

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), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>DEX ONE 401(K) SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>07/01/1998</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>07/01/1998</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>DEX ONE CORPORATION</u> <u>9380 STATION STREET</u> <u>LONE TREE, CO 80124</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>13-2740040</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>303-784-1854</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541800</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>13-2740040</u>	2c Sponsor's telephone number <u>303-784-1854</u>	2d Business code (see instructions) <u>541800</u>	
2b Employer Identification Number (EIN) <u>13-2740040</u>					
2c Sponsor's telephone number <u>303-784-1854</u>					
2d Business code (see instructions) <u>541800</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/02/2011	DONNA TIKKANEN-DAVIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/02/2011	DONNA TIKKANEN-DAVIS
	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

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") DEX ONE CORPORATION 9380 STATION STREET LONE TREE, CO 80124	3b Administrator's EIN 13-2740040 3c Administrator's telephone number 303-784-1854
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	2679
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	2330
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	693
d Subtotal. Add lines 6a , 6b , and 6c	6d	3023
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	3024
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	2861
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	66

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2S 2T 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2010 This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan DEX ONE 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 DEX ONE CORPORATION	D Employer Identification Number (EIN) 13-2740040	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
COLUMBIA MANAGEMENT CO.	ONE FINANCIAL CENTER BOSTON, MA 02111-2621

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
JANUS MUTUAL FUNDS	151 DETROIT STREET DENVER, CO 80219-0668

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PACIFIC INVESTMENT MGMT CORP	840 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660-6397

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
STATE STREET GLOBAL ADVISORS	ONE LINCOLN STREET BOSTON, MA 02110

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

WELLS FARGO

100 HERITAGE RESERVE
MENOMONEE FALLS, WI 53051

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

VICTORY FUNDS

4400 N FEDERAL HIGHWAY
STE 210-19
BOCA RATON, FL 33431

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

COHEN & STEERS FUNDS

280 PARK AVENUE
10TH FLOOR
NEW YORK, NY 10017-1216

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

PRUDENTIAL FUNDS

101 SABIN STREET
PAWTUCKET, RI 02860-1427

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

VANGUARD

100 VANGUARD BLVD
MALVERN, PA 19355-2331

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

HARBOR CAPITAL ADVISORS

111 S WACKER DR
34TH FL
CHICAGO, IL 60606

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

EATON VANCE FUNDS

TWO INTERNATIONAL PLACE
BOSTON, MA 02110

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

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

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

MERCER HR SERVICES, LLC

INVESTORS WAY
NORWOOD, MA 02062-1584

(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?
15 21 25 37 38 49 50 59 60 62 64 65 99	RECORDKEEPER/T RUSTEE	33156	Yes ☒ No ☐	Yes ☐ No ☒	84430	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 ☐

(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
MERCER HR SERVICES, LLC	15 38 59 60	4630
(d) Enter name and EIN (address) of source of indirect compensation COHEN & STEERS FUNDS 280 PARK AVENUE 10TH FLOOR NEW YORK, NY 10017-1216	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MERCER HR SERVICES, LLC	15 38 59 60	15608
(d) Enter name and EIN (address) of source of indirect compensation COLUMBIA MANAGEMENT CO. ONE FINANCIAL CENTER BOSTON, MA 02111-2621	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MERCER HR SERVICES, LLC	15 38 59 60	7946
(d) Enter name and EIN (address) of source of indirect compensation EATON VANCE FUNDS TWO INTERNATIONAL PLACE BOSTON, MA 02110	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES	

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
MERCER HR SERVICES, LLC	15 38 59 60	12660
(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.	
HARBOR CAPITAL ADVISORS 111 S WACKER DR 34TH FL CHICAGO, IL 60606	RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MERCER HR SERVICES, LLC	15 38 59 60	15523
(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.	
JANUS MUTUAL FUNDS 151 DETROIT STREET DENVER, CO 80219-0668	RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MERCER HR SERVICES, LLC	15 38 59 60	11252
(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.	
PRUDENTIAL FUNDS 101 SABIN STREET PAWTUCKET, RI 02860-1427	RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES	

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
MERCER HR SERVICES, LLC	15 38 59 60	1878
(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.	
STATE STREET GLOBAL ADVISORS ONE LINCOLN STREET BOSTON, MA 02110	RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MERCER HR SERVICES, LLC	15 38 59 60	4220
(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.	
VICTORY FUNDS 4400 N FEDERAL HIGHWAY STE 210-19 BOCA RATON, FL 33431	RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MERCER HR SERVICES, LLC	15 38 59 60	9567
(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.	
WELLS FARGO 100 HERITAGE RESERVE MENOMONEE FALLS, WI 53051	RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010					
A Name of plan DEX ONE 401(K) SAVINGS PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DEX ONE CORPORATION				D Employer Identification Number (EIN) 13-2740040	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S & P 500 INDEX FUND					
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS					
c EIN-PN 04-0025081-078		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13580074	
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD RETIREMENT SAVINGS TRUST					
b Name of sponsor of entity listed in (a): VANGUARD					
c EIN-PN 23-2186884-024		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31225527	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan DEX ONE 401(K) SAVINGS PLAN	B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 DEX ONE CORPORATION	D Employer Identification Number (EIN) 13-2740040	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1008535	772085
(2) Participant contributions	1b(2)	389290	19564
(3) Other.....	1b(3)	943000	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	3155676	3416860
(9) Value of interest in common/collective trusts.....	1c(9)	40663818	44805601
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	87721684	113067556
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	2534	0
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	133884537	162081666

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	133884537	162081666
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	9253753	
(B) Participants	2a(1)(B)	11957163	
(C) Others (including rollovers)	2a(1)(C)	384323	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		21595239

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	199209	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		199209

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2461229	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2461229

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2534	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-2534

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3195613
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		11326321
c Other income.....	2c		-17121
d Total income. Add all income amounts in column (b) and enter total.....	2d		38757956

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10390138	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10390138
f Corrective distributions (see instructions)	2f		2657
g Certain deemed distributions of participant loans (see instructions).....	2g		46261
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	33156	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		33156
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10472212

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		28285744
l Transfers of assets:			
(1) To this plan.....	2l(1)		91892
(2) From this plan	2l(2)		180507

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **ANTON COLLINS MITCHELL LLP**

(2) EIN: **01-0724563**

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 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.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
DEX MEDIA, INC. EMPLOYEE SAVINGS PLAN	20-4059762	001

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan DEX ONE 401(K) SAVINGS PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 DEX ONE CORPORATION		D Employer Identification Number (EIN) 13-2740040
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 0
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): 20-2020334		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
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		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 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(es). 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		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2010 v.092308.1		

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 items 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 items 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 items 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 items 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 items 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 items 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 item 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 items (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 item 19(b)?

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

Dex One 401(k) Savings Plan

Financial Statements and Supplemental Schedule

**As of December 31, 2010 and 2009
and for the Year Ended December 31, 2010**

**Dex One
401(k) Savings Plan**

**Financial Statements
and Supplemental Schedule**
As of December 31, 2010 and 2009
and for the Year Ended December 31, 2010

Dex One 401(k) Savings Plan

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Independent Auditors' Report

To the Participants and to the Employee Benefits Committee and Asset Management Committee of Dex One Corporation:

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Dex One 401(k) Savings Plan (formerly known as the R.H. Donnelley 401(k) Savings Plan) (the "Plan") as of December 31, 2010 and 2009, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2010 and the supplemental schedule of assets (held at end of year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Mercer Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

R.H. Donnelley Corporation filed for reorganization under the protection of Chapter 11 of the U.S. Bankruptcy Code on May 28, 2009 and emerged from bankruptcy as Dex One Corporation (the "plan sponsor") on January 29, 2010. See Note 1 to the financial statements for discussion of the plan sponsor's reorganization and emergence from bankruptcy.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. 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, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Anton Collins Mitchell LLP

August 26, 2011
Denver, Colorado

Financial Statements



Dex One 401(k) Savings Plan

Statements of Net Assets Available for Plan Benefits

<i>As of December 31,</i>	2010	2009
Assets:		
Investments, at fair value (Notes 2, 3, 4 and 6):		
Registered investment companies	\$ 113,067,556	\$ 87,721,684
Common/collective trusts	44,805,601	40,663,818
R.H. Donnelley Corporation common stock (Note 7)	-	2,534
Total investments	157,873,157	128,388,036
Receivables:		
Participant contributions	19,564	389,290
Employer contributions, net of forfeitures	772,085	1,008,535
Notes receivable from participants	3,416,860	3,155,676
Corrective contributions (Note 9)	-	943,000
Total receivables	4,208,509	5,496,501
Total assets	162,081,666	133,884,537
Total liabilities	-	-
Net assets available for plan benefits, at fair value	162,081,666	133,884,537
Adjustment from fair value to contract value for interest in common/collective trust relating to fully benefit-responsive investment contracts (Note 2)	(1,229,601)	(631,513)
Net assets available for plan benefits	\$ 160,852,065	\$ 133,253,024

See accompanying independent auditors' report and notes to financial statements.

Dex One 401(k) Savings Plan

Statements of Changes in Net Assets Available for Plan Benefits

<i>For the Year Ended December 31,</i>	2010
Additions to net assets attributed to:	
Contributions:	
Participant	\$ 11,957,163
Employer, net of forfeitures	9,253,753
Rollover	384,323
Total contributions	21,595,239
Interest earned on notes receivable from participants	199,209
Investment income:	
Interest and dividend income	3,346,484
Net appreciation in fair value of investments (Note 3)	13,036,057
Total net investment income and interest earned on notes receivable from participants	16,581,750
Deductions from net assets attributed to:	
Benefits paid to participants	(10,436,399)
Administrative expenses	(33,156)
Change in estimated corrective contributions (Note 9)	(17,121)
Excess contributions (Note 10)	(2,657)
Total deductions	(10,489,333)
Asset transfers, net (Note 12)	(88,615)
Net increase in net assets	27,599,041
Net assets available for plan benefits, beginning of year	133,253,024
Net assets available for plan benefits, end of year	\$ 160,852,065

See accompanying independent auditors' report and notes to financial statements.

Dex One 401(k) Savings Plan

Notes to Financial Statements

1. PLAN DESCRIPTION

General

The following is a brief description of the Dex One 401(k) Savings Plan (formerly known as the R.H. Donnelley 401(k) Savings Plan) (the “Plan”), and is provided for general information only. Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan’s provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. The Plan is not covered by the Pension Benefit Guaranty Corporation.

The Plan was established effective July 1, 1998, by Dex One Corporation (the “Company” or “Plan Sponsor”), formerly R.H. Donnelley Corporation (“RHD”), for the benefit of all eligible employees of the Company and its subsidiaries. The Plan was established to provide the Company’s eligible employees a way to save on a regular and long-term basis for retirement. The Plan is intended to be a defined contribution plan with non-elective contribution provisions and provides for a cash or deferred arrangement under Code Section 401(k).

The Plan is a defined contribution plan covering substantially all eligible non-bargained for employees of the Company except as otherwise described below. Leased employees, non-resident aliens and independent contractors are not eligible for participation in the Plan. Bargained for employees of the Company and its subsidiaries are not eligible for the Plan. The Company maintains the Dex Media, Inc. Employee Savings Plan for its bargained for employees. Employees of Business.com, Inc. (“BDC”), a direct wholly-owned subsidiary of the Company, were not eligible to participate in the Plan as of December 31, 2010. See Note 14, *Subsequent Events - Plan Merger and Transfer of Assets*, for information on the merger of the Business.com, Inc. 401(k) Plan into the Plan effective February 1, 2011.

On May 28, 2009, RHD and its subsidiaries filed for reorganization under the protection of the U.S. Bankruptcy Code (“Chapter 11”). On January 29, 2010, Dex One Corporation became the successor registrant to RHD upon emergence from Chapter 11.

Dex One 401(k) Savings Plan

Notes to Financial Statements

Trustee and Administration of the Plan

The Plan administrator is the Company's Employee Benefits Committee ("EBC") and the Asset Management Committee ("AMC") (collectively "Plan Administrator"), which were appointed by the Compensation and Benefits Committee of the Company's Board of Directors. The EBC has the authority to select, retain, monitor and discharge recordkeepers and is responsible for administering the Plan, including day to day functions, benefit payments, and claims, and for effectuating amendments. The AMC has authority to remove and/or instruct the trustee, establish and maintain a funding and investment policy and select and monitor funds.

The trustee of the Plan is Mercer Trust Company ("Mercer" or "Trustee"). The Trustee holds all assets of the Plan in accordance with provisions of the trust agreements with the Company. Mercer HR Services, LLC provides recordkeeping services and other administrative services for the Plan.

Eligibility

Employees are eligible to participate in the Plan as of the first administratively feasible payroll following completion of 30 days of employment. Interns and temporary workers who work at least one thousand hours during a consecutive 12-month period following their date of hire or in any calendar year thereafter are eligible to participate on the first administratively feasible payroll period after the service requirement has been met.

Contributions

Participants may elect to contribute from 1% up to 75%, in whole percent increments, of their eligible compensation, as defined by the Plan document and as limited by the Internal Revenue Code ("IRC"). Participant contributions may be on a pre-tax or after-tax basis. Participant pre-tax contributions are limited to \$16,500 by the IRC in 2010.

Each active participant who becomes eligible to participate in the Plan on and after January 1, 2009, and who does not make an affirmative election either to contribute or not contribute to the Plan or to make elective deferrals at a specified level, shall be deemed to have elected to contribute 3% of their compensation on a pre-tax basis during their first year in the Plan. Each year thereafter, contributions will increase by 1% of compensation until a contribution rate of 6% is reached for these automatically enrolled participants, as well as any participants choosing this option in the Plan.

Catch-up contributions may also be made by participants if they are age 50 or older and certain other criteria are met. The 2010 IRC limit for catch-up contributions was \$5,500. Catch-up contributions are eligible for matching contributions by the Company, subject to Plan limits.

Dex One 401(k) Savings Plan

Notes to Financial Statements

The Plan provides a safe harbor matching contribution to all eligible employees. This match allows the Plan to automatically satisfy certain nondiscrimination tests required by Section 401(k) and 401(m) for employees. The Plan's employer match is 100% of the first 6% of compensation contributed by the participant per pay period. There are also quarterly true-up matching contributions to ensure that participants receive the full matching contribution for the quarter, as further described in the Plan document.

Each participant who meets certain criteria shall be entitled to a transition contribution equal to a percentage of eligible compensation based upon the sum of years of credited pension service, as defined, and age as of December 31, 2008. These transition contributions will not be matched. No participant shall be entitled to receive this transition contribution for any plan year beginning on or after December 31, 2013. The transition contributions are payable by the Company so long as the participant is employed on the last day of each plan year. Transition contributions for the 2010 plan year of \$614,099 are recorded as employer contributions receivable as of December 31, 2010.

Participants can make rollover contributions from other qualified plans or individual retirement accounts if certain criteria are met as outlined in the Plan document.

The participant and employer contributions for the plan year are subject to certain limitations imposed by the IRC and the Plan's terms.

Participant Accounts

Each participant's account is credited with the participant's contributions (pre-tax, after-tax and catch-up), rollover contributions, the employer contributions (match and transition), an allocation of earnings and losses on investments, and is charged with the participant's withdrawals and distributions and related expenses on a daily basis. The investment earnings or losses are allocated to each participant's account in the proportion that the balance of each participant's account bears to the total balance of all participants in each investment fund. Each participant is entitled to the benefit that can be provided from the participant's vested account.

Dex One 401(k) Savings Plan

Notes to Financial Statements

Investment Options

Participants may direct the investment of their account balances into various investment options offered by the Plan. The Plan offers investment options in common/collective trusts and registered investment companies. Participants may change their investment directions at any time, subject to the restrictions and procedures as are established by the recordkeeper and the fund prospectus. After December 31, 2008, plan participants were no longer able to direct any new contributions into the R.H. Donnelley Corporation common stock fund. However, plan participants had the ability to direct transfers out of the R.H. Donnelley Corporation common stock fund up until the Company's emergence from Chapter 11, when all issued and outstanding shares of R.H. Donnelley Corporation common stock were cancelled.

Notes Receivable from Participants

Participants may, with the consent of the Plan Administrator, borrow up to the lesser of \$50,000 or one-half of their vested account balance. Participants may not have more than one note receivable outstanding at any time. The minimum note receivable amount is \$500. The minimum note receivable term is 12 months and the maximum note receivable term is 57 months unless the proceeds are used to acquire a participant's principal residence, in which case the maximum term is 117 months. A participant's note receivable shall become due and payable if such participant fails to make a principal and/or interest payment as provided in the note receivable agreement, subject to a grace period.

In addition, the note receivable becomes due and payable at the time the participant separates from the Company. The note receivable is secured by the balance in the participant's account and the interest rate is determined by adding 1% to the prime rate interest as published in the *Wall Street Journal* as of the last day of the month preceding the note receivable and is fixed for the term of the note receivable. Interest rates for the note receivables range from 4.25% to 10.25% as of December 31, 2010 and December 31, 2009. Principal and interest is paid ratably through bi-weekly payroll deductions.

Administrative Expenses

The Company has full discretionary authority to allocate to participants' accounts any reasonable Plan expenses that are not funded by forfeitures or by the Company. For the year ended December 31, 2010, total expenses comprised of notes receivable and benefit payment administrative fees of \$33,156 were paid by Plan participants. There were no expenses paid from the forfeiture account during the year ended December 31, 2010. All other expenses were paid by the Company.

Dex One 401(k) Savings Plan

Notes to Financial Statements

Vesting

A participant is immediately fully vested in that portion of their account attributable to the employee's pre-tax, after-tax and catch-up contributions, transition contributions and rollover contributions. Employees are fully vested in all employer matching contributions upon completion of one year of service.

For purposes of vesting, years of credited service are computed as the total time period (regardless of actual service hours) commencing with the employee's first date of employment and ending on the date the employee's break in service begins. Participants also become fully vested in their accounts upon reaching normal retirement age (65), death or disability. There are certain other special events which can cause immediate vesting as further described in the Plan document.

Forfeitures

The amount of any non-vested forfeiture attributed to a participant's break in service as specified by the Plan document may be used to restore the participant's forfeited employer contribution or to fund employer contributions. During the year ended December 31, 2010, \$160,284 of forfeitures were used to fund employer matching contributions and no forfeitures were used to pay Plan administrative expenses. As of December 31, 2010 and 2009, forfeited non-vested accounts were \$302 and \$0, respectively.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan, subject to the provisions of ERISA. In the event the Plan is terminated, all participant accounts would immediately become fully vested and the assets would be distributed among the participants in accordance with the terms set forth in the Plan document and in accordance with ERISA.

Payment of Benefits

Upon termination of service, death, disability, or attainment of normal retirement age (65), a participant may elect to receive a lump sum distribution payment equal to the vested value of the participant's account or transfer these amounts to another qualified retirement plan or individual retirement account ("IRA"). Terminated participants who do not elect a distribution type and have an account balance of less than \$1,000 must take an immediate lump sum distribution. If the amount is more than \$1,000 but less than \$5,000, their account balance will be rolled over into an IRA. Participants may also take voluntary in-service withdrawals and hardship withdrawals if certain criteria are met and subject to certain limitations as outlined in the Plan document.

Dex One 401(k) Savings Plan

Notes to Financial Statements

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Use of Estimates

The financial statements of the Plan are prepared using the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America (“GAAP”). The financial statements and supplemental schedule have been prepared assuming that the Plan will continue as a going concern.

The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

New Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update (“ASU”) 2010-06, *Improving Disclosures about Fair Value Measurements* (“ASU 2010-06”). ASU 2010-06 amends Accounting Standards Codification (“ASC”) 820 *Fair Value Measurements and Disclosures* (“ASC 820”) to clarify existing disclosure requirements and require additional disclosure about fair value measurements. ASU 2010-06 clarifies existing fair value disclosures about the level of disaggregation presented and about inputs and valuation techniques used to measure fair value for measurements that fall in either Level 2 or Level 3 of the fair value hierarchy. The additional disclosure requirements include disclosure regarding the amounts and reasons for significant transfers in and out of Level 1 and Level 2 of the fair value hierarchy and separate presentation of purchases, sales, issuances and settlements of items within Level 3 of the fair value hierarchy. ASU 2010-06 is effective for interim and annual reporting periods beginning after December 15, 2009 except for the disclosures about Level 3 activity of purchases, sales, issuances and settlements, which is effective for interim and annual reporting periods beginning after December 15, 2010. Effective January 1, 2010, the Plan adopted the disclosure provisions of ASU 2010-06 that are effective for interim and annual reporting periods beginning after December 15, 2009. These disclosures are required to be provided only on a prospective basis and adoption did not have any impact on the Plan’s financial statements.

In September 2010, the FASB issued ASU 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans* (“ASU 2010-25”) that amends certain items contained in ASC 962, *Plan Accounting – Defined Contribution Pension Plans*. ASU 2010-25 clarifies the classification and measurement of participant loans of defined contribution pension plans. The guidance requires that participant loans be classified as notes receivable from participants and measured at their unpaid principal balance plus any accrued but unpaid interest. Participant loans were previously required to be classified as investments and measured at fair value. ASU 2010-25 is effective for fiscal years

Dex One 401(k) Savings Plan

Notes to Financial Statements

ended after December 15, 2010 and must be applied retrospectively with early adoption permitted. The Plan adopted ASU 2010-25 in 2010 and has reclassified participant loans of \$3,155,676 as of December 31, 2009 from investments to notes receivable from participants on the Statements of Net Assets Available for Plan Benefits. Net assets of the Plan were not affected by the adoption of ASU 2010-25.

Valuation of Investments and Income Recognition

The Plan's investments are stated at fair value. See Note 4, *Fair Value Measurements and Disclosures*, for additional information. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a common/collective trust. The Statements of Net Assets Available for Plan Benefits presents the fair value of the investment in the common/collective trust as well as the adjustment of the investment in the common/collective trust from fair value to contract value relating to the investment contracts. The Statement of Changes in Net Assets Available for Plan Benefits is prepared on a contract value basis.

Purchases and sales of investments are recorded on a trade date basis. Dividend income is recorded on the ex-dividend date and interest income is recorded when earned. The net appreciation or depreciation is determined as the difference between beginning market value or cost if purchased during the year and year end market value.

Contributions

Participant contributions and the related Company matching contributions are recorded in the period payroll deductions are made. Transition contributions are recorded in the year attributable to the compensation earned.

Payments of Benefits

Benefits are recorded when paid.

Dex One 401(k) Savings Plan

Notes to Financial Statements

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid, interest. Delinquent participant notes receivable are reclassified as distributions based on the terms of the Plan document.

Voting Rights of Employer Stock

Until the Company's emergence from Chapter 11 on January 29, 2010, at which such time all of the issued and outstanding shares of RHD common stock were cancelled, the Trustee held the shares of R.H. Donnelley Corporation common stock on behalf of the Plan. Each participant or beneficiary of a deceased participant had the right to direct the Trustee as to the manner of voting and exercise of all other rights which a shareholder of record has with respect to the shares of R.H. Donnelley Corporation common stock. If the Trustee did not receive timely instructions from the participant, the Trustee would vote any shares of R.H. Donnelley Corporation common stock credited to the participant's account in the same proportion as the Trustee was instructed to vote with respect to all shares for which it received instructions.

3. INVESTMENTS

During the year ended December 31, 2010, the Plan's investments (including realized and unrealized gains and losses on investments purchased and sold) appreciated (depreciated) in value as follows:

<i>Year Ended December 31,</i>	2010
Registered investment companies	\$ 11,326,321
Common/collective trusts	1,712,270
R.H. Donnelley Corporation common stock	(2,534)
Net appreciation in fair value of investments	\$ 13,036,057

Dex One 401(k) Savings Plan

Notes to Financial Statements

The fair value of investments which exceed 5% of net assets available for Plan benefits are as follows:

<i>December 31,</i>	2010	2009
Vanguard Retirement Savings Trust	\$ 31,225,527	\$ 29,212,153
Harbor International Fund	14,229,997	12,543,239
State Street Global Advisors S&P 500 Index Fund	13,580,074	11,451,665
PIMCO Total Return Fund	13,550,454	11,410,426
Vanguard Target Retirement 2025 Fund	11,370,310	9,130,505

4. FAIR VALUE MEASUREMENTS AND DISCLOSURES

ASC 820 provides 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 market 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 ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include quoted market prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset 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.

Dex One 401(k) Savings Plan

Notes to Financial Statements

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Common stock: R.H. Donnelley Corporation common stock was stated at fair value at the closing price reported on the active market on which it was traded and was classified as a Level 1 investment.

Registered investment companies: The shares of registered investment companies are valued at quoted market prices in an exchange and active market, which represents the net asset values (“NAV”) of shares held by the Plan at year end and are classified as Level 1 investments.

Common/collective trusts: The investments include an index fund and a stable value fund. The fair value of the Plan’s interest in the index fund is based on the NAV reported by the fund managers as of the financial statement dates and recent transaction prices. The index fund provides for daily redemptions by the Plan at reported NAV with no advance notice requirement. Under unusual circumstances, redemptions may be suspended should the withdrawal cause a material adverse impact on other participating plans. Fair values for the investments within the index fund are based on quoted prices in active markets and securities valued using either observable inputs or quotations from inactive markets. The Plan is permitted to redeem investment units at NAV on the measurement date, and as a result, the investment is classified as a Level 2 investment. The index fund includes investments that seek to approximate the risk and return characterized by the S&P 500 Index. To achieve their objective, the accounts employ a replication technique, which generally seeks to hold each index constituent in its proportional index weight. The accounts may make limited use of futures and/or options for the purpose of maintaining equity exposure. This account may participate in securities lending.

The fair value of participation units held in the stable value fund are based on NAV after adjustments to reflect all fund investments at fair value, including direct and indirect interests in fully benefit-responsive contracts. The beneficial interest of each participant is represented by units. Units are issued and redeemed daily at the stable value fund’s constant NAV of \$1 per unit. Distribution to the stable value fund’s unit holders are declared daily from the net investment income and automatically reinvested in the stable value fund on a monthly basis when paid. The average yield based on actual earnings as of December 31, 2010 and 2009 was 3.36% and 3.15%, respectively. The average yield based on interest rates credited to participants as of December 31, 2010 and 2009 was 3.01% and 2.86%, respectively. The crediting rate on traditional contracts is typically fixed for the life of the investment. The crediting rate on synthetic contracts resets every quarter based on the performance of the underlying investment portfolio. The stable value fund generally permits redemptions daily. If the stable value fund experiences periods of insufficient liquidity, it may defer honoring any payment request until liquidity is sufficient. The stable value fund may also impose certain restrictions based on employer initiated events such as plan termination, layoffs, tax disqualification and other events that could impact its ability to transact at contract value. The Company is not aware of any such

Dex One 401(k) Savings Plan

Notes to Financial Statements

events. The fair value of the Plan's interest in the stable value fund is based on quoted market prices in active markets and securities and contracts are valued using observable inputs. The Plan is permitted to redeem investment units at the \$1 NAV on the measurement date, and as a result, the investment is classified as a Level 2 asset. The stable value fund invests primarily in investment contracts (traditional or synthetic) issued by insurance companies, banks or other financial institutions, including investment contracts backed by high-quality fixed income securities. The stable value fund seeks to provide current and stable income, while maintaining a stable share value of \$1, by diversifying among high credit quality investments and investment contracts which are structured to smooth market gains and losses over time. However, there is no assurance that this objective can be achieved.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured on a recurring basis as of December 31, 2010 and 2009, respectively:

<i>December 31, 2010</i>	Level 1	Level 2	Level 3	Total
Registered investment companies:				
Fixed income funds	\$ 15,998,705	\$ -	\$ -	\$ 15,998,705
Growth equity funds	18,719,216	-	-	18,719,216
Value equity funds	15,735,596	-	-	15,735,596
International equity funds	16,173,615	-	-	16,173,615
Life-cycle funds	41,410,651	-	-	41,410,651
Blend equity fund	2,685,558	-	-	2,685,558
Real estate fund	2,344,215	-	-	2,344,215
Total registered investment companies	113,067,556	-	-	113,067,556
Common/collective trusts:				
Index	-	13,580,074	-	13,580,074
Stable value	-	31,225,527	-	31,225,527
Total common/collective trusts		44,805,601	-	44,805,601
Total investments at fair value	\$ 113,067,556	\$ 44,805,601	\$ -	\$ 157,873,157

Dex One 401(k) Savings Plan

Notes to Financial Statements

<i>December 31, 2009</i>	Level 1	Level 2	Level 3	Total
Registered investment companies:				
Fixed income funds	\$ 12,878,174	\$ -	\$ -	\$ 12,878,174
Growth equity funds	14,173,465	-	-	14,173,465
Value equity funds	13,478,100	-	-	13,478,100
International equity funds	14,024,054	-	-	14,024,054
Life-cycle funds	30,105,200	-	-	30,105,200
Blend equity fund	1,704,342	-	-	1,704,342
Real estate fund	1,358,349	-	-	1,358,349
Total registered investment companies	87,721,684	-	-	87,721,684
Common/collective trusts:				
Index	-	11,451,665	-	11,451,665
Stable value	-	29,212,153	-	29,212,153
Total common/collective trusts	-	40,663,818	-	40,663,818
R.H. Donnelley Corporation				
common stock	2,534	-	-	2,534
Total investments at fair value	\$ 87,724,218	\$ 40,663,818	\$ -	\$ 128,388,036

Certain amounts included in the table above as of December 31, 2009 have been reclassified to conform to the current year's presentation. There were no transfers of Plan assets into or out of Level 1 or Level 2 during the years ended December 31, 2010 and 2009. The Plan has established a policy of recognizing transfers between levels in the fair value hierarchy as of the end of a reporting period.

5. INCOME TAX STATUS

The Plan obtained a determination letter dated April 20, 2005, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since the issuance of the tax determination letter and as such, the Plan filed for a new determination letter with the IRS on January 31, 2011. Although the IRS has not yet responded to the filing, the Company believes the Plan is qualified and the related trust is tax-exempt as of December 31, 2010. Therefore, no provision for taxes has been included in the financial statements. Certain operational issues were identified and have been corrected as further discussed in Note 9, *Corrective Contributions*, in order to maintain the tax-qualified status of the Plan.

Dex One 401(k) Savings Plan

Notes to Financial Statements

On July 11, 2008, the Company was notified by the Department of Labor (“DOL”) that they were auditing the Plan beginning on January 1, 2005 through July 2008. On March 16, 2010, the Company received correspondence from the DOL stating that since the Company had taken the corrective actions noted with regard to delinquent participant contributions and interest rates on loans, the DOL would take no further action. Therefore, the accompanying financial statements do not include any adjustments related to this matter.

In accordance with GAAP, Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for periods prior to July 2008.

6. CERTIFIED INFORMATION BY THE TRUSTEE

The Plan Sponsor has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulation for Reporting and Disclosure under ERISA. Accordingly, Mercer has certified that the following information included in the accompanying financial statements and supplemental schedule as complete and accurate.

- Statements of Net Assets Available for Plan Benefits as of December 31, 2010 and 2009
 - Investments at fair value, with the exception of the Vanguard Retirement Savings Trust which was certified at contract value, and notes receivable from participants
- Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2010
 - Interest and dividend income and interest earned on notes receivable from participants
 - Net appreciation in fair value of investments
- Notes to Financial Statements
 - Investment information as presented in the notes to the financial statements
- All investment information included in the Supplemental Schedule
 - Form 5500-Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year) – as of December 31, 2010, with the exception of the Vanguard Retirement Savings Trust which was certified at contract value.

Dex One 401(k) Savings Plan

Notes to Financial Statements

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

7. RELATED PARTY/PARTY-IN-INTEREST TRANSACTIONS

Fees paid by the Plan to Mercer for certain investment management fees were deducted from the net asset value of shares of the registered investment companies held by the Plan. The funds' operating expense ratios ranged from 0.05% to 1.11% at December 31, 2010. \$33,156 in administration fees were paid to Mercer.

As of January 1, 2009, the Plan no longer allowed participants to direct any new contributions into the R.H. Donnelley Corporation common stock fund. Upon emergence from Chapter 11, all of the issued and outstanding shares of RHD common stock were cancelled. As of December 31, 2009, the Plan held 666,917 shares of R.H. Donnelley Corporation common stock at a value of \$2,534.

Transactions noted above qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

8. CONCENTRATIONS, RISKS AND UNCERTAINTIES

The Plan invests in registered investment companies, common/collective trusts, and until the Company's emergence from Chapter 11 on January 29, 2010, R.H. Donnelley Corporation common stock. Investment securities are exposed to various risks such as interest rate, market and credit risks. Additionally, the value, liquidity and related income of the investment securities are sensitive to changes in economic conditions. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the value of such securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Plan Benefits and each participant's account.

Dex One 401(k) Savings Plan

Notes to Financial Statements

9. CORRECTIVE CONTRIBUTIONS

On January 1, 2006, the Company converted to a new payroll system. Certain computational and coding errors were identified relating to participant deferrals, contribution calculations and delayed commencement of the Plan's loan payroll deductions. Corrective contributions to participant accounts, including lost earnings, were identified. The Company made a voluntary submission to the IRS under the Employee Plans Compliance Resolution System ("EPCRS") on June 27, 2007, outlining the foregoing operational issues and the proposed resolution. In conjunction with this voluntary submission, an estimate of \$943,000 was recorded as a corrective contribution receivable as of December 31, 2009 in the accompanying Statements of Net Assets Available for Plan Benefits. The estimate for the corrective contributions was calculated based upon the Plan provisions which were limited by various IRC regulations. The estimate reflected investment earnings and losses based upon the affected participants' investment elections during the correction years. The Company received a Compliance Statement dated July 13, 2010 from the IRS on the proposed corrections as outlined in the EPCRS. As required and within the permitted timeframe, corrections totaling \$925,879 were remitted by the Company and credited to participant accounts on August 13, 2010 and November 12, 2010. Therefore, no further action will be taken by the IRS related to these issues. The Company believes that the Plan continues to be qualified and that the tax status of the related trust continues to be tax-exempt.

10. IRS REQUIRED TESTING

The Plan became a Safe-Harbor 401(k) plan on January 1, 2009 and is no longer subject to nondiscrimination testing for 401(k) deferral contributions and employer matching contributions. Refunds relating to any remaining testing requirements, IRC 415 and 402(g) for the 2010 plan year were de minimis.

Dex One 401(k) Savings Plan

Notes to Financial Statements

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

<i>December 31,</i>	2010	2009
Net assets available for plan benefits per the Statements of Net Assets Available for Plan Benefits	\$ 160,852,065	\$ 133,253,024
Add: Adjustment from fair value to contract value for interest in common/collective trust relating to fully benefit-responsive investment contracts (Note 2)	1,229,601	631,513
Net assets available for plan benefits per the Form 5500 (unaudited)	\$ 162,081,666	\$ 133,884,537

The following is a reconciliation of investment income per the accompanying financial statements to the Form 5500:

<i>Year Ended December 31,</i>	2010
Total investment income and interest earned on notes receivable from participants per the Statement of Changes in Net Assets Available for Plan Benefits	\$ 16,581,750
Add: Net adjustment from fair value to contract value for interest in common/collective trust relating to fully benefit-responsive investment contracts (Note 2)	598,088
Total investment income per the Form 5500 (unaudited)	\$ 17,179,838

Participant loans are reported as notes receivable from participants in the accompanying financial statements as required by current authoritative guidance; however, for Form 5500 purposes and reporting on the Supplemental Schedule of Assets (Held at End of Year), they are presented as investments.

Dex One 401(k) Savings Plan

Notes to Financial Statements

12. ASSET TRANSFERS, NET

Net assets of \$88,615 were transferred from the Dex One 401(k) Savings Plan to the Dex Media, Inc Employee Savings Plan during 2010 due to the transfer of participants between the plans. The transfer of net assets included \$91,892 of assets received into the Plan and \$180,507 of assets disbursed out of the Plan.

13. LEGAL PROCEEDINGS

On December 7, 2009, a putative ERISA class action complaint was commenced in the United States District Court for the Northern District of Illinois on behalf of certain participants in or beneficiaries of the Plan at any time between July 26, 2007 and the time the lawsuit was filed and whose plan accounts included investments in R.H. Donnelley Corporation common stock. The putative ERISA class action complaint contains allegations against certain current and former Company directors, officers and employees (but not the Plan itself) including allegations of breaches of fiduciary duties under ERISA and seeks damages and equitable relief. The Company believes the allegations set forth in the lawsuit are without merit and is vigorously defending the suit. As such, the accompanying financial statements do not include any adjustments related to this matter.

14. SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through August 26, 2011, which is the date the financial statements were available to be issued. There were no events or transactions discovered during this evaluation that require recognition or disclosure in the financial statements, other than the events noted below.

Plan Merger and Transfer of Assets

Effective January 1, 2011 BDC employees became eligible to participate in the Plan. Effective February 1, 2011, the Business.com, Inc. 401(k) Plan was merged with and into the Plan. As a result of this merger, plan assets of \$5,457,372 as well as notes receivable from participants of \$36,337, were transferred. The merger initiated a “black-out period” beginning on January 27, 2011 continuing through February 9, 2011. During this period, Business.com, Inc. 401(k) Plan participants were unable to engage in certain transactions including applying for loans, withdrawals, distributions, contribution rate changes, changes to investment allocations for contributions and investment exchanges for existing balances in the BDC Plan. As required by law, these participants were notified of the black-out period and restrictions of certain transactions in advance.

Supplemental Schedule

Dex One 401(k) Savings Plan

Form 5500 – Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year) – As of December 31, 2010

EIN: 13-2740040
Plan Number: 002

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Shares/Units	Current Value
(a) Vanguard Retirement Savings Trust	Common/Collective Trust	29,995,926	\$ 31,225,527
State Street Global Advisors S&P 500 Index Fund	Common/Collective Trust	561,926	13,580,074
Harbor International Fund	Registered Investment Companies	235,012	14,229,997
PIMCO Total Return Fund	Registered Investment Companies	1,248,890	13,550,454
Wells Fargo Advantage Capital Growth Fund	Registered Investment Companies	448,896	7,384,334
Perkins Mid Cap Value Fund	Registered Investment Companies	304,722	6,877,565
Eaton Vance Large Cap Value Fund	Registered Investment Companies	313,751	5,732,233
Jennison Mid Cap Growth Fund	Registered Investment Companies	197,692	5,606,556
Columbia Management Small Cap Growth Fund	Registered Investment Companies	181,276	5,728,326
Victory Small Company Opportunities Fund	Registered Investment Companies	103,778	3,125,798
Vanguard Extended Market Index Fund	Registered Investment Companies	75,735	2,685,558
Vanguard Total International Stock Index Fund	Registered Investment Companies	123,326	1,943,618
Vanguard Total Bond Market Index Fund	Registered Investment Companies	230,967	2,448,251
Cohen & Steers Realty Shares Fund	Registered Investment Companies	40,099	2,344,215
Vanguard Target Retirement 2005 Fund	Registered Investment Companies	41,825	490,605
Vanguard Target Retirement 2010 Fund	Registered Investment Companies	50,754	1,132,324
Vanguard Target Retirement 2015 Fund	Registered Investment Companies	455,811	5,661,177
Vanguard Target Retirement 2020 Fund	Registered Investment Companies	160,706	3,551,594
Vanguard Target Retirement 2025 Fund	Registered Investment Companies	900,975	11,370,310
Vanguard Target Retirement 2030 Fund	Registered Investment Companies	196,932	4,269,493
Vanguard Target Retirement 2035 Fund	Registered Investment Companies	498,077	6,519,823
Vanguard Target Retirement 2040 Fund	Registered Investment Companies	161,705	3,476,657
Vanguard Target Retirement 2045 Fund	Registered Investment Companies	190,546	2,572,369
Vanguard Target Retirement 2050 Fund	Registered Investment Companies	40,692	870,818
Vanguard Target Retirement Fund	Registered Investment Companies	132,578	1,495,481
Total Investments			157,873,157
(b) Notes receivable from participants (loans)	Interest rates ranging from 4.25% to 10.25%, various maturity dates	-	3,416,860
Total Assets (Held at End of Year)			\$ 161,290,017

(a) Contract value is \$29,995,926.

(b) Represents a party-in-interest defined by ERISA.

Note: Cost is not required for participant-directed investments.

See accompanying independent auditors' report.

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DEX ONE 401(K) SAVINGS PLAN

EIN: 13-2740040

Plan Sponsor's Name DEX ONE CORPORATION

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PRUDENTIAL JENNISON MID CP	MUTUAL FUND		5,606,556
	COHEN & STEERS REALTY FUND	MUTUAL FUND		2,344,215
	COLUMBIA MGMT SMALL CAP GRT	MUTUAL FUND		5,728,326
	HARBOR INTERNATIONAL FUND	MUTUAL FUND		14,229,997
	PERKINS MID CAP VALUE FUND	MUTUAL FUND		6,877,565
	PIMCO TOTAL RETURN FUND	MUTUAL FUND		13,550,454
	SSGA S & P 500 INDEX FUND	COMMON/COLLECTIVE TRUST		13,580,074

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DEX ONE 401(K) SAVINGS PLAN

EIN: 13-2740040

Plan Sponsor's Name DEX ONE CORPORATION

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	WELLS FARGO ADVANTAGE CAP	MUTUAL FUND		7,384,334
	VANGUARD TARGET RET. 2010	MUTUAL FUND		1,132,324
	VANGUARD TARGET RET. 2020	MUTUAL FUND		3,551,594
	VANGUARD TARGET RET. 2040	MUTUAL FUND		3,476,657
	VANGUARD TARGET RET. 2050	MUTUAL FUND		870,818
	VICTORY SMALL COMPANY OPPR.	MUTUAL FUND		3,125,798
	VANGUARD TARGET RET. 2030	MUTUAL FUND		4,269,493

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DEX ONE 401(K) SAVINGS PLAN

EIN: 13-2740040

Plan Sponsor's Name DEX ONE CORPORATION

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD TARGET RET. 2005	MUTUAL FUND		490,605
	VANGUARD TARGET RET. 2015	MUTUAL FUND		5,661,177
	VANGUARD TARGET RET. 2025	MUTUAL FUND		11,370,310
	VANGUARD TARGET RET. 2035	MUTUAL FUND		6,519,823
	VANGUARD TARGET RET. 2045	MUTUAL FUND		2,572,369
	VANGUARD TARGET RET. INCM	MUTUAL FUND		1,495,481
	VANGUARD RET. SAVINGS TRUST	COMMON/COLLECTIVE TRUST		31,225,527

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DEX ONE 401(K) SAVINGS PLAN

EIN: 13-2740040

Plan Sponsor's Name DEX ONE CORPORATION

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD TOTAL INT'L STOCK	MUTUAL FUND		1,943,618
	VANGUARD TOTAL BND MKT INDX	MUTUAL FUND		2,448,251
	VANGUARD EXTENDED MKT INDX	MUTUAL FUND		2,685,558
	EATON VANCE LARGE CAP VAL	MUTUAL FUND		5,732,233
	LOAN FUND	PARTICIPANT LOANS		3,416,860