

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 MEDIA, INC. EMPLOYEE SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>11/01/2002</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	<u>DEX MEDIA, INC. C/O BENEFITS DEPARTMENT</u>		
	2b Employer Identification Number (EIN)	<u>20-4059762</u>	
	2c Sponsor's telephone number	<u>303-784-2900</u>	
<u>9380 STATION STREET</u> <u>LONE TREE, CO 80124</u>	2d Business code (see instructions)	<u>517000</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 MEDIA, INC. C/O BENEFITS DEPARTMENT 9380 STATION STREET LONE TREE, CO 80124	3b Administrator's EIN 20-4059762 3c Administrator's telephone number 303-784-2900
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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	1571
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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	1011
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	342
d Subtotal. Add lines 6a , 6b , and 6c	6d	1354
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1354
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1303
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	82

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

A Name of plan DEX MEDIA, INC. EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 DEX MEDIA, INC. C/O BENEFITS DEPARTMENT	D Employer Identification Number (EIN) 20-4059762

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 NATIONAL BANK

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	28956	Yes ☒ No ☐	Yes ☐ No ☒	22638	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	4394
(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.
COLUMBIA MANAGEMENT CO. ONE FINANCIAL CENTER BOSTON, MA 02111-2621	RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES	
<hr/>		
(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	1822
(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.
EATON VANCE FUNDS TWO INTERNATIONAL PLACE BOSTON, MA 02110	RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES	
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(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	4733
(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	

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	4936
(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	2047
(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	
(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	1643
(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	

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	1200
(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 NATIONAL BANK 100 HERITAGE RESERVE MENOMONEE FALLS, WI 53051	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>DEX MEDIA, INC. EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DEX MEDIA, INC. C/O BENEFITS DEPARTMENT</u>	D Employer Identification Number (EIN) <u>20-4059762</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD RETIREMENT SAVINGS TRUST</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>23-2186884-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8314205</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA S & P 500 INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>04-0025081-078</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6330848</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) 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 MEDIA, INC. EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 DEX MEDIA, INC. C/O BENEFITS DEPARTMENT	D Employer Identification Number (EIN) 20-4059762	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	65984	331138
(2) Participant contributions	1b(2)	122461	564
(3) Other.....	1b(3)	107000	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)	1698650	1458088
(9) Value of interest in common/collective trusts.....	1c(9)	15452863	14645053
(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)	31366142	34793502
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	48813100	51228345

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	48813100	51228345
---	-----------	----------	----------

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)	2870673	
(B) Participants	2a(1)(B)	3480724	
(C) Others (including rollovers)	2a(1)(C)	295673	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6647070

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)	92048	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		92048

(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)	782702	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		782702

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

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

		(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)		1226767
(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)		3553213
c Other income.....	2c		-32632
d Total income. Add all income amounts in column (b) and enter total.....	2d		12269168

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9856411	
(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)		9856411
f Corrective distributions (see instructions)	2f		5193
g Certain deemed distributions of participant loans (see instructions).....	2g		51978
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)	28956	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		28956
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9942538

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2326630
l Transfers of assets:			
(1) To this plan.....	2l(1)		180507
(2) From this plan	2l(2)		91892

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 ONE 401K SAVINGS PLAN	13-2740040	002

<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 MEDIA, INC. EMPLOYEE SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 DEX MEDIA, INC. C/O BENEFITS DEPARTMENT		D Employer Identification Number (EIN) 20-4059762
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 Media, Inc. Employee Savings Plan

Financial Statements and Supplemental Schedule

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

**Dex Media, Inc.
Employee Savings Plan**

**Financial Statements
and Supplemental Schedule**

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

Dex Media, Inc. Employee Savings Plan

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Independent Auditors' Report

To the Participants of the Dex Media, Inc. Employee Savings Plan and the Employee Benefits Committee and the Asset Management Committee of the Dex One Corporation:

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Dex Media, Inc. Employee 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 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Mercer Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Mercer Trust Company held the Plan's investment assets and executed investment transactions. The plan administrator has obtained certifications 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

Denver, Colorado
August 26, 2011

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303.830.1120 • Fax 303.830.8130

AN INDEPENDENT MEMBER OF
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ALLIANCE



Financial Statements

Dex Media, Inc. Employee 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):		
Common/collective trusts	\$ 14,645,053	\$ 15,452,863
Registered investment companies	34,793,502	31,366,142
Total investments	49,438,555	46,819,005
Receivables:		
Participant contributions	564	122,461
Employer contributions, net of forfeitures	331,138	65,984
Notes receivable from participants	1,458,088	1,698,650
Corrective contributions (Note 9)	-	107,000
Total receivables	1,789,790	1,994,095
Total assets	51,228,345	48,813,100
Total liabilities	-	-
Net assets available for plan benefits, at fair value	51,228,345	48,813,100
Adjustment from fair value to contract value for interest in common/collective trusts relating to fully benefit-responsive investment contracts (Note 2)	(327,398)	(201,963)
Net assets available for plan benefits	\$ 50,900,947	\$ 48,611,137

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

Dex Media, Inc. Employee Savings Plan

Statement 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	\$ 3,480,724
Employer, net of forfeitures	2,870,673
Rollover	295,673
Total contributions	6,647,070
Interest earned on notes receivable from participants	92,048
Investment income:	
Interest and dividend income	1,043,323
Net appreciation in fair value of investments (Note 3)	4,393,924
Total net investment income and interest earned on notes receivable from participants	5,529,295
Asset transfers, net (Note 12)	88,615
Deductions from net assets attributed to:	
Benefits paid to participants	(9,908,389)
Administrative expenses	(28,956)
Excess contributions (Note 10)	(5,193)
Change in estimated corrective contributions (Note 9)	(32,632)
Total deductions	(9,975,170)
Net increase in net assets	2,289,810
Net assets available for plan benefits, beginning of year	48,611,137
Net assets available for plan benefits, end of year	\$ 50,900,947

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

Dex Media, Inc. Employee Savings Plan

Notes to Financial Statements

1. PLAN DESCRIPTION

General

The following is a brief description of the Dex Media, Inc. Employee 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 November 1, 2002, by Dex Media, Inc. (the “Company”) for the benefit of all eligible employees, including both non-bargained for and bargained for employees. Effective January 31, 2006, the Company was acquired by Dex One Corporation (“Dex One”), formerly R.H. Donnelley Corporation (“RHD”). After the acquisition, the Company remained the sponsor of the Plan (the “Plan Sponsor”). The Plan was established to provide the Company’s eligible participants 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).

Effective January 1, 2009, the Plan covers substantially only 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. Employees of Dex One and its subsidiaries and, effective January 1, 2009, non-bargained for employees of the Company, are not eligible to participate in the Plan. Dex One maintains the Dex One 401(k) Savings Plan (the “Dex One Plan”) for the employees of Dex One and non-bargained for employees of the Company. On January 1, 2009, the participant accounts (and related investments) of all non-bargained for employees of the Company were spun-off and merged with and into the Dex One Plan.

On May 28, 2009, RHD and its subsidiaries, including the Company, 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 Media, Inc. Employee Savings Plan

Notes to Financial Statements (Continued)

Trustee and Administration of the Plan

The Plan Administrator is Dex One's Employee Benefits Committee (the "EBC") and Asset Management Committee (the "AMC") (collectively, "Plan Administrator"), which were appointed by the Compensation and Benefits Committee of Dex One's Board of Directors. The EBC has authority to select, retain, monitor and discharge recordkeepers, and is responsible for administering the Plan, including day-to-day functions, benefit payments, 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 Dex One. Mercer HR Services, LLC provides recordkeeping services and other administrative services for the Plan.

Eligibility

Effective January 1, 2010, bargained for employees may become active participants as of the first administratively feasible payroll following completion of 30 days of employment. Prior to January 1, 2010, bargained for employees of the Company were eligible to enter the Plan after completing three months of service.

Contributions

Effective January 1, 2010, participants may elect to defer from 1% to 75% of their eligible compensation as defined by the Plan document and limited by the Internal Revenue Code ("IRC") as contributions to the Plan. Prior to January 1, 2010, participants could defer up to 16% of their eligible compensation. 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.

All active participants who were eligible for participation in the Plan as of December 31, 2009, who had not made an affirmative election to either contribute or not to contribute to the Plan or were contributing less than 3% of compensation, were deemed to elect an increase in their pre-tax contributions to 3% of compensation. This election will be deemed to increase by 1% annually until the participant is contributing 6% or changes their deferral rate.

Dex Media, Inc. Employee Savings Plan

Notes to Financial Statements (Continued)

Each active participant who becomes eligible to participate in the Plan on and after January 1, 2010, 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. This election will be deemed to increase by 1% annually until the participant is contributing 6% or changes their deferral rate.

Catch-up contributions may also be made by participants if they were 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.

The Plan provides a safe harbor matching contribution to all eligible employees effective January 1, 2010. 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 increased to 100% of the first 6% of compensation contributed by the participant per pay period effective January 1, 2010. 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. Prior to January 1, 2010, participants received an employer contribution equal to 81% of their before-tax and after-tax contributions not to exceed 4.86% of eligible compensation for any one pay period. The maximum employer contribution for the plan year could not exceed \$4,860 per participant.

Each participant who meets certain criteria shall be entitled to transition contributions 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, 2009. 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, 2012. The transition contributions are payable by the Company so long as the participant is employed on the last day of the plan year. Transition contributions for the 2010 plan year of \$323,807 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.

Dex Media, Inc. Employee Savings Plan

Notes to Financial Statements (Continued)

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 (matching 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. Each participant is entitled to the benefit that can be provided from the participant's vested account.

Investment Options

Participants may direct the investment of their account balance into various investment options offered by the Plan. The Plan offers investment options in several registered investment company investments and common/collective trusts. Participants may change their investment directions at any time, subject to such restrictions and procedures as are established by the recordkeeper and the investment fund prospectus.

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 short 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 published in *The Wall Street Journal* as of the last day of the month preceding the note receivable. Interest rates for the note receivables range from 4.25% to 9.50% as of December 31, 2010 and 2009. Principal and interest is paid ratably through bi-weekly payroll deductions.

Dex Media, Inc. Employee Savings Plan

Notes to Financial Statements (Continued)

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 \$28,956 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.

Vesting

A participant is immediately fully vested in that portion of their account attributable to the participant's pre-tax, after-tax, catch-up contributions and rollover contributions.

Employer matching contributions made subsequent to January 1, 2010 become fully vested for participants upon completion of one year of service. Employer matching contributions made prior to January 1, 2010 become fully vested for participants after three years of service.

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, \$154,220 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 \$3,976 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.

Dex Media, Inc. Employee Savings Plan

Notes to Financial Statements (Continued)

Termination of Employment

A participant who terminates employment prior to the normal retirement date of age 65 is entitled to 100% of the value of their account attributable to their contributions, plus the vested portion of the value of their account attributable to the employer contributions.

Payment of Benefits

Upon termination of service, death, disability, or attainment of normal retirement age of 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 as outlined in the Plan document.

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.

Dex Media, Inc. Employee Savings Plan

Notes to Financial Statements (Continued)

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 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 \$1,698,650 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.

Dex Media, Inc. Employee Savings Plan

Notes to Financial Statements (Continued)

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.

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.

Dex Media, Inc. Employee Savings Plan

Notes to Financial Statements (Continued)

3. INVESTMENTS

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

<i>Year Ended December 31,</i>	2010
Registered investment companies	\$ 3,553,213
Common/collective trusts	840,711
Net appreciation in fair value of investments	\$ 4,393,924

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	\$ 8,314,205	\$ 9,342,282
Vanguard Target Retirement 2025 Fund	7,538,948	7,256,134
State Street Global Advisors S&P 500 Index Fund	6,330,848	6,110,581
Harbor International Fund	4,797,133	5,116,609
PIMCO Total Return Fund	3,359,936	2,749,253

4. FAIR VALUE MEASUREMENTS AND DISCLOSURES

ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted 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.

Dex Media, Inc. Employee Savings Plan

Notes to Financial Statements (Continued)

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.

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.

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 a stable value fund and index fund. The fair value of the Plan's interest in the index fund is based on the NAVs 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

Dex Media, Inc. Employee Savings Plan

Notes to Financial Statements (Continued)

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 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	\$ 4,349,105	\$ -	\$ -	\$ 4,349,105
Growth equity funds	3,359,974	-	-	3,359,974
Value equity funds	4,273,983	-	-	4,273,983
International equity funds	6,024,584	-	-	6,024,584
Life-cycle funds	14,624,520	-	-	14,624,520
Blend equity fund	1,664,547	-	-	1,664,547
Real estate fund	496,789	-	-	496,789
Total registered investment companies	34,793,502	-	-	34,793,502
Common/collective trusts:				
Index	-	6,330,848	-	6,330,848
Stable value	-	8,314,205	-	8,314,205
Total common/collective trusts	-	14,645,053	-	14,645,053
Total investments at fair value	\$ 34,793,502	\$ 14,645,053	\$ -	\$ 49,438,555

Dex Media, Inc. Employee Savings Plan

Notes to Financial Statements (Continued)

<i>December 31, 2009</i>	Level 1	Level 2	Level 3	Total
Registered investment companies:				
Fixed income funds	\$ 3,765,855	\$ -	\$ -	\$ 3,765,855
Growth equity funds	2,628,035	-	-	2,628,035
Value equity funds	4,413,031	-	-	4,413,031
International equity funds	6,370,375	-	-	6,370,375
Life-cycle funds	12,590,041	-	-	12,590,041
Blend equity fund	1,408,153	-	-	1,408,153
Real estate fund	190,652	-	-	190,652
Total registered investment companies	31,366,142	-	-	31,366,142
Common/collective trusts:				
Index	-	6,110,581	-	6,110,581
Stable value	-	9,342,282	-	9,342,282
Total common/collective trusts	-	15,452,863	-	15,452,863
Total investments at fair value	\$ 31,366,142	\$ 15,452,863	\$ -	\$ 46,819,005

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 November 24, 2004 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 July 21, 2009. The Plan subsequently received a new determination letter dated January 14, 2011 from the IRS stating that the Plan, as designed, is in compliance with the applicable requirements of the IRC. 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 accompanying 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 Media, Inc. Employee Savings Plan

Notes to Financial Statements (Continued)

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. There are currently no audits for any tax periods in progress and all years are subject to income tax examinations.

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.

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.

Dex Media, Inc. Employee Savings Plan

Notes to Financial Statements (Continued)

7. 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. Certain expenses for recordkeeping services were paid by the Plan as allowed by the Plan document. The funds' operating expense ratios ranged from 0.5% to 1.11% at December 31, 2010. \$28,956 in administrative fees were paid to Mercer.

8. CONCENTRATIONS, RISKS AND UNCERTAINTIES

The Plan invests in registered investment companies and common/collective trusts. Investment securities are exposed to risks such as interest rates, 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 accounts.

9. CORRECTIVE CONTRIBUTIONS

On January 1, 2007, 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 Plan loan payroll deductions. Corrective contributions to participant accounts, including lost earnings, were identified. The Plan Sponsor made a voluntary submission to the Internal Revenue Service ("IRS") under the Employee Plans Compliance Resolution System ("EPCRS") on July 21, 2009, outlining the foregoing operational issues and proposed resolutions. In conjunction with this voluntary submission, an estimate of \$107,000 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 and the proposed corrective action in the EPCRS. The estimate reflected investment earnings and losses based upon the affected participants' investment elections during the correction years. The Company received a Compliance Statement from the IRS on the proposed corrections as outlined in the EPCRS dated May 28, 2010. As required and within the permitted timeframe, corrections totaling \$74,368 were remitted by the Company and credited to participant accounts on August 13, 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.

Dex Media, Inc. Employee Savings Plan

Notes to Financial Statements (Continued)

10. IRS REQUIRED TESTING

The Plan became a Safe-Harbor 401(k) plan on January 1, 2010 and is no longer subject to non-discrimination testing for 401(k) deferral contributions and employer matching contributions. Since the Plan covers only collectively-bargained employees, it is not subject to non-discrimination testing under the IRC 401(m) and 401(a)(4). Refunds relating to any remaining testing requirements, IRC 415 and 402(g) for the 2010 plan year were de minimis.

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>As of December 31,</i>	2010	2009
Net assets available for plan benefits per the accompanying financial statements	\$ 50,900,947	\$ 48,611,137
Add: Adjustment from fair value to contract value for interest in common/collective trust relating to fully benefit-responsive investment contracts (Note 2)	327,398	201,963
Net assets available for plan benefits per the Form 5500 (unaudited)	\$ 51,228,345	\$ 48,813,100

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

<i>For the Year Ended December 31,</i>	2010
Total investment income and interest earned on notes receivable from participants per accompanying financial statements	\$ 5,529,295
Add: Net adjustment from fair value to contract value for interest in common/collective trust relating to fully benefit-responsive investment contracts (Note 2)	125,435
Total investment income per Form 5500 (unaudited)	\$ 5,654,730

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 Media, Inc. Employee Savings Plan

Notes to Financial Statements (Continued)

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 \$180,507 of assets received into the Plan and \$91,892 of assets disbursed out of the Plan.

13. 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.

Supplemental Schedule



Dex Media, Inc. Employee 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: 20-4059762
Plan Number 001

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Shares/ Units	Current Value
(a) Vanguard Retirement Savings Trust	Common/Collective Trust	7,986,807	\$ 8,314,205
State Street Global Advisors S&P 500 Index Fund	Common/Collective Trust	261,963	6,330,848
Habor International Fund	Registered Investment Company	79,226	4,797,133
PIMCO Total Return Fund	Registered Investment Company	309,672	3,359,936
Wells Fargo Advantage Capital Growth Fund	Registered Investment Company	52,469	863,106
Perkins Mid Cap Value Fund	Registered Investment Company	90,227	2,036,433
Eaton Vance Large Cap Value Fund	Registered Investment Company	65,045	1,188,370
Jennsion Mid Cap Growth Fund	Registered Investment Company	31,209	885,098
Columbia Management Small Cap Growth Fund	Registered Investment Company	51,005	1,611,770
Victory Small Company Opportunities Fund	Registered Investment Company	34,833	1,049,180
Vanguard Extended Market Index Fund	Registered Investment Company	46,942	1,664,547
Vanguard Total International Stock Index Fund	Registered Investment Company	77,884	1,227,451
Vanguard Total Bond Market Index Fund	Registered Investment Company	93,318	989,169
Cohen & Steers Realty Shares Fund	Registered Investment Company	8,498	496,789
Vanguard Target Retirement 2005 Fund	Registered Investment Company	38,920	456,535
Vanguard Target Retirement 2010 Fund	Registered Investment Company	11,039	246,271
Vanguard Target Retirement 2015 Fund	Registered Investment Company	97,009	1,204,846
Vanguard Target Retirement 2020 Fund	Registered Investment Company	23,356	516,159
Vanguard Target Retirement 2025 Fund	Registered Investment Company	597,381	7,538,948
Vanguard Target Retirement 2030 Fund	Registered Investment Company	27,655	599,568
Vanguard Target Retirement 2035 Fund	Registered Investment Company	160,315	2,098,527
Vanguard Target Retirement 2040 Fund	Registered Investment Company	16,909	363,535
Vanguard Target Retirement 2045 Fund	Registered Investment Company	52,476	708,425
Vanguard Target Retirement 2050 Fund	Registered Investment Company	16,862	360,838
Vanguard Target Retirement Income Fund	Registered Investment Company	47,063	530,868
Total investments			49,438,555
(b) Notes receivable from participants (loans)	Interest rates ranging from 4.25% to 9.50%, various maturity dates		1,458,088
Total Assets (Held at End of Year)			\$ 50,896,643

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

(a) Contract value is \$ 7,986,807.

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

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 MEDIA, INC. EMPLOYEE SAVINGS PLAN

EIN: 20-4059762

Plan Sponsor's Name DEX MEDIA, INC. C/O BENEFITS DEPARTMENT

PN: 001

(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-CAP	MUTUAL FUND		885,098
	COHEN & STEERS REALTY	MUTUAL FUND		496,789
	COLUMBIA MANAGEMENT SMALL	MUTUAL FUND		1,611,770
	HARBOR INTERNATIONAL FUND	MUTUAL FUND		4,797,133
	PERKINS MID CAP VALUE FD	MUTUAL FUND		2,036,433
	PIMCO TOTAL RETURN FUND	MUTUAL FUND		3,359,936
	SSGA S & P 500 INDEX SECR	COMMON/COLLECTIVE TRUST		6,330,848

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

Plan Name DEX MEDIA, INC. EMPLOYEE SAVINGS PLAN

EIN: 20-4059762

Plan Sponsor's Name DEX MEDIA, INC. C/O BENEFITS DEPARTMENT

PN: 001

(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		863,106
	VANGUARD TARGET FUND 2010	MUTUAL FUND		246,271
	VANGUARD TARGET FUND 2020	MUTUAL FUND		516,159
	VANGUARD TARGET FUND 2040	MUTUAL FUND		363,535
	VANGUARD TARGET FUND 2050	MUTUAL FUND		360,838
	VICTORY SML CO. OPPORTUNT	MUTUAL FUND		1,049,180
	VANGUARD TARGET FUND 2030	MUTUAL FUND		599,568

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

Plan Name DEX MEDIA, INC. EMPLOYEE SAVINGS PLAN

EIN: 20-4059762

Plan Sponsor's Name DEX MEDIA, INC. C/O BENEFITS DEPARTMENT

PN: 001

(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 FUND 2005	MUTUAL FUND		456,535
	VANGUARD TARGET FUND 2015	MUTUAL FUND		1,204,846
	VANGUARD TARGET FUND 2025	MUTUAL FUND		7,538,948
	VANGUARD TARGET FUND 2035	MUTUAL FUND		2,098,527
	VANGUARD TARGET FUND 2045	MUTUAL FUND		708,425
	VANGUARD TARGET INCOME FD	MUTUAL FUND		530,868
	VANGUARD RET SAVINGS TRUST	COMMON/COLLECTIVE TRUST		8,314,205

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

Plan Name DEX MEDIA, INC. EMPLOYEE SAVINGS PLAN

EIN: 20-4059762

Plan Sponsor's Name DEX MEDIA, INC. C/O BENEFITS DEPARTMENT

PN: 001

(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		1,227,451
	VANGUARD TOTAL BOND MARKET	MUTUAL FUND		989,169
	VANGUARD EXT MARKET INDEX	MUTUAL FUND		1,664,547
	EATON VANCE LARGE CAP VAL	MUTUAL FUND		1,188,370
	LOAN FUND	PARTICIPANT LOANS		1,458,088