freedom K 2020		2,683,387	2,657,698
Fidelity Puritan Fund		3,662,947	4,442,263
MSIF Mid Cap Growth I		3,203,046	3,675,893
Pimco Total Return		2,846,063	3,207,500

During 2014 and 2013, the Plan's investments (including investments purchased, sold, as well as held during the year) depreciated/appreciated in fair value as determined by quoted market prices as follows:

		2014	2013
Net (depreciation) appreciation in fair value of investments:			
Mutual funds	$	(1,141,428)	7,330,873

		2014	2013
Interest and dividends:			
Mutual funds	$	3,795,649	2,390,564
Notes receivable from participants		13,994	17,838
	$	3,809,643	2,408,402

(4) Plan Termination

The Company has the right under the Plan to discontinue, terminate, amend, or modify the Plan subject to the provisions of ERISA. In the event the Plan terminates, participants will become 100% vested in their accounts (note 1(a)).

(Continued)

(5) Plan Tax Status

The Plan is based on a prototype plan. The Internal Revenue Service informed the prototype plan sponsor, in an opinion letter dated March 31, 2008, that the form of the prototype plan is acceptable under the requirements of the Internal Revenue Code. As provided in Revenue Procedure 2005-16, an employer that adopts a prototype plan may rely on a favorable opinion letter with respect to the qualification of its plan under Section 401(a). Although the Plan has been amended since the date of the opinion letter, the Plan administrator believes that the current Plan is designed and being operated in compliance with applicable requirements of the Code and is qualified and the related trust is tax-exempt. Therefore, no provision for federal income taxes is included in the Plan's financial statements.

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 derecognize an 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, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or derecognition of an 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.

(6) Risks and Uncertainties

The plan invests in various investment securities. Investment securities are exposed to various risk, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts report in the statement of net assets available for benefits.

(7) Party-in-Interest Transactions

Plan assets include investments that are managed by affiliates of Fidelity Management Trust Company (the trustee and custodian of the Plan) and notes receivable from participants and, therefore, these transactions qualify as party-in-interest transactions.

(8) Reconciliation of Financial Statements to Form 5500

The Plan prepares its Form 5500 on a cash basis of accounting. The following is a reconciliation of net assets available for benefits as presented on the statements of net assets available for benefits in the financial statements to Form 5500 as of December 31, 2014 and 2013:

		2014	2013
Net assets available for benefits per the financial statements	$	45,046,059	49,699,076
Participant contributions receivable		—	(18,198)
Employer contributions receivable		—	(5,451)
Net assets available for benefits per Form 5500	$	45,046,059	49,675,427

(Continued)

The following is a reconciliation of the net increase or decrease as presented in the statements of changes in net assets available for benefits in the financial statements to Form 5500 for the years ended December 31, 2014 and 2013:

	2014	2013
Net (decrease) increase per the financial statements	$ (4,653,017)	1,496,419
Change in participant contributions receivable	18,198	(2,229)
Change in employer contributions receivable	5,451	(892)
Net (decrease) increase per Form 5500	$ (4,629,368)	1,493,298

(9) Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Subtopic 820-10, *Fair Value Measurement*, establishes a 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 unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC Subtopic 820-10 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 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.

Mutual funds: Valued at quoted market prices of shares held by the Plan at year end.

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

The following table summarizes the valuation and investment strategies of the Plan's financial instruments under the fair value hierarchy levels as of December 31, 2014:

	Fair value measurements at December 31, 2014					
	Level 1	Level 2	Level 3	Total	Redemption frequency	Days notice
Mutual funds:						
Money market	$ 1,862,301	—	—	1,862,301	Daily	1
Mid/large cap stock	33,257,380	—	—	33,257,380	Daily	1
Fixed income	3,665,285	—	—	3,665,285	Daily	1
Small cap stock	1,756,764	—	—	1,756,764	Daily	1
International	4,232,356	—	—	4,232,356	Daily	1
Total	$ 44,774,086	—	—	44,774,086		

The following table summarizes the valuation and investment strategies of the Plan's financial instruments under the fair value hierarchy levels as of December 31, 2013:

	Fair value measurements at December 31, 2013					
	Level 1	Level 2	Level 3	Total	Redemption frequency	Days notice
Mutual funds:						
Money market	$ 2,111,964	—	—	2,111,964	Daily	1
Mid/large cap stock	35,667,592	—	—	35,667,592	Daily	1
Fixed income	4,048,355	—	—	4,048,355	Daily	1
Small cap stock	2,161,077	—	—	2,161,077	Daily	1
International	5,379,146	—	—	5,379,146	Daily	1
Total	$ 49,368,134	—	—	49,368,134		

(10) Subsequent Event

Health Dialog Services Corporation adopted the updated Fidelity Volume Submitter Defined Contribution Plan effective April 15, 2015 before the deadline for adoption of the updated plan.

HEALTH DIALOG SERVICES
CORPORATION RETIREMENT PLAN

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

December 31, 2014

	Identity of issue, borrower, lessor, or similar party	Description of investments		Current value
Mutual Funds Held by Fidelity as custodian	MSIF Mid Cap Growth I	81420	Shares	$ 3,203,046
	* Fidelity Cap Appreciation	32099	Shares	1,156,510
	* Fidelity Contrafund	77916	Shares	7,633,469
	* Fidelity Diversified International Fund	93325	Shares	3,215,039
	* Fidelity Dividend Growth Fund	109663	Shares	3,664,954
	* Fidelity Freedom K 2005	2941	Shares	38,141
	* Fidelity Freedom K 2010	17067	Shares	225,280
	* Fidelity Freedom K 2015	39138	Shares	532,271
	* Fidelity Freedom K 2020	188440	Shares	2,683,387
	* Fidelity Freedom K 2025	74718	Shares	1,110,303
	* Fidelity Freedom K 2030	70466	Shares	1,068,978
	* Fidelity Freedom K 2035	43356	Shares	676,793
	* Fidelity Freedom K 2040	55971	Shares	875,949
	* Fidelity Freedom K 2045	38410	Shares	616,865
	* Fidelity Freedom K 2050	37993	Shares	614,350
	* Fidelity Freedom K 2055	2206	Shares	26,247
	* Fidelity Freedom K Income	13648	Shares	161,597
	* Fidelity International Discovery	23053	Shares	875,789
	TRP Equity Income	9131	Shares	299,508
	* Fidelity Leveraged Co Stock	38784	Shares	1,757,681
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	* Fidelity Retirement Money Market Portfolio	1862301	Shares	1,862,301
	GS Midcap Value Inst	29256	Shares	1,216,448
	Loomis Small Cap Growth IS	37213	Shares	846,221
	Pimco Total Return	266985	Shares	2,846,063
	RS Partners A	29297	Shares	910,543
	* Spartan Extended Market Index	7198	Shares	397,210
	* Spartan 500 Index	20938	Shares	1,525,330
	* Spartan International Index	3802	Shares	141,528
	* Spartan U.S. Bond Index	69840	Shares	819,222
	* Fidelity Four In One Index	2966	Shares	110,116
	Total mutual funds			44,774,086
* Notes receivable from participants	Participants loans, interest rate 4.25% – 8.25%			271,973
				$ 45,046,059

* Indicates party-in-interest to the Plan.

See accompanying independent auditors' report.