

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</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>SUPERMEDIA SAVINGS PLAN</u>	1b Three-digit plan number (PN) ► <u>003</u> 1c Effective date of plan <u>11/17/2006</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>SUPERMEDIA, INC.</u> <u>2200 WEST AIRFIELD DR</u> <u>P.O. BOX 619810</u> <u>DFW AIRPORT, TX 75261</u>	2b Employer Identification Number (EIN) <u>20-5095175</u> 2c Sponsor's telephone number <u>972-453-6704</u> 2d Business code (see instructions) <u>511190</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/10/2012</u>	<u>WILLIAM GIST</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") IDEARC EMPLOYEE BENEFITS COMMITTEE 2200 WEST AIRFIELD DR DFW AIRPORT, TX 75261	3b Administrator's EIN 20-5095175 3c Administrator's telephone number 972-453-6704
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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	6905
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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	3650
b Retired or separated participants receiving benefits.....	6b	963
c Other retired or separated participants entitled to future benefits.....	6c	1443
d Subtotal. Add lines 6a , 6b , and 6c	6d	6056
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	26
f Total. Add lines 6d and 6e	6f	6082
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	5804
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	508

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 2R 2S 2T

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)

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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>SUPERMEDIA SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUPERMEDIA, INC.</u>	D Employer Identification Number (EIN) <u>20-5095175</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
J.P. MORGAN RETIREMENT PLAN SERVICE

71-0930784

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

13-3538956

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

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

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

J.P. MORGAN RETIREMENT PLAN SERVICE

71-0930784

(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 37 50 59 64	NONE	745451	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

ERNST & YOUNG LLP

34-6565596

(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?
10 50	NONE	68700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JPM INSTITUTIONAL INVEST

13-4062153

(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?
26 50	NONE	258657	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

COOK STREET CONSULTING

84-0854432

(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?
27 50	NONE	85807	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CISC BROKERAGE

13-3538956

(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?
26 33 50 59 71	NONE	6725	Yes ☒ No ☐	Yes ☒ No ☐	0	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
J.P.MORGAN RETIREMENT PLAN SERVICES	59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T ROWE PRICE HIGH YIELD 100 EAST PRATT STREET BALTIMORE, MD 21202	FROM JANUARY 2011 TO JUNE 2011 15 BASIS POINTS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P.MORGAN RETIREMENT PLAN SERVICES	59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANZ NFJ SMALL CAP VALUE-INST P.O. BOX 8050 BOSTON, MA 02266-8050	FROM JANUARY 2011 TO DECEMBER 2011 10 BASIS POINTS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P.MORGAN RETIREMENT PLAN SERVICES	59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO VAN KAMPEN GROWTH & INCOME- P.O. BOX 4739 HOUSTON, TX 77210-4739	FROM JANUARY 2011 TO JUNE 2011 25 BASIS POINTS

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
J.P.MORGAN RETIREMENT PLAN SERVICES	59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BARON GROWTH-INST 767 FIFTH AVENUE NEW YORK, NY 10153	FROM JANUARY 2011 TO DECEMBER 2011 10 BASIS POINTS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P.MORGAN RETIREMENT PLAN SERVICES	59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO VAN KAMPEN GROWTH & INCOME- P.O. BOX 4739 HOUSTON, TX 77210-4739	FROM JULY 2011 TO DECEMBER 2011 20 BASIS POINTS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CISC BROKERAGE	59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANCEBERNSTEIN 13-3211780	RATE OF .20% OF SALES AND .05% OF AVG DAILY BAL OF ASSETS; FIXED RATE \$40,000

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
CISC BROKERAGE	59	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
ALLIANZ 06-1349805	<div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div> RATE OF .10% OF SALES AND .06% OF AVG DAILY BAL OF ASSETS	
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
CISC BROKERAGE	59	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
AMERICAN CENTURY 43-0821857	<div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div> RATE OF .25% OF SALES AND .05% OF AVG DAILY BAL OF ASSETS; FIXED RATE \$40,000	
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
CISC BROKERAGE	59	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
DELAWARE FUNDS 23-2791871	<div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div> RATE OF .25% OF SALES AND .05% OF AVG DAILY BAL OF ASSETS; FIXED RATE \$40,000	

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
CISC BROKERAGE	59	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
DREYFUS 13-2603136	<div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div> RATE OF .25% OF SALES AND .05% OF AVG DAILY BAL OF ASSETS	
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
CISC BROKERAGE	59	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
EATON VANCE 04-3239487	<div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div> RATE OF .20% OF SALES AND .05% OF AVG DAILY BAL OF ASSETS; FIXED RATE \$50,000	
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
CISC BROKERAGE	59	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
FEDERATED 25-1203925	<div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div> RATE OF .20% OF SALES AND .05% OF AVG DAILY BAL OF ASSETS; FIXED RATE \$40,000	

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
CISC BROKERAGE	59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY 04-2882358	RATE OF .20% OF SALES; FIXED RATE \$40,000 ANNUALLY

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CISC BROKERAGE	59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRANKLIN 13-5599989	RATE OF .08% OF SALES AND .02-.05% OF AVG DAILY BAL OF ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CISC BROKERAGE	59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARTFORD 06-0383750	RANGE OF .15-.20% OF SALES AND .03-.05% OF AVG DAILY BAL OF ASSETS; FIXED RATE \$40,000

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
CISC BROKERAGE	59	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
J.P. MORGAN FUNDS 74-2945358	<div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div> RATE OF .20% OF SALES AND .05% OF AVG DAILY BAL OF ASSETS; FIXED RATE \$40,000	
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
CISC BROKERAGE	59	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
MFS 04-2747644	<div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div> RATE OF .10% OF SALES AND .05% OF AVG DAILY BAL OF ASSETS	
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
CISC BROKERAGE	59	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
NUVEEN 36-3817266	<div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div> RATE OF .10-.20% OF SALES AND .05% OF AVG DAILY BAL OF ASSETS	

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
CISC BROKERAGE	59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER 12-2953455	RATE OF .06% OF AVG DAILY BAL OF ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CISC BROKERAGE	59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO 06-1349805	RATE OF .10% OF SALES AND .03-.06% OF AVG DAILY BAL OF ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CISC BROKERAGE	59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL 91-1801401	RATE OF .25% OF SALES AND .05% OF AVG DAILY BAL OF ASSETS; FIXED RATE \$40,000

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
CISC BROKERAGE	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PUTNAM 26-0334814	RATE OF .25% OF SALES AND .05% OF AVG DAILY BAL OF ASSETS; FIXED RATE \$40,000	
(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

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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>SUPERMEDIA SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SUPERMEDIA, INC.</u>	D Employer Identification Number (EIN) <u>20-5095175</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EAFE EQUITY INDEX FUND</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPA</u>				
c EIN-PN <u>94-3324028-001</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>35629068</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQUITY INDEX FUND</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPA</u>				
c EIN-PN <u>94-3291426-001</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>50158362</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 2000 INDEX FUND</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPA</u>				
c EIN-PN <u>94-3328661-001</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>28654643</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STABLE ASSET INCOME FUND</u>				
b Name of sponsor of entity listed in (a): <u>J.P. MORGAN</u>				
c EIN-PN <u>20-1978950-001</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>55436289</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. DEBT INDEX FUND</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPA</u>				
c EIN-PN <u>94-3371910-001</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>23559995</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIFEPATH INDEX RETIREMENT FUND</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPA</u>				
c EIN-PN <u>33-6371105-001</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>16804561</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIFEPATH INDEX 2015 FUND</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPA</u>				
c EIN-PN <u>33-6371107-001</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>31241881</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2020 FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPA		
c EIN-PN 33-6371108-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36861248

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2025 FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPA		
c EIN-PN 33-6371109-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44646027

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2030 FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPA		
c EIN-PN 33-6371110-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35611644

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2035 FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPA		
c EIN-PN 33-6371111-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25102147

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2040 FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPA		
c EIN-PN 33-6371112-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14721733

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2045 FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPA		
c EIN-PN 33-6371113-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7456478

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2050 FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPA		
c EIN-PN 33-6371114-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4959823

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2055 FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPA		
c EIN-PN 27-4255853-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="font-size: 1.5em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan SUPERMEDIA SAVINGS PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 SUPERMEDIA, INC.	D Employer Identification Number (EIN) 20-5095175	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a	52075	
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	6070377	318654
	(2) Participant contributions	1b(2)	10806	14078
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	1533503
	(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)	16094967	14146385
	(9) Value of interest in common/collective trusts	1c(9)	458579024	410843899
	(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)	17870064	20335874
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)	5910882	6366623

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	504588195	453559016

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1520707	195825
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1520707	195825

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	503067488	453363191
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	8402815	
(B) Participants	2a(1)(B)	22902109	
(C) Others (including rollovers)	2a(1)(C)	909856	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		32214780
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(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)	741797	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		741797
(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)	800224	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		800224
(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)		-900323
(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)		-253137
c Other income.....	2c		-122967
d Total income. Add all income amounts in column (b) and enter total.....	2d		32480374

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	81208214	
(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)		81208214
f Corrective distributions (see instructions)	2f		13398
g Certain deemed distributions of participant loans (see instructions).....	2g		115102
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	154507	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	258657	
(4) Other	2i(4)	434793	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		847957
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		82184671

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-49704297
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ERNST AND YOUNG

(2) EIN: 34-6565596

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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 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)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>SUPERMEDIA SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUPERMEDIA, INC.</u>	D Employer Identification Number (EIN) <u>20-5095175</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>43-6389220</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

Report of Independent Auditors

The Employee Benefits Committee SuperMedia Savings Plan

We were engaged to audit the accompanying statements of net assets available for benefits of SuperMedia Savings Plan as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedule of assets (held at end of year) as of December 31, 2011. 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 investment information summarized in Note 3, which was certified by JPMorgan Chase Bank, N.A., the trustee of the Plan, and JPMorgan Retirement Plan Services LLC, the recordkeeper of the Plan, as agent for JPMorgan Chase Bank, N.A., 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 the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee and from the agent, on behalf of the trustee, as of December 31, 2011 and 2010, and for the year ended December 31, 2011, that the information provided to the plan administrator by the trustee and the agent for the trustee is complete and accurate.

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 as a whole. The supplemental schedule is presented for purposes of additional analysis and is not a required part of the financial statements, but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the investment information certified by the trustee and the agent on behalf of the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

Ernst & Young LLP

September 19, 2012

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

SuperMedia Savings Plan
As of December 31, 2011 and 2010, and for the
Year Ended December 31, 2011
With Report of Independent Auditors

Ernst & Young LLP

 **ERNST & YOUNG**

SuperMedia Savings Plan

Financial Statements and Supplemental Schedule

As of December 31, 2011 and 2010, and for the Year Ended December 31, 2011

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Report of Independent Auditors

The Employee Benefits Committee SuperMedia Savings Plan

We were engaged to audit the accompanying statements of net assets available for benefits of SuperMedia Savings Plan as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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Ernst & Young LLP

September 19, 2012

SuperMedia Savings Plan

Statements of Net Assets Available for Benefits

	December 31	
	2011	2010
	<i>(In Thousands)</i>	
Assets		
Cash	\$ —	\$ 52
Investments at fair value	439,080	482,360
Participant contributions receivable	14	11
Employer contributions receivable	319	6,070
Notes receivable from participants	14,146	16,095
Total assets	453,559	504,588
Liabilities		
Accrued expenses	144	388
Due to broker	—	179
Excess contributions payable	52	954
Total liabilities	196	1,521
Total net assets available for benefits at fair value	453,363	503,067
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(137)	564
Net assets available for benefits	\$ 453,226	\$ 503,631

See accompanying notes.

SuperMedia Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2011

(In Thousands)

Additions

Participant contributions	\$ 22,902
Employer contributions	8,403
Rollovers from other qualified plans	910
Net depreciation in fair value of investments	(1,802)
Interest and dividend income	1,367
Total additions	<u>31,780</u>

Deductions

Benefits paid to participants	81,337
Administrative expenses	848
Total deductions	<u>82,185</u>

Net decrease	(50,405)
--------------	----------

Net assets available for benefits at the beginning of the year	<u>503,631</u>
Net assets available for benefits at the end of the year	<u><u>\$ 453,226</u></u>

See accompanying notes.

SuperMedia Savings Plan

Notes to Financial Statements

December 31, 2011

1. Plan Description

The following description of SuperMedia Savings Plan (the Plan) provides general information about the Plan's provisions. SuperMedia Inc. (SuperMedia or the Company) is the plan sponsor. Participants should refer to the plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from the plan sponsor.

The Employee Benefits Committee (the Committee or EBC) is responsible for the general administration of the Plan. JPMorgan Chase Bank, N.A. (the Trustee) serves as the trustee of the Plan, and JPMorgan Retirement Plan Services LLC serves as the Plan's record keeper (Record Keeper). The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility

The Plan provides eligible employees of the Company with a convenient way to save for retirement. Eligible employees enrolled in the Plan may make tax-deferred or after-tax contributions to the Plan and are eligible to receive employer-matching contributions as soon as administratively practicable following the date of hire. A participant's active participation in the Plan shall terminate when the individual ceases to be an eligible employee. However, the individual shall remain a participant until his or her entire account balance under the Plan has been distributed or forfeited.

Contributions

The Plan is funded by participant contributions up to a maximum of 25% of eligible compensation (16% for highly compensated employees) and by employer-matching contributions, which are paid in cash. Participant contributions may be before tax (Elective Contributions) or from currently taxed compensation (After-Tax Contributions), as permitted under Internal Revenue Service regulations.

Employer-matching contributions are credited to a participant's account in accordance with the participant's current contribution investment selections. Effective April 3, 2011, the Plan amended the employer-matching contributions for management employees to 50% of the first 6% of the participant's contributions for each pay period. Prior to the amendment, the employer-matching contribution for management employees and certain collectively bargained for

SuperMedia Savings Plan

Notes to Financial Statements (continued)

1. Plan Description (continued)

employees was equal to 100% of the initial 6% of the participant's contributions of eligible compensation for each pay period. For other collectively bargained for employees, the employer-matching contribution is 100% of the initial 4% and 50% of the next 2% of the participant's contributions of eligible compensation for each pay period. Employees attaining the age of 50 or older can elect to make catch-up contributions to the Plan of up to 60% of eligible compensation, subject to certain limitations. Additionally, the Company may make a discretionary, performance-based contribution to management employees participating in the Plan in an amount up to 50% of the participant's matched contributions for the Plan year. The Company did not make a discretionary contribution in 2011.

Participants may also contribute amounts representing rollovers from other qualified defined benefit or defined contribution plans.

Effective January 1, 2009, and January 1 of each plan year thereafter, each participant who is automatically enrolled in the Plan at 3% will have his or her contributions automatically increased by 1% per year, not to exceed a maximum automatic contribution rate of 6%, unless such participant elects otherwise.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. A participant shall be fully vested in the employer-matching contributions allocated to the participant's account and any income thereon upon completing three years of vesting service or upon the participant's death, disability, retirement from the Company, attainment of normal retirement age, or involuntary termination.

A terminated employee's non-vested employer contributions are forfeited and may be used to reduce future employer contributions to the Plan. Non-vested forfeitures of \$2.1 million and \$3.8 million were available at December 31, 2011 and 2010, respectively, to reduce future employer-matching contributions. In 2011, employer-matching contributions were reduced by \$2.9 million from forfeited non-vested accounts.

SuperMedia Savings Plan

Notes to Financial Statements (continued)

1. Plan Description (continued)

Investment Options

Participants may direct their contributions into various common/collective trusts or mutual funds offered by the Plan and can change their investment options on a daily basis. Under the self-directed brokerage window, participants may purchase any mutual fund offered by Chase Investment Services Corporation.

Participant Accounts

Each participant's account is credited with the participant's contributions and rollovers, allocations of employer contributions, and net investment income, and is charged with an allocation of net investment loss and administrative expenses. Plan earnings are allocated based on the participant's share of net earnings or losses of their respective elected investment options.

Payment of Benefits

Benefits are payable in a lump-sum cash payment unless a participant elects, in writing, annual, semiannual, quarterly, or monthly cash installments in equal amounts to be paid out for a period of 2 to 20 years, as selected by the participant.

Administrative Expenses

Account maintenance fees, audit expenses, and investment advisory fees are paid from plan assets. The Company pays for all other expenses incurred in connection with the administration of the Plan. Investment fees are charged against the earnings of the funds and portfolios.

Notes Receivable from Participants

The Plan includes an employee loan provision authorizing participants to borrow an amount of up to 50% of their vested account balances in the Plan, subject to certain limitations. Loans are generally repaid by payroll deductions. The term of repayment for loans generally will not be less than six months nor more than five years (15 years for a loan to purchase a principal residence). For loans up to five years, each new loan will bear interest at a rate based upon the prime rate as published in *The Wall Street Journal* on the last business day of the calendar

SuperMedia Savings Plan

Notes to Financial Statements (continued)

1. Plan Description (continued)

quarter ending immediately prior to the first day of the loan cycle. Loans for a period of longer than five years shall bear interest at such rate plus one percent. Principal and interest is paid ratably through payroll deductions.

Plan Modification

The Company, by action of its Board of Directors or the Committee, reserves the right to modify, alter, or amend the Plan at any time, subject to collective bargaining requirements. The Company reserves the right to terminate the Plan at any time, subject to collective bargaining requirements. In the event of Plan termination, participants will become 100% vested in their accounts.

2. Accounting Policies

Basis of Accounting

The Plan's financial statements have been prepared on the accrual basis of accounting. Benefits paid to participants are recorded upon distribution.

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balances plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2010 or 2011. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Use of Estimates

The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States (U.S. GAAP), which require management to make estimates that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

SuperMedia Savings Plan

Notes to Financial Statements (continued)

2. Accounting Policies (continued)

Subsequent Events

Management evaluated subsequent events for the Plan through September 19, 2012, the date the financial statements were available to be issued.

Risks and Uncertainties

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

Investment Income Recognition

The Plan presents in the statement of changes in net assets available for benefits the net appreciation in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments. Realized gains and losses on sales of investments are determined on the basis of average cost. Dividend income is recorded on the ex-dividend date. Interest earned on investments is recorded on the accrual basis. Purchases and sales of investments are reflected as of the trade date.

Investment Valuation

Investments held by the Plan are stated at fair value. Fair value is defined as 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 (an exit price). See Note 3 for further discussion and disclosures related to fair value measurements.

In accordance with the authoritative guidance on fully benefit-responsive investment contracts under U.S. GAAP, the Plan reports these assets at fair value. However, contract value is the relevant measurement of that portion of net assets attributable to fully benefit-responsive investment contracts, as that is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made

SuperMedia Savings Plan

Notes to Financial Statements (continued)

2. Accounting Policies (continued)

under the contracts, plus accrued interest, less withdrawals and administrative expenses. The statements of net assets available for benefits as of December 31, 2011 and 2010, include an investment in the JPMorgan Chase Stable Asset Income Fund (the SAIF), which holds fully benefit-responsive investment contracts as underlying assets. As required by GAAP, the SAIF is recorded at fair value, with an adjustment from fair value to contract value for fully benefit-responsive investment contracts, on the statements of net assets available for benefits.

New Accounting Pronouncements

In May 2011, the Financial Accounting Standards Board (the FASB) issued Accounting Standards Update (ASU) 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs*. ASU 2011-04 amended Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, to converge the fair value measurement guidance in U.S. GAAP and International Financial Reporting Standards (IFRS). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

3. Fair Value Measurements and Investments

Other than the fair value of the SAIF and the adjustment from fair value to contract value for fully benefit-responsive investment contracts, as well as participant loans and related interest income, all investment information disclosed in the accompanying financial statements and notes and supplemental schedules, including investments at December 31, 2011 and 2010, and net appreciation in fair value of investments, interest income from notes receivable, interest and dividends for the year ended December 31, 2011, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by JPMorgan Chase Bank, N.A., the trustee of the Plan. The contract value of the SAIF was certified as complete and accurate by the Trustee. The value of notes receivable from participants at December 31, 2011 and 2010, as well as the related interest income for the year ended December 31, 2011, was certified as complete and accurate by JPMorgan Retirement Plan Services LLC, as an agent for JPMorgan Chase Bank, N.A.

SuperMedia Savings Plan

Notes to Financial Statements (continued)

3. Fair Value Measurements and Investments (continued)

	December 31 2011	December 31 2010
	<i>(In Thousands)</i>	
Information not certified:		
Fair value of SAIF	\$ 55,436	\$ 54,191
Adjustment from fair value to contract value for fully benefit-responsive investment contacts	(137)	564

In accordance with the authoritative guidance on fair value measurements and disclosures, the Plan discloses the fair value of its investments in a hierarchy that prioritizes the inputs to valuation techniques used to measure the fair value. The hierarchy gives the highest priority to valuations based upon unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to valuations based upon unobservable inputs that are significant to the valuation (Level 3 measurements). The guidance establishes three levels of the fair value hierarchy as follows:

Level 1 – Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that are accessible at the measurement date.

Level 2 – Level 2 inputs utilize inputs other than quoted prices included in Level 1 that are observable for an asset or liability, either directly or indirectly. Level 2 inputs include quoted prices for similar assets or liabilities in active markets and inputs other than quoted prices that are observable for an asset or liability.

Level 3 – Level 3 inputs are unobservable inputs for the asset or liability and include situations where there is little, if any, market activity for the asset or liability.

A financial instrument's level within the fair value hierarchy is based upon the lowest level of any input that is significant to the fair value measurement. However, the determination of what constitutes "observable" requires significant judgment by the Committee. The Committee considers observable data to be market data that is readily available, regularly distributed or updated, reliable and verifiable, not proprietary, and provided by independent sources that are actively involved in the relevant market. There have been no transfers between levels as of December 31, 2011 and 2010.

SuperMedia Savings Plan

Notes to Financial Statements (continued)

3. Fair Value Measurements and Investments (continued)

Following is a description of the valuation methodologies used for the Plan's assets as of December 31, 2011 and 2010. There have been no changes in the valuation methodologies used at December 31, 2011 and 2010.

Mutual funds: Shares of mutual funds are valued using published market prices, which represent the net asset value of shares held by the Plan at year-end.

Common/collective trusts: Units of common-collective trusts are valued by the issuer based on the fair values of the underlying assets, which represent the net asset value of units held by the Plan at year-end.

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

The following table sets forth, by level, the Plan's assets at fair value as of December 31, 2011 (dollars in thousands):

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Money market funds	\$ 1,534	\$ —	\$ —	\$ 1,534
Self-directed funds	6,367	—	—	6,367
Growth funds	8,692	—	—	8,692
Equity funds	3,027	—	—	3,027
Bond funds	8,616	—	—	8,616
Common/collective trusts:				
Lifepath funds	—	217,406	—	217,406
Stable value fund	—	55,436	—	55,436
Index funds	—	138,002	—	138,002
	<u>\$ 28,236</u>	<u>\$ 410,844</u>	<u>\$ —</u>	<u>\$ 439,080</u>

SuperMedia Savings Plan

Notes to Financial Statements (continued)

3. Fair Value Measurements and Investments (continued)

The following table sets forth, by level, the Plan's assets as of December 31, 2010 (dollars in thousands):

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Self-directed funds	\$ 5,911	\$ —	\$ —	\$ 5,911
Growth funds	8,232	—	—	8,232
Equity funds	2,947	—	—	2,947
Bond funds	6,691	—	—	6,691
Common/collective trusts:				
Lifepath funds	—	247,968	—	247,968
Stable value fund	—	54,191	—	54,191
Index funds	—	156,420	—	156,420
	<u>\$ 23,781</u>	<u>\$ 458,579</u>	<u>\$ —</u>	<u>\$ 482,360</u>

All common/collective trust investments are in open-ended funds with diversified investment strategies. The majority of the investments do not have any redemption restrictions; however, one fund, the T. Rowe Price High Yield Fund, imposes a 1% penalty on redemptions made within 90 days of the initial investment. The Plan has no unfunded commitments to these investments. The common/collective trusts consist of the following types of funds:

Index funds: A fund with a portfolio constructed to match or track the components of a market index, such as the Standard & Poor's 500 Index (S&P 500). An index fund is said to provide broad market exposure, low operating expenses, and low portfolio turnover.

LifePath funds: A fund in the hybrid category that automatically resets the asset mix (stocks, bonds, cash equivalents) in its portfolio according to a selected time frame that is appropriate for a particular investor. A target-date fund is similar to a lifecycle fund except that a target-date fund is structured to address some date in the future, such as retirement.

Stable value fund: Stable value funds comprise mostly synthetic guaranteed investment contracts (GIC) (known also as wrapped bonds) because of their inherent stability. These bonds can be short or intermediate term with longer maturities than other choices such as money market funds. They are paired (or wrapped) with insurance contracts to guarantee a specific minimum return. The fair value of this fund has been estimated based on the fair value of the underlying investment contracts in the fund as reported by the issuer. The primary goal of the fund is to seek current income while maintaining stability of invested principal.

SuperMedia Savings Plan

Notes to Financial Statements (continued)

3. Fair Value Measurements and Investments (continued)

The following presents investments that represent 5% or more of the Plan's net assets available for benefits as of December 31 (dollars in thousands):

	<u>2011</u>	<u>2010</u>
Blackrock LifePath Index 2015 Fund	\$ 31,242	\$ 34,887
Blackrock LifePath Index 2020 Fund	36,861	41,180
Blackrock LifePath Index 2025 Fund	44,646	51,255
Blackrock LifePath Index 2030 Fund	35,612	39,468
Blackrock LifePath Index 2035 Fund	25,102	28,689
* JPMorgan Chase Stable Asset Income Fund	55,436	54,191
BlackRock S&P 500 Index	50,158	53,972
BlackRock Russell 2000 Index Fund	28,655	33,126
BlackRock EAFE Equity Index Fund	35,629	46,053
BlackRock US Debt Index Fund	23,560	**

*The contract value for the Plan's investment in the JPMorgan Chase Stable Asset Income Fund was \$55,299 and \$54,755 at December 31, 2011 and 2010.

**The investment did not represent 5% at December 31, 2010.

During 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value as follows (dollars in thousands):

	<u>2011</u>
Common/collective trusts	\$ (1,610)
Mutual funds	(192)
	<u>\$ (1,802)</u>

4. Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated December 10, 2011, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualified status. The plan administrator has indicated that it will take the necessary steps, if any, to bring the Plan's operations into compliance with the IRC.

SuperMedia Savings Plan

Notes to Financial Statements (continued)

4. Income Tax Status (continued)

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

5. Related-Party Transactions

The Plan holds a common/collective trust that is managed by JPMorgan Asset Management. JPMorgan Asset Management is an affiliated company of JPMorgan Chase Bank, N.A., the trustee of the plan. Therefore, these transactions qualify as party-in-interest transactions.

6. Reconciliation of Financial Statements to Form 5500

Amounts related to the fully benefit-responsive investment contracts are recorded on the Form 5500 at fair value.

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 (in thousands):

	December 31	
	2011	2010
Net assets available for benefits per the financial statements	\$ 453,226	\$ 503,631
Less: adjustment from fair value to contract value for fully benefit-responsive investment contracts	137	(564)
Net assets available for benefits per the Form 5500	<u>\$ 453,363</u>	<u>\$ 503,067</u>

SuperMedia Savings Plan

Notes to Financial Statements (continued)

6. Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of the net increase in net assets available for benefits and transfers per the financial statements for the year ended December 31, 2011, to the Form 5500:

Net increase in net assets available for benefits per the financial statements	\$ (50,405)
Adjustment from fair value to contract value for fully benefit-responsive investment contracts at December 31, 2011	137
Adjustment from fair value to contract value for fully benefit-responsive investment contracts at December 31, 2010	564
Net income per the Form 5500	<u>\$ 49,704</u>

7. Commitments and Contingencies

On December 10, 2009, a former employee with a history of litigation against the Company filed a putative class action suit in the U.S. District Court for the Northern District of Texas, Dallas Division, against certain of the Company's current and former officers, directors, and members of the Plan's Employee Benefits Committee. The complaint attempts to recover alleged losses to the various savings plans that were allegedly caused by the breach of fiduciary duties in violation of ERISA of the defendants in administering the plans from November 17, 2006 to March 31, 2009. The complaint alleges that the defendants wrongfully allowed all the plans to invest in Company common stock, alleges that the defendants made material misrepresentations regarding the Company's financial performance and condition, alleges the defendants had divided loyalties, alleges the defendants mismanaged the Plan's assets, and alleges certain defendants breached their duty to monitor and inform the Committee members of required disclosures. The plaintiffs are seeking unspecified compensatory damages and reimbursement for litigation expenses. A class has not been certified. The plaintiffs have filed a consolidated complaint. The Company filed a motion to dismiss the entire complaint on June 22, 2010. On March 16, 2011, the Court granted the Company defendants' motion to dismiss. In response to the order, the plaintiffs have amended their complaint to add more facts and the Company defendants have filed another motion to dismiss the amended complaint. On March 15, 2012, the court granted the Company defendants' second motion dismissing the case with prejudice. The plaintiffs have filed a notice of their intent to appeal the dismissal. The Company plans to honor its indemnification obligations and vigorously defend the lawsuit on the defendants' behalf. An estimate of the possible loss cannot be made as of December 31, 2011.

SuperMedia Savings Plan

Notes to Financial Statements (continued)

8. Subsequent Events

During 2012, the Company renegotiated their collective bargaining agreements (CBA) with the Communications Workers of America for bargained for employees in New York, Pennsylvania, New Jersey, Maryland, and Virginia. As a result of this renegotiation, the employer-matching contribution to certain participants was modified. For participants subject to the CBAs for New York and Pennsylvania with a hire date after June 30, 2009, and with less than five years of service; and participants subject to the CBAs for New Jersey, Maryland, and Virginia with a hire date after December 31, 2009, and with less than five years of service, will receive a \$1 employer-matching contribution for every \$1 deferred up to 6% of eligible pay during 2012. Effective January 1, 2013, they will receive an employer-matching contribution of \$1 for every \$1 deferred up to 3% of eligible pay plus \$.50 per \$1 up to the next 3% of eligible pay. For participants subject to the CBAs for New York and Pennsylvania with a hire date after June 30, 2009 and with more than five years of service; and participants subject to the CBAs for New Jersey, Maryland, and Virginia with a hire date after December 31, 2009, and with more than five years of service, will receive an employer-matching contribution of \$1 per \$1 deferred up to 4% of eligible pay and \$.50 per \$1 up to 2% of eligible pay through 2012. Effective January 1, 2013, they will receive an employer-matching contribution of \$1 per \$1 up to 6% of eligible pay.

Employees of these CBAs hired after December 31, 2012, will receive a match of \$.50 per \$1 up to and including 6% of eligible pay.

Merger Agreement with Dex One Corporation

On August 20, 2012, the Company, Dex One Corporation, a Delaware corporation (Dex), Newdex, Inc., a Delaware corporation and a direct wholly owned subsidiary of Dex (Newco), and Spruce Acquisition Sub, Inc., a Delaware corporation and a direct wholly owned subsidiary of Newco (Merger Sub) entered into an Agreement and Plan of Merger (the Merger Agreement), providing for a “merger of equals” business combination of SuperMedia and Dex. The Merger Agreement provides that, upon the terms and subject to the conditions set forth in the Merger Agreement, Dex will be merged with and into Newco with Newco continuing as the surviving corporation and Merger Sub will be merged with and into SuperMedia with SuperMedia continuing as the surviving corporation (collectively, the Mergers). As a result of the Mergers, Newco will become a newly listed company and SuperMedia will become a direct wholly owned subsidiary of Newco.

SuperMedia Savings Plan

Notes to Financial Statements (continued)

8. Subsequent Events (continued)

Subject to the terms of the Merger Agreement, at the effective time of the Mergers, (i) each outstanding share of Dex common stock (other than shares held by SuperMedia, Dex, Newco, or any of their respective subsidiaries) will be converted into the right to receive 0.20 shares of Newco common stock, par value \$0.001 per share (the Newco Common Stock), which reflects a 1-for-5 reverse stock split of Dex common stock and (ii) each outstanding share of SuperMedia common stock (other than shares held by SuperMedia, Dex, Newco, or any of their respective subsidiaries) will be converted into the right to receive 0.4386 shares of Newco Common Stock. Outstanding SuperMedia stock options will be cancelled at the effective time of the Mergers and, to the extent that SuperMedia's closing stock price on the date of the Mergers exceeds the option strike price, will be settled in cash. All other outstanding SuperMedia equity awards will generally convert into Newco Common Stock, after giving effect to the exchange ratio. After the consummation of the Mergers, current SuperMedia stockholders will own approximately 40% of the combined company and current Dex stockholders will own approximately 60% of the combined company. The effects of the Mergers on the Plan are not yet known.

Completion of the Mergers is subject to certain conditions and is anticipated to occur in the fourth quarter of 2012, although in light of the necessary lender and stockholder approvals there can be no assurance the Mergers will occur within the expected time frame or at all.

Supplemental Schedule

SuperMedia Savings Plan

EIN: 20-5095175 Plan: 003

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

December 31, 2011

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
		Interest-bearing cash	
*	JPMorgan	JPMorgan 100% US Treasury Cap	\$ 1,533,503
		Mutual funds	
	Allianz	Allianz NFJ Small Cap Value Fund	2,609,594
	Barons	Baron Asset Growth and Income Fund	3,479,691
	Chase	Self-directed Brokerage Account	6,366,623
	E.I.I.	E.I.I. Global Property-Inst	417,685
	Invesco	Invesco Van Kampen Growth & Income Institutional	1,796,693
	T. Rowe Price	T. Rowe Price High Yield Fund	2,477,226
	Vanguard	Vanguard Fixed Income Inflation Security Fund	6,138,886
	Vanguard	Vanguard Morgan Growth Fund	3,416,099
		Common/collective trust	
	BlackRock	BlackRock Retirement Fund	16,804,561
	BlackRock	BlackRock 2015 Target Retirement Date Fund	31,241,881
	BlackRock	BlackRock 2020 Target Retirement Date Fund	36,861,248
	BlackRock	BlackRock 2025 Target Retirement Date Fund	44,646,027
	BlackRock	BlackRock 2030 Target Retirement Date Fund	35,611,644
	BlackRock	BlackRock 2035 Target Retirement Date Fund	25,102,147
	BlackRock	BlackRock 2040 Target Retirement Date Fund	14,721,733
	BlackRock	BlackRock 2045 Target Retirement Date Fund	7,456,478
	BlackRock	BlackRock 2050 Target Retirement Date Fund	4,959,823
	BlackRock	BlackRock S&P 500 Index Fund	50,158,362
	BlackRock	BlackRock Russell 2000 Fund	28,654,643
	BlackRock	BlackRock EAFE Equity Index Fund	35,629,068
	BlackRock	BlackRock US Debt Index Fund	23,559,995
*	JPMorgan	JPMorgan Chase Stable Asset Income Fund	55,436,289
	Other		
*	Participant loans	Interest rates range from 4.0% to 10.0%, due through 2026	14,146,385
			<u>\$ 453,226,284</u>

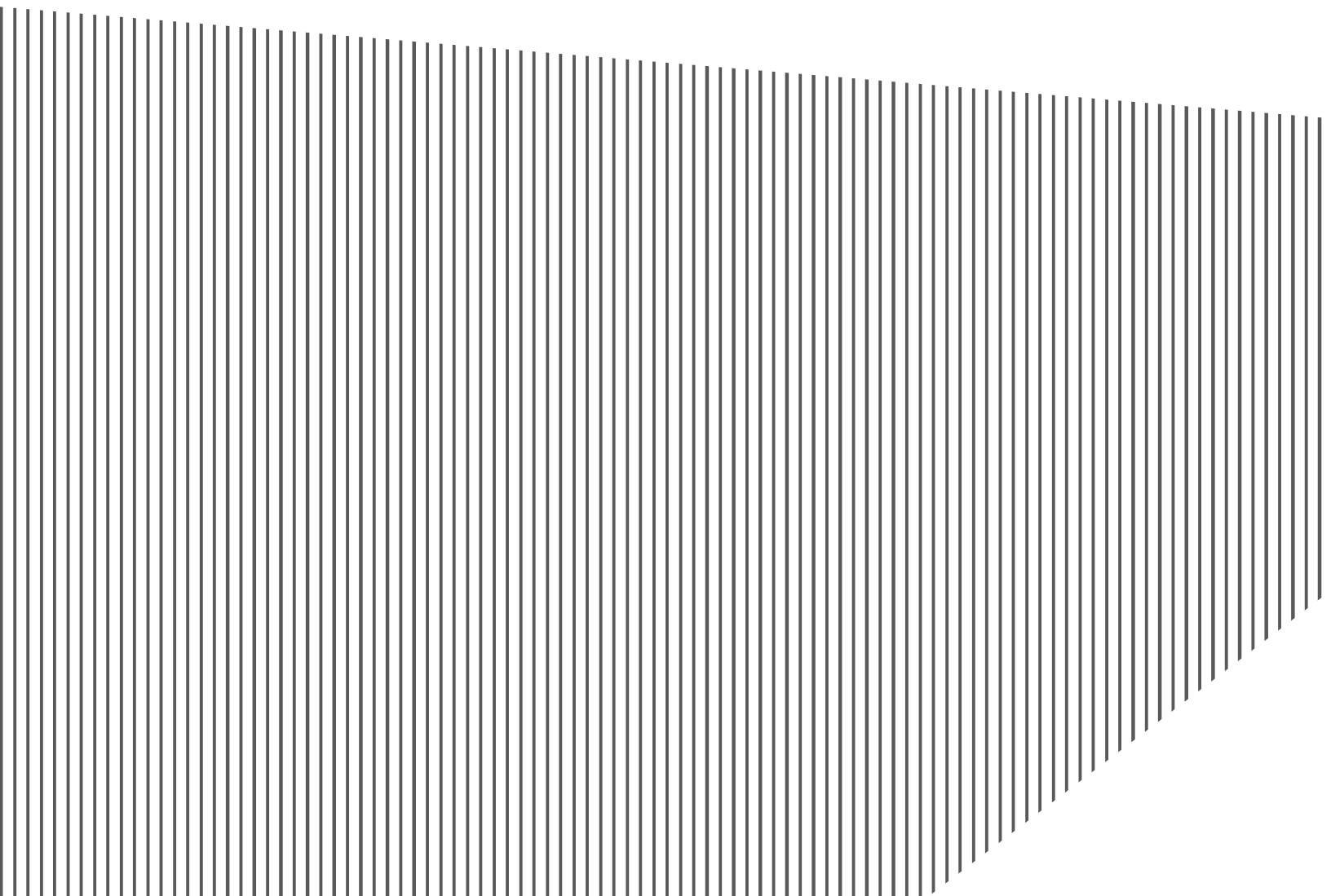
*Party-in-interest
Column (d) is not applicable

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SuperMedia Savings Plan

EIN: 20-5095175 Plan: 003

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