# 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

**2013**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
DEX ONE 401K SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 07/01/1998

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

DEX ONE CORPORATION

2200 WEST AIRFIELD DRIVE
DFW AIRPORT, TX 75261

**2b** Employer Identification Number (EIN)
13-2740040

**2c** Sponsor's telephone number
972-453-7703

**2d** Business code (see instructions)
541800

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2014 | WILLIAM GIST |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

Preparer's telephone number (optional)

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

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 2369 |
| **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** | 1253 |
| **b** | Retired or separated participants receiving benefits | **6b** | 13 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 1537 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 2803 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 4 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 2807 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 2792 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 71 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3H

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

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

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

**a Pension Schedules**

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

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

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

**b General Schedules**

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

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

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

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

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

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

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

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

**A** Name of plan
DEX ONE 401K SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
DEX ONE CORPORATION

**D** Employer Identification Number (EIN)
13-2740040

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

COLUMBIA MANAGEMENT CO.
ONE FINANCIAL CENTER
BOSTON, MA 02111-2621

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

JANUS MUTUAL FUNDS
151 DETROIT STREET
DENVER, CO 80219-0668

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

PACIFIC INVESTMENT MGMT COMP
840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660-6397

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

STATE STREET GLOBAL ADVISORS
1 LINCOLN STREET
BOSTON, MA 02111

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

WELLS FARGO

100 HERITAGE RESERVE
MENOMONEE FALLS, WI 53051

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

VICTORY FUNDS

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

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

COHEN & STEERS FUNDS

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

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

PRUDENTIAL FUNDS

101 SABIN STREET
PAWTUCKET, RI 02860-1427

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

VANGUARD

100 VANGUARD BLVD
MALVERN, PA 19355-2331

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

HARBOR CAPITAL ADVISORS

111 S WACKER DR
34TH FL
CHICAGO, IL 60606

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

EATON VANCE FUNDS

TWO INTERNATIONAL PLACE
BOSTON, MA 02110

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

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

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

MERCER HR SERVICES, LLC

INVESTORS WAY
NORWOOD, MA 02062-1584

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 21 25 37 38 49 50 59 60 62 64 65 99 | RECORDKEEPER/TRUSTEE | 30600 | Yes [X] No [ ] | Yes [ ] No [X] | 93895 | Yes [ ] No [X] |

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

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MERCER HR SERVICES, LLC | 15 38 59 60 | 10406 |

| **(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. |
|---|---|
| COHEN & STEERS FUNDS<br>280 PARK AVENUE<br>10TH FLOOR<br>NEW YORK, NY 10017-1216 | RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MERCER HR SERVICES, LLC | 15 38 59 60 | 20154 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| COLUMBIA MANAGEMENT CO.<br>ONE FINANCIAL CENTER<br>BOSTON, MA 02111-2621 | RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MERCER HR SERVICES, LLC | 15 38 59 60 | 7864 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| EATON VANCE FUNDS<br>TWO INTERNATIONAL PLACE<br>BOSTON, MA 02110 | RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES |

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MERCER HR SERVICES, LLC | 15 38 59 60 | 10561 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| HARBOR CAPITAL ADVISORS<br>111 S WACKER DR<br>34TH FL<br>CHICAGO, IL 60606 | RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MERCER HR SERVICES, LLC | 15 38 59 60 | 14134 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| JANUS MUTUAL FUNDS<br>151 DETROIT STREET<br>DENVER, CO 80219-0668 | RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MERCER HR SERVICES, LLC | 15 38 59 60 | 16177 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| PRUDENTIAL FUNDS<br>101 SABIN STREET<br>PAWTUCKET, RI 02860-1427 | RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES |

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MERCER HR SERVICES, LLC | 15 38 59 60 | 1952 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| STATE STREET GLOBAL ADVISORS<br>1 LINCOLN STREET<br>BOSTON, MA 02111 | RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MERCER HR SERVICES, LLC | 15 38 59 60 | 5172 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| VICTORY FUNDS<br>4400 N FEDERAL HIGHWAY<br>STE 210-19<br>BOCA RATON, FL 33431 | RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MERCER HR SERVICES, LLC | 15 38 59 60 | 6783 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| WELLS FARGO<br>100 HERITAGE RESERVE<br>MENOMONEE FALLS, WI 53051 | RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES |

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## 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

**2013**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
DEX ONE 401K SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
DEX ONE CORPORATION

**D** Employer Identification Number (EIN)
13-2740040

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S & P 500 INDEX SECURITIES

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

| **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) |
|---|---|---|
| 04-0025081-078 | C | 20349456 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD RETIREMENT SAVINGS TRUST

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **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) |
|---|---|---|
| 21-2186884-024 | C | 31823577 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection**

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

**A** Name of plan
DEX ONE 401K SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
DEX ONE CORPORATION

**D** Employer Identification Number (EIN)
13-2740040

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 454743 | 401752 |
| **(2)** Participant contributions | 1b(2) | 506 | 3327 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 2636717 | 3492393 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 39643732 | 52173033 |
| **(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) | 116583898 | 166489551 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(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 | 159319596 | 222560056 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 159319596 | 222560056 |

## 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) | 8834362 | |
| **(B)** Participants | 2a(1)(B) | 9868735 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 332764 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 19035861 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 107509 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 107509 |
| **(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) | 5829537 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 5829537 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 3070188 |
| (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) | | 17350197 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 45393292 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 28676528 | |
| (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) | | 28676528 |
| f Corrective distributions (see instructions) | 2f | | 1769 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | -18880 |
| h Interest expense | 2h | | |
| i Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 31590 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 31590 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 28691007 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 16702285 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 46757713 |
| (2) From this plan | 2l(2) | | 219538 |

## Part III Accountant's Opinion

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

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

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

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

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

**(1)** Name: CROWE HORWATH LLP **(2)** EIN: 35-0921680

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

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

## Part IV Compliance Questions

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

During the plan year:

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

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 25000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | X | | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | X | | |

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

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

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

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

## Part V Trust Information (optional)

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
DEX ONE 401K SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
DEX ONE CORPORATION

**D** Employer Identification Number (EIN)
13-2740040

## Part I Distributions

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

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

EIN(s): 20-2020334

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# DEX ONE 401(k) SAVINGS PLAN

## FINANCIAL STATEMENTS

December 31, 2013 and 2012

DEX ONE 401(k) SAVINGS PLAN

Dallas, Texas
FINANCIAL STATEMENTS
December 31, 2013 and 2012

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INDEPENDENT AUDITOR'S REPORT

To the Participants of the Dex One 401(k) Savings Plan and
Plan Administrator

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Dex One 401(k) Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

***Management's Responsibility for the Financial Statements***

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

***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Mercer Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. 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 certification from the trustee as of December 31, 2013 and 2012 and for the year ended December 31, 2013 that the information provided to the plan administrator by the trustee is complete and accurate.

(Continued)

***Disclaimer of Opinion***

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

***Emphasis of Matter***

As further discussed in Note 1 to the financial statements, effective December 31, 2013, the Dex Media, Inc. Employee Savings Plan merged into the Plan. The transfer of assets due to the Plan merger was reported as "Transfer in - merger" on the Statement of Changes in Net Assets Available for Benefits. Our opinion is not modified with respect to this matter.

***Other Matter***

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

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

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

Crowe Horwath LLP

Crowe Horwath LLP

South Bend, Indiana
October 10, 2014

DEX ONE 401(k) SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2013 and 2012

| | 2013 | 2012 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value (Notes 2, 3, 4 and 6): | | |
| Mutual funds | $ 166,489,551 | $ 116,583,898 |
| Collective trusts | 52,173,033 | 39,643,732 |
| Total investments | 218,662,584 | 156,227,630 |
| Receivables: | | |
| Participant contributions | 3,327 | 506 |
| Employer contributions | 401,752 | 454,743 |
| Notes receivable from participants | 3,492,393 | 2,636,717 |
| Total receivables | 3,897,472 | 3,091,966 |
| Total assets | 222,560,056 | 159,319,596 |
| Net assets, reflecting all investments at fair value | 222,560,056 | 159,319,596 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts (Note 2) | (862,815) | (1,422,124) |
| **Net assets available for benefits** | $ 221,697,241 | $ 157,897,472 |

See accompanying notes to financial statements.

DEX ONE 401(k) SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2013

| | |
|---|---|
| **Additions to net assets attributed to:** | |
| Investment income (Note 3): | |
| Interest and dividend income | $ 5,829,537 |
| Net appreciation in fair value of investments | 20,979,693 |
| Total investment income | 26,809,230 |
| Interest earned on notes receivable from participants | 107,509 |
| Contributions: | |
| Participant | 9,868,735 |
| Employer, net of forfeitures | 7,447,727 |
| Other Contributions (Note 1) | 1,386,635 |
| Rollover | 332,764 |
| Total contributions | 19,035,861 |
| Total additions | 45,952,600 |
| **Deductions from net assets attributed to:** | |
| Benefits paid to participants | 28,659,417 |
| Administrative expenses | 31,590 |
| Total deductions | 28,691,007 |
| **Net increase in net assets before transfers** | 17,261,593 |
| Net transfers from affiliated plan (Note 10) | 3,679 |
| Transfer in – merger (Note 1) | 46,534,497 |
| **Net increase in net assets** | 63,799,769 |
| **Net assets available for benefits:** | |
| Beginning of year | 157,897,472 |
| End of year | $ 221,697,241 |

See accompanying notes to financial statements.

**NOTE 1 - PLAN DESCRIPTION**

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

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

On March 18, 2013, Dex One and all of its subsidiaries filed voluntary bankruptcy petitions in the United States Bankruptcy Court for the District of Delaware (the "Bankruptcy Court") for reorganization under the provisions of Chapter 11 of Title 11 of the United States Code (the "Bankruptcy Code"). Concurrently with filing the bankruptcy petitions, Dex One and its subsidiaries filed and requested confirmation of a Joint Prepackaged Chapter 11 Plan (as modified and supplemented, the "Dex One Prepackaged Plan"), seeking to effect the merger and related transactions contemplated by the Amended and Restated Merger Agreement, dated as of December 5, 2012 (the "Merger Agreement"), by and between Dex One, SuperMedia, Newdex, Inc., a direct, wholly owned subsidiary of Dex One ("Newdex"), and Spruce Acquisition Sub, Inc., a direct, wholly owned subsidiary of Newdex ("Merger Sub"). Also on March 18, 2013, SuperMedia and all of its domestic subsidiaries filed separate voluntary bankruptcy petitions in the Bankruptcy Court, seeking approval of SuperMedia's separate prepackaged plan of reorganization (together with the Dex One Prepackaged Plan, the "Prepackaged Plans").

On April 29, 2013, the Bankruptcy Court held a hearing and entered separate orders confirming the Prepackaged Plans. On April 30, 2013, Dex One and SuperMedia (1) consummated the transactions contemplated by the Merger Agreement, including (a) the amendment and restatement of SuperMedia's senior secured credit facility, (b) the merger of Dex One with and into Newdex, with Newdex continuing as the surviving corporation and changing its name to Dex Media Holdings, Inc., ("Dex Media", the "Company" or "Plan Sponsor") (c) the merger of SuperMedia with and into Merger Sub, with SuperMedia surviving as a wholly owned subsidiary of Dex Media, and (d) the amendment and restatement of the credit facilities of R.H. Donnelley Inc., Dex Media West, Inc., and Dex Media East, Inc., (2) otherwise effected the transactions contemplated by the Prepackaged Plans, and (3) emerged from Chapter 11 protection. The Plan name has not yet been changed to reflect the change in Company name. The merger and other transactions contemplated by the Merger Agreement and the Prepackaged Plans had no material effect on the Plan.

The Plan is a defined contribution plan covering substantially all eligible non-bargained for employees of the Company except as otherwise described below. Leased employees, non-resident aliens and independent contractors are not eligible for participation in the Plan. The Company maintained the Dex Media, Inc. Employee Savings Plan for its bargained for employees through December 31, 2013 after which time the Dex Media, Inc. Employee Savings Plan merged into the Plan. See Note 1, "Plan Merger" for information regarding the merger.

(Continued)

**NOTE 1 - PLAN DESCRIPTION** (Continued)

Trustee and Administration of the Plan: Prior to the merger of Dex One and SuperMedia, the plan administrator was Dex One's Employee Benefits Committee ("EBC") and the Asset Management Committee ("AMC"), which were appointed by the Compensation and Benefits Committee of Dex One's Board of Directors. The EBC had the authority to select, retain, monitor and discharge recordkeepers and was responsible for administering the Plan, including day to day functions, benefit payments, and claims, and for effectuating amendments. The AMC had authority to remove and/or instruct the trustee, establish and maintain a funding and investment policy and select and monitor funds. Effective April 30, 2013, the Plan administrator of the Plan is the EBC and AMC of Dex Media (collectively "Plan Administrator") which was appointed by the Compensation and Benefits Committee of Dex Media's Board of Directors.

The trustee of the Plan was Mercer Trust Company ("Mercer" or "Trustee"). The Trustee held all assets of the Plan in accordance with provisions of the trust agreements with the Company. Mercer HR Services, LLC provided recordkeeping services and other administrative services for the Plan. See Note 12, "Subsequent Events" for information regarding the subsequent change in trustee and recordkeeper.

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

Effective April 29, 2013, the service, vesting and years of eligibility provisions of the Plan document were amended to state that service shall not include for any purpose an individual's period of employment or service with SuperMedia or any subsidiary or affiliate of SuperMedia prior to the date such entity becomes a related employer.

Contributions: Participants may elect to contribute from 0% up to 75%, in whole percent increments, of their eligible compensation, as defined by the Plan document and as limited by the Internal Revenue Code ("IRC"). Participant contributions may be on a pre-tax or after-tax basis. Participant pre-tax contributions are limited to $17,500 by the IRC in 2013.

Each active participant who becomes eligible to participate in the Plan on and after January 1, 2009, and who does not make an affirmative election either to contribute or not contribute to the Plan or to make elective deferrals at a specified level, shall be deemed to have elected to contribute 3% of their compensation on a pre-tax basis during their first year in the Plan. This election will increase by 1% annually until the participant is contributing 6% or changes their deferral rate.

Catch-up contributions may also be made by participants if they are age 50 or older and certain other criteria are met. The 2013 IRC limit for catch-up contributions was $5,500. Catch-up contributions are eligible for matching contributions by the Company, subject to Plan limits.

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

(Continued)

**NOTE 1 - PLAN DESCRIPTION** (Continued)

Each participant who meets certain criteria shall be entitled to a transition contribution equal to a percentage of eligible compensation based upon the sum of years of credited pension service, as defined, and age as of December 31, 2008. These transition contributions will not be matched. No participant shall be entitled to receive transition contributions for any plan year beginning on or after December 31, 2013. The transition contributions are payable by the Company so long as the participant is employed on the last day of each plan year. Transition contributions for the 2013 plan year of $259,520 are recorded as employer contributions receivable as of December 31, 2013.

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

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

Other Contributions: As a result of the R.H. Donnelley Corporation ERISA Litigation Case No. 09-CV-7571, Dex One made a qualified non-elective contribution to the Dex One 401(k) Plan in the amount of $1,349,729 for the Plan year ended December 31, 2013. Additionally Dex One made a qualified non-elective contribution to the Dex One 401(k) Plan in the amount of $36,906 for the Plan year ended December 31, 2013, as a result of the R.H Donnelley Corporation Employer Security Settlement.

Participant Accounts: Each participant's account is credited with the participant's contributions (pre-tax, after-tax and catch-up), rollover contributions, the employer contributions (matching and transition), an allocation of earnings and losses on investments, and is charged with the participant's withdrawals and distributions and related expenses on a daily basis. The investment earnings or losses are allocated to each participant's account pro-rata by investment fund. Each participant is entitled to the benefit that can be provided from the participant's vested account.

Investment Options: Participants may direct the investment of their account balances into various investment options offered by the Plan. The Plan offers investment options in collective trusts and mutual funds. Participants may change their investment directions at any time, subject to the restrictions and procedures as are established by the recordkeeper and the fund prospectus.

Notes Receivable from Participants: Participants may borrow up to the lesser of $50,000 or one-half of their vested account balance, less the highest outstanding loan balance within the past 12 months. Participants may not have more than one note receivable outstanding at any time. The minimum note receivable amount is $500. The minimum note receivable term is 1 month and the maximum note receivable term is 57 months unless the proceeds are used to acquire a participant's principal residence, in which case the maximum term is 117 months. A participant's note receivable shall become due and payable if such participant fails to make a principal and/or interest payment as provided in the note receivable agreement, subject to a grace period.

In addition, the note receivable becomes due and payable at the time the participant separates from the Company. The note receivable is secured by the balance in the participant's account and the interest rate is determined by adding 1% to the prime rate of interest as published in *The Wall Street Journal* as of the last day of the month preceding the note receivable and is fixed for the term of the note receivable. Interest rates for the note receivables range from 4.25% to 10.00% as of December 31, 2013 and 4.25% to 10.25% as of December 31, 2012. Principal and interest is paid ratably through bi-weekly payroll deductions.

(Continued)

**NOTE 1 - PLAN DESCRIPTION** (Continued)

Expenses: The Company has full discretionary authority to allocate to participants' accounts any reasonable Plan expenses that are not funded by forfeitures or paid by the Company. For the year ended December 31, 2013, total expenses, comprised of fees for notes receivable and benefit payments, of $31,590 were paid by Plan participants. There were $31,250 of expenses paid from the forfeiture account during the year ended December 31, 2013. All other expenses were paid by the Company. Investment management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, investment management fees and operating expenses are reflected as a reduction of investment return for such investments.

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

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

Forfeitures: The amount of any non-vested forfeiture attributed to a participant's break in service as specified by the Plan document may be used to restore the participant's forfeited employer contribution, fund employer contributions, or pay expenses. During the year ended December 31, 2013, $19,120 of forfeitures were used to fund employer matching contributions and $31,250 of forfeitures were used to pay Plan administrative expenses. As of December 31, 2013 and 2012, forfeited non-vested accounts were $125,733 and $29,354, respectively.

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

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

Plan Merger: The Dex Media, Inc. Employee Savings Plan ("Dex Media Plan") was merged into the Plan, effective as of December 31, 2013. Net assets available for benefits of the Dex Media Plan of $46,534,497 were transferred to the Plan pursuant to the Plan merger.

(Continued)

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared using the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America ("GAAP").

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

Valuation of Investments and Income Recognition: The Plan's investments are reported at fair value. See Note 4, *Fair Value Measurements and Disclosures*, for additional information. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of investments are recorded on a trade date basis. Dividend income is recorded on the ex-dividend date and interest income is recorded when earned. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fully Benefit-Responsive Investment Contracts: While Plan investments are presented at fair value in the statement of net assets available for benefits, any material difference between the fair value of the Plan's direct and indirect interest in fully benefit-responsive investment contracts and their contract value is presented as an adjustment line in the statement of net assets available for benefits, because contract value is the relevant measurement attribute for that portion of the Plan's net assets available for benefits. Contract value represents contributions made to a contract, plus earnings, less participant withdrawals and administrative expenses. Participants in fully benefit-responsive investment contracts may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The Plan holds an indirect interest in such contracts through its investment in a stable value fund.

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

Payments of Benefits: Benefits are recorded when paid.

Notes Receivable from Participants: Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit loss, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by the participants' account balance. Delinquent participant notes receivable are reclassified as distributions based on the terms of the Plan document.

Fair Value of Financial Instruments: The fair values of employer's and participant contributions receivable approximates carrying values.

(Continued)

## NOTE 3 - INVESTMENTS

During the year ended December 31, 2013, the Plan's investments (including realized and unrealized gains and losses on investments purchased and sold) appreciated in value as follows:

| | |
|---|---|
| Mutual funds | $ 17,350,197 |
| Collective trusts | 3,629,496 |
| Net appreciation in fair value of investments | $ 20,979,693 |

The fair value of investments that are 5% or more of net assets available for Plan benefits are as follows:

| | 2013 | 2012 |
|---|---|---|
| Vanguard Retirement Savings Trust (Contract value as of December 31, 2013 and 2012 was $30,960,762 and $26,826,871, respectively | 31,823,577 | $ 28,248,995 |
| Harbor International Fund | 14,270,686 | 10,407,561 |
| State Street Global Advisors S&P 500 Index Fund | 20,349,456 | 11,394,737 |
| PIMCO Total Return Fund | 9,887,990* | 12,296,926 |
| Vanguard Target Retirement 2025 Fund | 19,956,117 | 11,279,358 |
| Vanguard Target Retirement 2035 Fund | 12,769,527 | 9,032,893 |

*Amount represents less than 5% of net assets as of December 31, 2013. Shown for comparative purposes only.

## NOTE 4 - FAIR VALUE MEASUREMENTS AND DISCLOSURES

Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* ("ASC 820") establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

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

Level 3: Inputs to the valuation methodology are significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

(Continued)

**NOTE 4 - FAIR VALUE MEASUREMENTS AND DISCLOSURES** (Continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

*Mutual Funds*: The shares of mutual funds are valued at quoted market prices in an exchange and active market, which represents the net asset values ("NAV") of shares, held by the Plan at year end and are classified as Level 1 investments.

*Collective trusts*: The investments include an index fund and a stable value fund. The fair value of the Plan's interest in the index fund is based on the NAV reported by the fund manager as of the financial statement date and recent transaction prices. The index fund provides for daily redemptions by the Plan at reported NAV with no advance notice requirement. Under unusual circumstances, redemptions may be suspended should the withdrawal cause a material adverse impact on other participating plans. The Plan is permitted to redeem investment units at NAV on the measurement date, and as a result, the investment is classified as a Level 2 investment. The index fund includes investments that seek to approximate the risk and return characterized by the S&P 500 Index. To achieve their objective, the accounts employ a replication technique, which generally seeks to hold each index constituent in its proportional index weight. The accounts may make limited use of futures and/or options for the purpose of maintaining equity exposure.

The fair value of participation units held in the stable value fund are based on NAV after adjustments to reflect all fund investments at fair value, including direct and indirect interests in fully benefit responsive contracts, as reported in the audited financial statements of the fund. The beneficial interest of each participant is represented by units. Units are issued and redeemed daily at the stable value fund's constant NAV of $1 per unit. Distribution to the stable value fund's unit holders are declared daily from the net investment income and automatically reinvested in the stable value fund on a monthly basis when paid. The stable value fund generally permits redemptions daily. If the stable value fund experiences periods of insufficient liquidity, it may defer honoring any payment request until liquidity is sufficient. The stable value fund may also impose certain restrictions based on employer initiated events such as plan termination, layoffs, tax disqualification and other events that could impact its ability to transact at contract value. The Company is not aware of any such events. The Plan is permitted to redeem investment units at the $1 NAV on the measurement date, and as a result, the investment is classified as a Level 2 asset. The stable value fund invests primarily in investment contracts (traditional or synthetic) issued by insurance companies, banks or other financial institutions, including investment contracts backed by high-quality fixed income securities. The stable value fund seeks to provide current and stable income, while maintaining a stable share value of $1, by diversifying among high credit quality investments and investment contracts which are structured to smooth market gains and losses over time. However, there is no assurance that this objective can be achieved.

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

(Continued)

**NOTE 4 - FAIR VALUE MEASUREMENTS AND DISCLOSURES** (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis as of December 31, 2013 and 2012, respectively:

| | Fair Value Measurements at December 31, 2013 Using | | | |
|---|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total |
| Mutual funds: | | | | |
| Fixed income funds | $ 13,247,962 | $ - | $ - | $ 13,247,962 |
| Growth equity funds | 25,573,613 | - | - | 25,573,613 |
| Value equity funds | 18,873,501 | - | - | 18,873,501 |
| International equity funds | 17,468,043 | - | - | 17,468,043 |
| Life-cycle funds | 80,596,022 | - | - | 80,596,022 |
| Blended equity fund | 6,788,425 | - | - | 6,788,425 |
| Real estate fund | 3,941,985 | - | - | 3,941,985 |
| Total mutual funds | 166,489,551 | - | - | 166,489,551 |
| Collective trusts: | | | | |
| Index | - | 20,349,456 | - | 20,349,456 |
| Stable value | - | 31,823,577 | - | 31,823,577 |
| Total collective trusts | - | 52,173,033 | - | 52,173,033 |
| Total investments at fair value | $166,489,551 | $ 52,173,033 | $ - | $218,662,584 |

| | Fair Value Measurements at December 31, 2012 Using | | | |
|---|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total |
| Mutual funds: | | | | |
| Fixed income funds | $ 15,944,391 | $ - | $ - | $ 15,944,391 |
| Growth equity funds | 16,551,519 | - | - | 16,551,519 |
| Value equity funds | 12,962,631 | - | - | 12,962,631 |
| International equity funds | 12,082,274 | - | - | 12,082,274 |
| Life-cycle funds | 52,504,150 | - | - | 52,504,150 |
| Blended equity fund | 2,595,456 | - | - | 2,595,456 |
| Real estate fund | 3,943,477 | - | - | 3,943,477 |
| Total mutual funds | 116,583,898 | - | - | 116,583,898 |
| Collective trusts: | | | | |
| Index | - | 11,394,737 | - | 11,394,737 |
| Stable value | - | 28,248,995 | - | 28,248,995 |
| Total collective trusts | - | 39,643,732 | - | 39,643,732 |
| Total investments at fair value | $116,583,898 | $ 39,643,732 | $ - | $156,227,630 |

(Continued)

**NOTE 4 - FAIR VALUE MEASUREMENTS AND DISCLOSURES** (Continued)

There were no transfers of Plan assets into or out of Level 1 or Level 2 during the year ended December 31, 2013. The Plan has established a policy of recognizing transfers between levels in the fair value hierarchy as of the end of a reporting period.

**NOTE 5 - INCOME TAX STATUS**

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter July 20, 2012 (and revised February 14, 2013) that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

**NOTE 6 - UNAUDITED INFORMATION - CERTIFIED INVESTMENTS AND NOTES RECEIVABLES FROM PARTICIPANTS**

The Plan Sponsor has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA. Accordingly, Mercer Trust Company, trustee of the Plan, has certified that the following information included in the accompanying financial statements, with the exception of the fair value of the Vanguard Retirement Savings Trust, as complete and accurate. Mercer Trust Company holds investment assets and executes investment transactions.

- Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012
    - Investments at fair value, with the exception of the Vanguard Retirement Savings Trust, which was certified at contract value, and notes receivable from participants
- Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2013
    - Interest and dividend income and interest earned on notes receivable from participants
    - Net appreciation/(depreciation) in fair value of investments
- Notes to Financial Statements
    - Investment information as presented in the notes to the financial statements

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

(Continued)

## NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Fees paid by the Plan to Mercer for certain investment management fees were deducted from the net asset value of shares of the mutual funds held by the Plan. During 2013, $31,590 of administrative expenses were paid to Mercer Trust Company or Mercer HR Services, LLC by the Plan and these transactions qualify as party-in-interest transactions. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Company. Notes receivable from participants also reflect party-in-interest transactions.

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

## NOTE 8 - CONCENTRATIONS, RISKS AND UNCERTAINTIES

The Plan invests in mutual funds and collective trusts. Investments are exposed to various risks such as interest rate, market and credit risks. Additionally, the value, liquidity and related income of the investments are sensitive to changes in economic conditions. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the fair value of such investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and each participant's account.

## NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

| | 2013 | 2012 |
|---|---|---|
| Net assets available for benefits per the accompanying financial statements | $ 221,697,241 | $ 157,897,472 |
| Deficiency of contract value over estimated fair value of investment in stable value fund | 862,815 | 1,422,124 |
| Net assets per the Form 5500 | $ 222,560,056 | $ 159,319,596 |

(Continued)

**NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500** (Continued)

The following is a reconciliation of the change in net assets available for benefits for the year ended December 31, 2013, per the financial statements to the net income reported in the 2013 Form 5500:

| | |
|---|---|
| Increase in net assets available for benefits before transfers per the financial statements | $ 17,261,593 |
| Change in deficiency of contract value over estimated fair value of investment in stable value fund | (559,308) |
| Net income per the Form 5500 | $ 16,702,285 |

**NOTE 10 - ASSET TRANSFERS, NET**

Net assets of $3,679 were transferred from the Dex Media, Inc. Employee Savings Plan to the Plan during 2013 due to the transfer of participants between the plans due to change in employment status. The transfer of net assets included $223,217 of assets received into the Plan and $219,538 of assets disbursed out of the Plan.

**NOTE 11 - SUBSEQUENT EVENTS**

Effective January 1, 2014, the Dex One 401(k) Savings Plan was amended and restated. The Plan was frozen to new participants hired on or after January 1, 2014. Additionally the trustee and recordkeeper were changed from Mercer Trust Company and Mercer HR Services, LLC to JPMorgan Chase Bank, N.A. and JPMorgan Retirement Plan Services, respectively.

The Plan Administrator has evaluated subsequent events for recognition and disclosure through October 10, 2014, which is the date the financial statements were available to be issued.

**SUPPLEMENTAL SCHEDULE**

DEX ONE 401(k) SAVINGS PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

Name of Plan Sponsor: Dex One Corporation
Employer Identification Number: 13-2740040
Three-digit Plan Number 002

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | | Collective Trusts | | |
| | Vanguard Fiduciary Trust Company | Vanguard Retirement Savings Trust | # | $ 31,823,577 |
| | State Street Global Advisors | State Street Global Advisors S&P 500 Index Fund | # | 20,349,456 |
| | | | | 52,173,033 |
| | | Mutual Funds | | |
| | Harbor Capital Advisors | Harbor International Fund | # | 14,270,686 |
| | PIMCO Investments, LLC | PIMCO Total Return Fund | # | 9,887,990 |
| | Wells Fargo Funds | Wells Fargo Advantage Capital Growth Fund | # | 8,648,713 |
| | Perkins Capital Management, Inc. | Perkins Mid Cap Value Fund | # | 7,545,090 |
| | Eaton Vance Funds | Eaton Vance Large Cap Value Fund | # | 6,630,186 |
| | Prudential Funds | Jennison Mid Cap Growth Fund | # | 8,038,521 |
| | Columbia Management Investments | Columbia Management Small Cap Growth Fund | # | 8,886,379 |
| | Victory Funds | Victory Small Company Opportunities Fund | # | 4,698,225 |
| | Vanguard Funds | Vanguard Extended Market Index Fund | # | 6,788,425 |
| | Vanguard Funds | Vanguard Total International Stock Index Fund | # | 3,197,357 |
| | Vanguard Funds | Vanguard Total Bond Market Index Fund | # | 3,359,972 |
| | Cohen & Steers Funds | Cohen & Steers Realty Shares Fund | # | 3,941,985 |
| | Vanguard Funds | Vanguard Target Retirement 2010 Fund | # | 1,110,290 |
| | Vanguard Funds | Vanguard Target Retirement 2015 Fund | # | 7,221,988 |
| | Vanguard Funds | Vanguard Target Retirement 2020 Fund | # | 7,483,780 |
| | Vanguard Funds | Vanguard Target Retirement 2025 Fund | # | 19,956,117 |
| | Vanguard Funds | Vanguard Target Retirement 2030 Fund | # | 9,088,849 |
| | Vanguard Funds | Vanguard Target Retirement 2035 Fund | # | 12,769,527 |
| | Vanguard Funds | Vanguard Target Retirement 2040 Fund | # | 9,651,171 |
| | Vanguard Funds | Vanguard Target Retirement 2045 Fund | # | 6,417,957 |
| | Vanguard Funds | Vanguard Target Retirement 2050 Fund | # | 3,688,131 |
| | Vanguard Funds | Vanguard Target Retirement 2055 Fund | # | 570,570 |
| | Vanguard Funds | Vanguard Target Retirement 2060 Fund | # | 71,534 |
| | Vanguard Funds | Vanguard Target Retirement Income Fund | # | 2,566,108 |
| | | | | 166,489,551 |
| * | Notes receivable from participants | Notes Receivable from participants, Interest rates ranging from 4.25% to 10.00%, and maturities ranging from 2014 to 2023 | # | 3,492,393 |
| | Total | | | $ 221,154,977 |

* Denotes party-in-interest.
# Investment is participant directed, therefore historical cost is not required.

See Independent Auditor's Report.

**Attachment to 2013 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** DEX ONE 401K SAVINGS PLAN **EIN:** 13-2740040
**Plan Sponsor's Name** DEX ONE CORPORATION **PN:** 002

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | PRUDENTIAL JENNISON MID-CAP | MUTUAL FUND | | 8,038,521 |
| | COHEN & STEERS REALTY | MUTUAL FUND | | 3,941,985 |
| | COLUMBIA MGMT SMALL CAP | MUTUAL FUND | | 8,886,378 |
| | HARBOR INTERNATIONAL FUND | MUTUAL FUND | | 14,270,686 |
| | PERKINS MID CAP VALUE FUND | MUTUAL FUND | | 7,545,090 |
| | VANGUARD TOTAL INT'L STK | MUTUAL FUND | | 3,197,356 |
| | PIMCO TOTAL RETURN FUND | MUTUAL FUND | | 9,887,990 |

**Attachment to 2013 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** DEX ONE 401K SAVINGS PLAN **EIN:** 13-2740040
**Plan Sponsor's Name** DEX ONE CORPORATION **PN:** 002

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | SSGA S & P 500 INDEX SEC | COMMON/COLLECTIVE TRUST | | 20,349,456 |
| | WELLS FARGO ADVANTAGE CAP | MUTUAL FUND | | 8,648,713 |
| | VANGUARD TARGET RET. 2010 | MUTUAL FUND | | 1,110,290 |
| | VANGUARD TARGET RET. 2020 | MUTUAL FUND | | 7,483,779 |
| | VANGUARD TARGET RET. 2040 | MUTUAL FUND | | 9,651,171 |
| | VANGUARD TARGET RET. 2050 | MUTUAL FUND | | 3,688,132 |
| | VANGUARD TARGET RET. 2055 | MUTUAL FUND | | 570,571 |

**Attachment to 2013 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** DEX ONE 401K SAVINGS PLAN **EIN:** 13-2740040
**Plan Sponsor's Name** DEX ONE CORPORATION **PN:** 002

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | VANGUARD TARGET RET. 2060 | MUTUAL FUND | | 71,535 |
| | VICTORY SMALL CO OPPORT | MUTUAL FUND | | 4,698,225 |
| | VANGUARD TARGET RET. 2030 | MUTUAL FUND | | 9,088,849 |
| | VANGUARD TARGET RET. 2015 | MUTUAL FUND | | 7,221,988 |
| | VANGUARD TARGET RET. 2025 | MUTUAL FUND | | 19,956,118 |
| | VANGUARD TARGET RET. 2035 | MUTUAL FUND | | 12,769,527 |
| | VANGUARD TARGET RET. 2045 | MUTUAL FUND | | 6,417,957 |

**Attachment to 2013 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** DEX ONE 401K SAVINGS PLAN **EIN:** 13-2740040
**Plan Sponsor's Name** DEX ONE CORPORATION **PN:** 002

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | VANGUARD TARGET RET INCOME | MUTUAL FUND | | 2,566,107 |
| | VANGUARD RETMNT SAVINGS | COMMON/COLLECTIVE TRUST | | 31,823,577 |
| | VANGUARD TOTAL BOND MKT | MUTUAL FUND | | 3,359,972 |
| | VANGUARD EXTENDED MKT INDX | MUTUAL FUND | | 6,788,425 |
| | EATON VANCE LARGE CAP VAL | MUTUAL FUND | | 6,630,186 |
| | LOAN FUND | PARTICIPANT LOANS | | 3,492,393 |
| | | | | |