

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

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>DMAX, LTD. HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN</u>	1b Three-digit plan number (PN) ► <u>003</u> 1c Effective date of plan <u>01/01/2001</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>DMAX, LTD, LLC</u> <u>3100 DRYDEN ROAD</u> <u>MORaine, OH 45439</u>	2b Employer Identification Number (EIN) <u>31-1624971</u> 2c Sponsor's telephone number <u>937-425-9739</u> 2d Business code (see instructions) <u>333610</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2012</u>	<u>LINDA DEAN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") DMAX, LTD, LLC 3100 DRYDEN ROAD MORaine, OH 45439	3b Administrator's EIN 31-1624971 3c Administrator's telephone number 937-425-9739
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	186
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G

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

9a Plan funding arrangement (check all that apply)	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) ☒ Trust	(3) ☒ 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)** ☒ **R** (Retirement Plan Information)

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

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☐ **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☐ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>DMAX, LTD. HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DMAX, LTD, LLC</u>	D Employer Identification Number (EIN) <u>31-1624971</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>3563458</u>
b Actuarial value	2b <u>3298682</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment	3a <u>40</u> (1) Number of participants <u>1355797</u> (2) Funding Target
b For terminated vested participants	3b <u>7</u> <u>28351</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>496639</u>
(2) Vested benefits	3c(2) <u>2240932</u>
(3) Total active	3c(3) <u>139</u> <u>2737571</u>
d Total	3d <u>186</u> <u>4121719</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.39 %</u>
6 Target normal cost	6 <u>0</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>10/12/2012</u>
Signature of actuary	Date
<u>MATTHEW H. CROUCH</u>	<u>11-07024</u>
Type or print name of actuary	Most recent enrollment number
<u>BUCK CONSULTANTS, LLC</u>	<u>513-784-0005</u>
Firm name	Telephone number (including area code)
<u>720 E. PETE ROSE WAY, SUITE 300</u> <u>CINCINNATI, OH 45202</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2011
v.012611

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____ %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		5911
b	Interest on (a) using prior year's effective rate of <u>6.73</u> % except as otherwise provided (see instructions)		398
c	Total available at beginning of current plan year to add to prefunding balance		6309
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III		Funding percentages	
14	Funding target attainment percentage	14	80.03 %
15	Adjusted funding target attainment percentage	15	80.03 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.31 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2011	65400				
12/15/2011	2426831				
12/22/2011	3812				
			Totals ▶	18(b)	2496043
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 2355244
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 3.78%	2nd segment: 6.31%	3rd segment: 6.57 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	823036	148038	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	148038	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	148038	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2355244	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2207206	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

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

A Name of plan <u>DMAX, LTD. HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DMAX, LTD, LLC</u>	D Employer Identification Number (EIN) <u>31-1624971</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

(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 ☐

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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>DMAX, LTD. HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DMAX, LTD, LLC</u>	D Employer Identification Number (EIN) <u>31-1624971</u>	

Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	183687	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	100031	33
(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)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(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)	3287696	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3571414	33

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3571414	33
---	-----------	---------	----

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2496043	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2496043

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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

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

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		
c Other income.....	2c		31103
d Total income. Add all income amounts in column (b) and enter total.....	2d		2527146

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6098527	
(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)		6098527
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
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)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6098527

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3571381
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DELOITTE & TOUCHE LLP

(2) EIN: 31-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☒ Yes ☐ No Amount: 0

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan DMAX, LTD. HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 DMAX, LTD, LLC		D Employer Identification Number (EIN) 31-1624971
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): 20-0937408		
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.....		3 164
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
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		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2011 v.012611		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

DMAX, LTD. Hourly Employees Defined Benefit Pension Plan

Employer ID No: 31-1624971

Plan No. 003

Statements of Net Liabilities as of December 31, 2011 and 2010 (Liquidation Basis), Statements of Changes in Net Liabilities for the Year Ended December 31, 2011, and the Period from October 5, 2010 to December 31, 2010 (Liquidation Basis), Statement of Changes in Net Assets Available for Benefits for the Period from January 1, 2010 to October 4, 2010 (Going Concern Basis), Supplemental Schedules as of and for the Year Ended December 31, 2011, and Independent Auditors' Report

DMAX, LTD. HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



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INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants of
DMAX, Ltd. Hourly Employees Defined Benefit Pension Plan
Moraine, Ohio

We were engaged to audit the financial statements (Liquidation basis) of DMAX, Ltd. Hourly Employees Defined Benefit Pension Plan (the "Plan") as of and for the years ended December 31, 2011 and 2010, and supplemental schedules as of and for the year ended December 31, 2011, as listed in the table of contents. These financial statements (Liquidation basis) and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by TD Ameritrade Trust Company (the "Trustee"), the trustee of the Plan, except for comparing such information with the related information included in the financial statements (Liquidation basis) and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee, as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan administrator by the trustee is complete and accurate.

As discussed in Note 1 to the financial statements (Liquidation basis), DMAX, Ltd., the Plan Sponsor, and the Local 755, IUE-CWA agreed to terminate the Plan as of October 4, 2010. In accordance with accounting principles generally accepted in the United States of America, the Plan's basis of accounting from October 5, 2010 through December 31, 2011 was the liquidation basis.

Because of the significance of the information that we did not audit, we are unable to express, and do not express, an opinion on the accompanying financial statements (Liquidation basis) and supplemental schedule. The supplemental schedule are presented for the purposes of additional analysis and are not a required part of the (Liquidation basis) financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the (Liquidation basis) 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.

Deloitte & Touche LLP

October 5, 2012

DMAX, LTD. HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN

STATEMENTS OF NET LIABILITIES

AS OF DECEMBER 31, 2011 AND 2010 (LIQUIDATION BASIS)

	2011 (In Liquidation)	2010 (In Liquidation)
ASSETS:		
Investments — at fair value as determined by quoted market price:		
Mutual funds	\$ -	\$3,287,696
Money market account	<u>-</u>	<u>100,031</u>
Total investments	-	3,387,727
Employer contributions receivable	<u>-</u>	<u>183,687</u>
Total assets	-	3,571,414
LIABILITIES — Estimated payments to participants upon liquidation (Note 1)	<u>-</u>	<u>4,412,208</u>
NET ASSETS AVAILABLE FOR BENEFITS — At fair value		
NET LIABILITIES IN LIQUIDATION	<u>\$ -</u>	<u>\$ (840,794)</u>

See notes to financial statements (liquidation basis).

DMAX, LTD. HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN

STATEMENTS OF CHANGES IN NET LIABILITIES

FOR THE YEAR ENDED DECEMBER 31, 2011, AND THE PERIOD FROM

OCTOBER 5, 2010 TO DECEMBER 31, 2010 (LIQUIDATION BASIS), AND

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE PERIOD FROM JANUARY 1, 2010 TO OCTOBER 4, 2010 (GOING CONCERN BASIS)

	Year Ended December 31, 2011 (In Liquidation)	Period from October 5, 2010 to December 31, 2010 (In Liquidation)	Period from January 1, 2010 to October 4, 2010 (Going Concern)
ADDITIONS —			
Employer contributions	\$ 2,496,043	\$ 217,374	\$ 67,374
Investment income:			
Net appreciation in fair value of investments	-	12,954	231,662
Interest and dividends	<u>48,280</u>	<u>93,924</u>	<u>42,828</u>
Net investment income	48,280	106,878	274,490
DEDUCTIONS:			
Net depreciation in fair value of investments	16,989	-	-
Benefits paid to participants	1,686,319	33,975	120,894
Other expenses	<u>221</u>	<u>407</u>	<u>253</u>
Total deductions	<u>1,703,529</u>	<u>34,382</u>	<u>121,147</u>
NET INCREASE	840,794	289,870	220,717
ADJUSTMENT TO LIQUIDATION BASIS —			
Estimated payments to participants upon liquidation (Note 1)	-	(4,412,208)	-
NET (LIABILITIES IN LIQUIDATION) ASSETS AVAILABLE FOR BENEFITS:			
Beginning of period	<u>(840,794)</u>	<u>3,281,544</u>	<u>3,060,827</u>
End of period	<u>\$ -</u>	<u>\$ (840,794)</u>	<u>\$ 3,281,544</u>

See notes to financial statements (Liquidation basis).

DMAX, LTD. HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (LIQUIDATION BASIS) AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

1. DESCRIPTION OF THE PLAN

The following brief description of the DMAX, Ltd. Hourly Employees Defined Benefit Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General — The Plan was a defined benefit plan which covered all employees who are represented by the IUE-CWA and AFL-CIO Local 755, who are covered by a Collective Bargaining Agreement that provided for participation in this Plan, whose original date of hire with General Motors Corporation was prior to January 1, 1999. The Plan management controlled and managed the operation and administration of the Plan. TD Ameritrade Trust Company (the "trustee") served as the trustee of the Plan, and Highland Consulting Associates, with approval from the DMAX Defined Benefit Plan Investment Committee, directed the management of the Plan's investments. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). This Plan provided benefits in conjunction with the General Motors Hourly-Rated Employees Pension Plan.

Effective December 31, 2006, the plan was amended to freeze the accrual of benefits for those members of the Plan who have accepted the 2006 "Pay Rate Buy-Down Program" agreed to by the DMAX, Ltd. (the "Company" or "Plan Sponsor") and IUE-CWA, AFL-CIO, and the Local 801. Such members of the Plan agreed to have their benefit accruals frozen as of December 31, 2006, in consideration of other benefits provided by the Company. Such accepting members will not realize an increase in benefits after December 31, 2006, as a result of an increase in their credited service or as a result of any increase in the basic monthly benefit rate. Such members continued to be credited with credited service for early retirement eligibility purposes, but such members were not eligible for any temporary supplements. No new employees were eligible to participate in the plan.

Plan Termination — Effective October 4, 2010, the Company and Local 755, IUE-CWA agreed to the termination of the pension plan for all participants. In accordance with accounting principles generally accepted in the United States of America, the Plan changed its basis of accounting from the ongoing plan basis ("going concern") which is used in presenting the 2009 financial statements and the 2010 financial statements up to October 4, 2010 to the liquidation basis which is used in presenting the 2011 and 2010 final financial statements from October 5, 2010 through December 31, 2010. Participants became fully vested as of the effective termination date and were paid in the form of a purchased annuity or a lump sum, per their election. The Company made contributions, to the extent necessary, to pay the benefits due under the plan termination and will pay all related fees. The plan received favorable determination from the Internal Revenue Service for the termination of the Plan on September 19, 2011. The total amount of benefits paid to satisfy the obligations of the Plan was \$6,098,527. All liabilities associated with the Plan's termination were satisfied as of December 31, 2011.

Retirement Benefits — Employees with thirty or more years of service were entitled to annual pension benefits, beginning at normal retirement age (65), based on benefit class code and date of retirement. In addition, employees may have been eligible for an early voluntary retirement upon attainment of one of the following: (a) attainment of 30 years of credited service regardless of age; or, (b) has attained age fifty-five (55) and the sum of his attained age and years of credited service totals at least eighty-five (85), or, has attained age sixty (60) and completed at least ten (10) years of credited service.

Prior to the Company's election to terminate the Plan, retired employees receive monthly annuity payments for life; married employees receive pension benefits in the form of a joint or a surviving spouse annuity, unless they elect otherwise. If the total value of the employee's benefit is \$15,000 or less, the Plan will automatically pay a lump sum distribution. Employees are eligible for disability retirement under certain conditions. Employees will earn one year of credited service for each Plan year during which they complete at least 1,700 hours of service. Proportionate credited service is calculated for employees who complete less than 1,700 hours in any Plan year.

Employees are eligible for mutually satisfactory retirement if they (a) are at least 55 years of age, (b) have completed at least 10 years of credited service, and (c) are retired under mutually satisfactory conditions as set forth by the Company.

Vesting — Participants became fully vested as of the effective termination date of the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — As a result of management's decision to terminate the Plan, the Plan has changed its basis of accounting to the liquidation basis. The accompanying financial statements (Liquidation basis) (the "financial statements") have been prepared in accordance with accounting principles generally accepted in the United States of America. In applying the liquidation basis of accounting, the Plan accrued estimated payments to be made to participants.

Use of Estimates — The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation and Income Recognition — Investments at December 31, 2010 are stated at fair value. Fair value of a financial instrument is the amount 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. If available, quoted market prices are used to value investments. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits — Benefit payments to participants are recorded when paid.

Administrative Expenses — Certain administrative expenses of the Plan were paid by the Plan's sponsor, as provided in the Plan document. The Plan sponsor provided accounting, legal, and other administrative services to the Plan at no charge. Expenses paid for by the Plan Sponsor were \$121,313 and \$101,634 in 2011 and 2010, respectively. Administrative expenses associated with the termination of the Plan were paid by the Company.

New Accounting Standards — The accounting standard initially adopted in 2011 is described below.

ASU No. 2010-06, Fair Value Measurements and Disclosures — In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2010-06, *Fair Value Measurements and Disclosures*, which amends ASC 820, *Fair Value Measurements and Disclosures*, adding a new disclosure requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis. This requirement is effective for fiscal years beginning after December 15, 2010. The adoption in 2011 did not materially affect the Plan's financial statements as the Plan does not have Level 3 investments.

3. ACCUMULATED PLAN BENEFITS (ESTIMATED PAYMENTS TO PARTICIPANTS UPON LIQUIDATION)

Estimated payments to participants upon liquidation represent the estimated payments as-of December 31, 2010, and are based on the assumption that the Plan will terminate by December 31, 2011, and all participants will elect lump sums calculated using 417(e) assumptions in effect for 2011 (2011 Applicable Mortality and segment rates of 2.16% / 4.77% / 6.05%). The lump sums were discounted to December 31, 2010, using an expected interest rate of 0.75%.

Accumulated plan benefits on an on-going basis, are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present active employees or their beneficiaries. Benefits under the Plan are based on employees' age, compensation, and years of credited service. The amount of the accumulated plan benefits for active employees is based on age, compensation, and service ending on the date as of which the benefit information is presented (the "valuation date"). Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered, to the valuation date.

The actuarial present value of accumulated plan benefits and estimated payments to participants upon liquidation are determined by an independent actuary and represent the amounts that result from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective. As mentioned in Note 1, the Company has decided to liquidate the pension plan. As such, the Plan's independent actuary modified their actuarial assumptions to account for the termination in calculating the estimated payments to participants upon liquidation for December 31, 2010.

There are no accumulated plan benefits as of December 31, 2011 as the Plan is fully liquidated at December 31, 2011.

The significant actuarial assumptions used to determine the estimated payments for participants upon liquidation for 2010 were: (a) participant mortality using the IRS 2010 Combined Static Mortality Table, (b) retirement at age of 65, and (c) investment return and discount rate of 7.0%.

The actuarial present value of accumulated plan benefits as of December 31, 2011 and 2010, is as follows:

	December 31, 2011 (In Liquidation)	December 31, 2010 (In Liquidation)
Estimated payments to participants upon liquidation:		
Active participants	\$ -	\$2,769,788
Retired participants	-	1,607,371
Vested terminated participants	-	35,049
Total vested benefits	-	4,412,208
Non vested benefits		
Actuarial present value of accumulated plan benefits	-	-
Total estimated payments to participants upon liquidation	\$ -	\$4,412,208

The estimated payments to participants upon liquidation at December 31, 2011 and 2010, were as follows:

Actuarial present value of accumulated plan benefits — January 1, 2010	\$ 3,673,313
Increase (decrease) attributable to:	
Interest accumulated	251,689
Benefits accumulated	170,237
Benefits paid	(155,509)
Adjustment to liquidation basis	<u>472,478</u>
Net increase from January 2010 to December 31, 2010	<u>738,895</u>
December 31, 2010	<u>4,412,208</u>
Increase (decrease) attributable to:	
Interest accumulated	32,580
Settlement	(5,955,826)
Actuarial gain	818,307
Benefits paid	(142,701)
Amendment gain	<u>835,432</u>
Net decrease from December 2010 to December 31, 2011	<u>(4,412,208)</u>
Estimated payments to participants upon liquidation — December 31, 2011	<u>\$ -</u>

4. FUNDING POLICY

The Company made contributions, to the extent necessary, to pay the benefits due under the plan termination. Contributions to provide benefits under the Plan were made solely by the Company. Prior to the decision to terminate the Plan, the Company's funding policy was to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary, which provide for funding of current normal costs, plus amortization of actuarial accrued liabilities due to Plan amendments. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2011 and 2010.

5. FAIR VALUE MEASUREMENTS

In accordance with GAAP, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets were classified in their entirety based on the lowest level of input that is significant to the fair value measurement for December 31, 2010. As the Plan was fully liquidated, and no investments remain in the Plan as of December 31, 2011, no tabular disclosure is presented for December 31, 2011. The following table sets forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2010:

	Trust Assets Held			
	Fair Value Measurements at December 31, 2010			
	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	\$3,287,696	\$ -	\$ -	\$3,287,696
Money market account	<u>-</u>	<u>100,031</u>	<u>-</u>	<u>100,031</u>
Total	\$3,287,696	\$ 100,031	\$ -	\$3,387,727

The valuation methods as described in Note 2 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.

6. FEDERAL INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated August 13, 2008, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). The Plan has been amended since that date; however, the Company and Plan management believe the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management 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, 2011, 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 2008.

7. EXEMPT PARTIES-IN-INTEREST TRANSACTION

Certain Plan investments were managed by TD Ameritrade. TD Ameritrade was the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

8. INVESTMENTS

The Plan's investments representing 5% or more of the Plan's net assets available for benefits at December 31, 2011 and 2010, are as follows:

	2011	2010
Mutual funds:		
PIMCO Low Duration Institutional	\$ -	\$1,653,259
* TD Bank USA MMDA	-	1,634,437

* Represents party-in-interest to the plan

During the years ended December 31, 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated), as follows:

	2011	2010
Funds:		
PIMCO Pacific Investment Short-Term	\$ (11,948)	\$ 1,657
PIMCO Low Duration Institutional	(5,041)	19,069
PIMCO Long-term US Government Fund INS	-	54,320
T. Rowe Price Small-Cap Value	-	48,296
William Blair International Growth	-	45,632
Harbor Capital Appreciation Institutional	-	37,960
Dodge & Cox Stock Fund	-	37,731
Dreyfus — Boston Company Small Cap Growth	-	23,235
Vanguard Emerging Markets Stocks Index F	-	22,560
Western Asset Core Plus Portfolio Institutional	-	16,614
Dodge & Cox International Stock Fund CLA	-	16,120
PIMCO Total Return Institutional	-	15,635
Harbor International Institutional Class	-	13,361
William Blair Small Cap Growth CL I	-	9,838
Allianz OCC Opportunity Fund Institution	-	9,605
Vanguard Long-term Bond Index	-	6,281
PIMCO Long-Term Credit Fund INS	-	(133,298)
Net (depreciation) appreciation in fair value of investments	<u>\$ (16,989)</u>	<u>\$ 244,616</u>

9. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE - UNAUDITED

The following is a summary of the unaudited information regarding the Plan as of and for the years ended December 31, 2011 and 2010, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by the Trustee, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that such information is complete and accurate.

	2011 (In Liquidation)	2010 (In Liquidation)
Statement of net assets — investments — at fair value:		
Mutual funds	\$ -	\$3,287,696
Money market account	-	100,031
Total	\$ -	\$3,387,727

	Year Ended December 31, 2011 (In Liquidation)	Period from October 5, 2010 to December 31, 2010 (In Liquidation)	Period from January 1, 2010 to October 4, 2010 (Going Concern)
Statement of change in net assets — investment income:			
Interest and dividends	\$ 48,280	\$ 93,924	\$ 42,828
Net (depreciation) appreciation in fair value of investments	(16,989)	12,954	231,662
Total investment income — net	\$ 31,291	\$106,878	\$274,490

Supplemental schedule: All investment balances and information included in the supplemental schedule of assets (held at end of year).

Note 5 and 8: All investment balances and investment information in the note.

10. SUBSEQUENT EVENTS

Other than that mentioned above, no other events have occurred after December 31, 2011, but before October 5, 2012, the date the financial statements were available for issuance, that require consideration as adjustments to or disclosures in the Plans' financial statements.

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following schedule reconciles net (liabilities) assets per the financial statements to Form 5500 for the years ended December 31, 2011 and 2010:

	2011	2010
Net liabilities in liquidation per the financial statements	\$ -	\$ (840,794)
Other miscellaneous items	33	-
Amount due to plan participants	<u>-</u>	<u>4,412,208</u>
Net assets available for benefits per Form 5500	<u>\$ 33</u>	<u>\$3,571,414</u>

The following schedule reconciles net additions / (deductions) per the financial statements to Other Income in Form 5500 for the year ended December 31, 2011:

	2011
Net other additions (deductions)	\$31,070
Other miscellaneous items	<u>33</u>
Other income per Form 5500	<u>\$31,103</u>

The following schedule reconciles assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2010:

	2010
Decrease in net assets available for benefits per the financial statements	\$(3,901,621)
Benefits payable to participants	<u>4,412,208</u>
Increase in net assets available for benefits per Form 5500	<u>\$ 510,587</u>

* * * * *

SUPPLEMENTAL SCHEDULES

DMAX, LTD. HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN
Employer ID No: 31-1624971
Plan No: 003

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (ACQUIRED
AND DISPOSED OF WITHIN YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2011**

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
TD Bank USA MMDA (Money Market Account)	TD Bank USA MMDA (Money Market Account)	\$4,599,255	\$4,700,384
PIMCO Low Duration Institutional	PIMCO Low Duration Institutional	5,000	1,683,289
TD Bank Institutional MMDA	TD Bank Institutional MMDA	3,346,316	3,346,316
PIMCO Pacific Investment Short Term	PIMCO Pacific Investment Short Term	23,500	1,663,027

See accompanying independent auditors' report.

DMAX, LTD. HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN
Employer ID No: 31-1624971
Plan No: 003

**FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2011**

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date
SINGLE TRANSACTIONS					
Plan Sponsor	PIMCO Low Duration Institutional	\$ -	\$(1,683,289)	\$ -	\$3,544,052
Plan Sponsor	PIMCO Short Term Fund Institutional		(1,663,027)		3,544,052
Plan Sponsor	TD Bank Instl MMDA	1,683,289		1,683,289	3,544,052
Plan Sponsor	TD Bank Instl MMDA	1,663,027		1,663,027	3,544,052
Plan Sponsor	TD Bank Instl MMDA		(3,346,356)		3,528,995
Plan Sponsor	TD Bank USA MMDA	3,346,356			3,528,995
Plan Sponsor	TD Bank USA MMDA	1,000,000		1,000,000	3,528,995
Plan Sponsor	TD Bank USA MMDA		(226,035)		226,035

This schedule has been presented as provided by the Plan trustee. Management of the plan is responsible for meeting the presentation requirements for the filing of this schedule.

See accompanying independent auditors' report.

DMAX, LTD HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN

EIN/PN: 31-1624971 / 003

PLAN YEAR: JANUARY 1, 2011 TO DECEMBER 31, 2011

SCHEDULE SB, LINE 19 — DISCOUNTED EMPLOYER CONTRIBUTIONS

Line 19c – Contributions Allocated Toward Minimum Required Contribution for Current Year

<u>Date</u>	<u>Amount</u>	<u>Plan Year</u>	<u>Days Discounted at Effective Rate of 6.39%</u>	<u>Days Discounted at Penalty Rate of 11.39%</u>	<u>Discounted Value</u>
4/15/2011	65,400	2011	104	0	64,256
12/15/2011	1,218	2011	195	153	1,126
12/15/2011	33,309	2011	287	61	31,159
12/15/2011	2,392,304	2011	348	0	2,255,114
12/22/2011	3,812	2011	355	0	3,589
Total	2,496,043				2,355,244

DMAX, LTD HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN

EIN/PN: 31-1624971 / 003

PLAN YEAR: JANUARY 1, 2011 TO DECEMBER 31, 2011

SCHEDULE SB, LINE 22 — WEIGHTED AVERAGE RETIREMENT AGE

The retirement age shown is based on an employee who fulfilled the retirement for early eligibility who is assumed to have entered the Plan at the average entry age of the population and is calculated in accordance with the following formula which generally assumes employees terminate at the middle of the year.

$$\frac{\sum_{t=0}^{FRA-ERA} ({}_tp_{ERA}) * (q_{ERA+t}^r) * (ERA + t + \frac{1}{2})}{\sum_{t=0}^{FRA-ERA} ({}_tp_{ERA}) * (q_{ERA+t}^r)} \quad \text{note (1)}$$

Note (1) the $\frac{1}{2}$ in the formula shown above is not used for $t = FRA-ERA$.

In the formula shown above, ${}_tp_{ERA}$ is calculated using all of the decrements, and the q_{ERA+t}^r represents the sum of the applicable retirement decrements.

Also, ERA represents the earliest retirement age and FRA represents the age at which everyone is assumed to retire.

Retirement rates at each age are as follows:

55	1.013%	66	35.455%
56	1.013%	67	35.455%
57	1.013%	68	35.455%
58	2.026%	69	75.975%
59	2.026%	70	75.975%
60	4.052%	71	75.975%
61	8.104%	72	75.975%
62	25.325%	73	75.975%
63	20.26%	74	75.975%
64	20.26%	75	100%
65	50.65%		

DMAX, LTD HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN

EIN/PN: 31-1624971 / 003

PLAN YEAR: JANUARY 1, 2011 TO DECEMBER 31, 2011

SCHEDULE SB, PART V — STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Prescribed Funding/PBGC Assumptions and Methods

Funding discount rates

Current Year:	Segment Rates with four month look back:
	First Segment Rate 3.78%
	Second Segment Rate 6.31%
	Third Segment Rate 6.57%
	Effective Interest Rate 6.39%

Prior Year:	Segment Rates with four month look back:
	First Segment Rate 5.03%
	Second Segment Rate 6.73%
	Third Segment Rate 6.82%
	Effective Interest Rate 6.73%

PBGC variable premium
Same as for funding

Mortality

	Current Year	Prior Year
Annuitant	IRS 2011 Combined Static Mortality Table	IRS 2010 Combined Static Mortality Table
Non-annuitant	IRS 2011 Combined Static Mortality Table	IRS 2010 Combined Static Mortality Table

Actuarial cost method

Unit Credit Method. The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected expenses to be paid from plan assets during the year.

DMAX, LTD HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN

EIN/PN: 31-1624971 / 003

PLAN YEAR: JANUARY 1, 2011 TO DECEMBER 31, 2011

SCHEDULE SB, PART V — STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Non-Prescribed Funding Assumptions and Methods

Form of Payment

Life annuity for single participants. 100% of married male participants and 75% of married female participants are assumed to elect the surviving spouse benefit at retirement. Other married participants are assumed to receive a life annuity benefit. Temporary benefits are payable for the participant's life only.

Marital percentage

81% of male and 44% of female participants are assumed to be married with wives four years younger than their spouse.

Disability rates

The annual rates of disability are shown in Exhibit A.

Withdrawal rates⁽¹⁾

For participants with less than five years of service, the annual rates shown in Exhibit B. For participants with five or more years of service, the annual rates shown in Exhibit A.

Retirement rates

The annual rates for various types of retirement shown in Exhibit C are used for retirements from active service. Terminated participants with deferred vested benefits are assumed to retire at age 65.

Asset valuation method

The Valuation Assets are determined using a method that spreads asset gains/(losses) over 2 years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, is included in the Valuation Assets.

The expected return on plan assets is 7.00% per annum, limited by PPA to the applicable Third Segment Rate as follows:

2010 measurement period:	6.82%
2009 measurement period:	6.69%

⁽¹⁾ For active participants not eligible for retirement.

DMAX, LTD HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN

EIN/PN: 31-1624971 / 003

PLAN YEAR: JANUARY 1, 2011 TO DECEMBER 31, 2011

SCHEDULE SB, PART V — STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

EXHIBIT A
RATES OF SEPARATION FROM ACTIVE SERVICE
(5 or more years of service)

AGE	RATES OF DISABILITY*	VESTED WITHDRAWAL
24	--	.03752
25	--	.03652
26	--	.03553
27	.00122	.03328
28	.00122	.03328
29	.00122	.02912
30	.00135	.02912
31	.00135	.02912
32	.00149	.02912
33	.00162	.02496
34	.00162	.02496
35	.00176	.02496
36	.00176	.02496
37	.00189	.02080
38	.00203	.02080
39	.00216	.02080
40	.00230	.02080
41	.00270	.01664
42	.00324	.01664
43	.00365	.01664
44	.00432	.01664
45	.00513	.01248
46	.00596	.01248
47	.00687	.01248
48	.00775	.01248
49	.00894	.00832
50	.01021	.00832

DMAX, LTD HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN

EIN/PN: 31-1624971 / 003

PLAN YEAR: JANUARY 1, 2011 TO DECEMBER 31, 2011

SCHEDULE SB, PART V — STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

EXHIBIT A (CONTINUED)
RATES OF SEPARATION FROM ACTIVE SERVICE
(5 or more years of service)

AGE	RATES OF DISABILITY*	VESTED WITHDRAWAL
51	.01117	.00832
52	.01231	.00832
53	.01361	.00416
54	.01483	.00416
55	.01642	--
56	.01853	--
57	.02031	--
58	.02238	--
59	.02508	--
60	.02835	--
61	.03308	--
62	.03875	--
63	.04536	--
64	.05292	--

*After 10 or more years of service.

DMAX, LTD HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN**EIN/PN: 31-1624971 / 003****PLAN YEAR: JANUARY 1, 2011 TO DECEMBER 31, 2011****SCHEDULE SB, PART V — STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS****EXHIBIT B**
RATES OF NONVESTED TERMINATION FOR ALL CAUSES

AGE	1ST YEAR	2ND YEAR	3RD YEAR	4TH YEAR	5TH YEAR
19	.114602	.093096	--	--	--
20	.110299	.089731	.072765	--	--
21	.106132	.086472	.070249	.070249	--
22	.102102	.083320	.067815	.067815	.067815
23	.098208	.080270	.065464	.065464	.065464
24	.094451	.077338	.063195	.063195	.063195
25	.090830	.074506	.061009	.061009	.061009
26	.087278	.071729	.058864	.058864	.058864
27	.083931	.069111	.056843	.056843	.056843
28	.080652	.066547	.054860	.054860	.054860
29	.077510	.064090	.052965	.052965	.052965
30	.074436	.061686	.051109	.051109	.051109
31	.071499	.059389	.049335	.049335	.049335
32	.068698	.057199	.047644	.047644	.047644
33	.065966	.055062	.045994	.045994	.045994
34	.063302	.052979	.044385	.044385	.044385
35	.060774	.051002	.042859	.042859	.042859
36	.058315	.049079	.041374	.041374	.041374
37	.055924	.047209	.039930	.039930	.039930
38	.053602	.045393	.038525	.038525	.038525
39	.051416	.043684	.037208	.037208	.037208
40	.049298	.042028	.035929	.035929	.035929
41	.047249	.040425	.034691	.034691	.034691
42	.045189	.038823	.033454	.033454	.033454
43	.043287	.037327	.032299	.032299	.032299
44	.041442	.035885	.031185	.031185	.031185
45	.039666	.034496	.030110	.030110	.030110
46	.037959	.033160	.029081	.029081	.029081
47	.036251	.031825	.028050	.028050	.028050
48	.034680	.030596	.027101	.027101	.027101
49	.033199	.029367	.026153	.026153	.026153

DMAX, LTD HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN

EIN/PN: 31-1624971 / 003

PLAN YEAR: JANUARY 1, 2011 TO DECEMBER 31, 2011

SCHEDULE SB, PART V — STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

EXHIBIT B (CONTINUED)

RATES OF NONVESTED TERMINATION FOR ALL CAUSES

AGE	1ST YEAR	2ND YEAR	3RD YEAR	4TH YEAR	5TH YEAR
50	.031606	.028192	.025245	.025245	.025245
51	.030103	.027017	.024338	.024338	.024338
52	.028737	.025949	.023510	.023510	.023510
53	.027371	.024880	.022688	.022688	.022688
54	.026073	.023865	.021904	.021904	.021904
55	.024843	.022904	.021161	.021161	.021161
56	.023613	.021942	.020419	.020419	.020419
57	.022452	.021034	.019715	.019715	.019715
58	.021291	.020126	.019016	.019016	.019016
59	.020198	.019271	.018356	.018356	.018356
60	.019173	.018470	.017738	.017738	.017738
61	.018149	.017669	.017119	.017119	.017119
62	.017192	.016921	.016541	.016541	.016541
63	.016236	.016173	.015964	.015964	.015964
64-69	.015280	.015425	.015386	.015386	.015386

DMAX, LTD HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN

EIN/PN: 31-1624971 / 003

PLAN YEAR: JANUARY 1, 2011 TO DECEMBER 31, 2011

SCHEDULE SB, PART V — STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS**EXHIBIT C**
RATES OF RETIREMENT FROM ACTIVE SERVICE

AGE	RATES OF EARLY RETIREMENT			RATES OF SPECIAL EARLY RETIREMENT	RATES OF NORMAL RETIREMENT
	LESS THAN 30 YEARS	EQUAL TO 30 YEARS	GREATER THAN 30 YEARS		
54 & Younger	--	--	--	--	--
55	0.01013	0.43053	0.09117	.0100	--
56	0.01013	0.45585	0.09117	.0100	--
57	0.01013	0.48118	0.09117	.0100	--
58	0.02026	0.50650	0.09117	.0075	--
59	0.02026	0.60780	0.09117	.0075	--
60	0.04052	0.70910	0.09117	.0075	--
61	0.08104	0.70910	0.15195	.0050	--
62	0.25325	0.25325	0.35455	--	--
63	0.20260	0.20260	0.30390	--	--
64	0.20260	0.20260	0.20260	--	--
65	--	--	--	--	0.50650
66	--	--	--	--	0.35455
67	--	--	--	--	0.35455
68	--	--	--	--	0.35455
69	--	--	--	--	0.75975
70	--	--	--	--	0.75975
71	--	--	--	--	0.75975
72	--	--	--	--	0.75975
73	--	--	--	--	0.75975
74	--	--	--	--	0.75975
75	--	--	--	--	1.00000

DMAX, LTD HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN**EIN/PN: 31-1624971 / 003****PLAN YEAR: JANUARY 1, 2011 TO DECEMBER 31, 2011****SCHEDULE SB, LINE 26 — SCHEDULE OF ACTIVE PARTICIPANT DATA**

Age	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
15-19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0
35-39	0	0	1	48	0	0	0	0	0	49
40-44	0	0	1	35	0	0	0	0	0	36
45-49	0	0	0	17	0	0	0	0	0	17
50-54	0	0	0	10	0	0	0	0	0	10
55-59	0	0	0	10	0	0	0	1	0	11
60-64	0	0	0	5	0	0	0	1	9	15
65-69	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	1	0	1
TOTAL	0	0	2	125	0	0	0	3	9	139

DMAX, LTD HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN

EIN/PN: 31-1624971 / 003

PLAN YEAR: JANUARY 1, 2011 TO DECEMBER 31, 2011

SCHEDULE SB, LINE 32 — SCHEDULE OF AMORTIZATION BASES

<u>Date Established</u>	<u>Initial Amount</u>	<u>Type</u>	<u>Remaining Installments</u>	<u>Amortization Installment</u>	<u>Present Value of Remaining Installments as of January 1, 2011</u>
January 1, 2009	\$ 78,322	Shortfall	5	\$ 13,898	\$ 64,609
January 1, 2010	\$ 487,817	Shortfall	6	\$ 82,096	\$ 442,105
January 1, 2011	\$ 316,322	Shortfall	7	\$ 52,044	\$ 316,322

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2011**This Form is Open to Public
Inspection**

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

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A Name of plan**

DMAX, Ltd. Hourly Employees Defined Benefit Pension Plan

B Three-digit

plan number (PN) ▶

003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

DMAX, Ltd, LLC

D Employer Identification Number (EIN)

31-1624971

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F Prior year plan size:** ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2011**2 Assets:**

	2a	
a Market value		3,563,458
b Actuarial value	2b	3,298,682

3 Funding target/participant count breakdown:

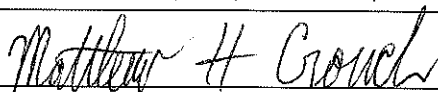
	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 40	1,355,797
b For terminated vested participants	3b 7	28,351
c For active participants:		
(1) Non-vested benefits	3c(1)	496,639
(2) Vested benefits	3c(2)	2,240,932
(3) Total active	3c(3) 139	2,737,571
d Total	3d 186	4,121,719

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		

5 Effective interest rate **5** 6.39 %**6** Target normal cost **6** 0**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Signature of actuary

Matthew H. Crouch

Type or print name of actuary

Buck Consultants, LLC

Firm name

720 E. Pete Rose Way, Suite 300

Cincinnati

OH 45202

Address of the firm

12 Oct 2012

Date

11-07024

Most recent enrollment number

(513) 784-0005

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2011
v.012611

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment: 3.78 %	2nd segment: 6.31 %	3rd segment: 6.57 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	0
b Excess assets, if applicable, but not greater than 31a		31b	0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	823,036	148,038	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...		34	148,038
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	148,038
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	2,355,244
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	2,207,206
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years.....		40	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected		☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008	☐ 2009 ☐ 2010 ☐ 2011
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	

DMAX, LTD HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN**EIN/PN: 31-1624971 / 003****PLAN YEAR: JANUARY 1, 2011 TO DECEMBER 31, 2011****SCHEDULE SB, PART V — SUMMARY OF PLAN PROVISIONS**

This Plan provides benefits in conjunction with the General Motors Hourly-Rated Employees Pension Plan. It became effective as of January 1, 2001. The following is an outline of its principal provisions applicable as of the date of this valuation.

Note that due to the Buy Out/ Buy Down Program offered in 2006, many active employees either commenced retirement benefits or elected to freeze their accrual under this plan as of December 31, 2006 in exchange for a defined contribution arrangement. This valuation reflects both the frozen benefits for the electing group and the ongoing benefits for those active employees who decided to continue their accruals in the pension plan.

Participation

Employees who are represented by IUE-CWA, AFL-CIO, Local 755, whose original date of hire with General Motors was on or before December 31, 1995, and who transferred to DMAX on or after March 1, 2001.

Contributions

The entire cost of the Plan is met by the Company.

Benefits for all Participants

The benefits earned under this plan are the difference between the total benefits earned due to service at both General Motors and DMAX, and the benefits earned due to service at General Motors. The benefit provisions in this section define the total benefits payable from this plan and the General Motors Plan.

I. Normal Retirement

a) Eligibility: Age 65.

b) Benefit: Monthly life benefit per year of service based on benefit class code and date of retirement:

	Retirement Date				
Benefit Class Code	10-1-2002 to 9-1-2003	10-1-2003 to 9-1-2004	10-1-2004 to 9-1-2005	10-1-2005 to 9-1-2006	10-1-2006 to 9-1-2007
A	\$46.70	\$47.75	\$48.80	\$49.85	\$50.90
B	46.95	48.00	49.05	50.10	51.15
C	47.20	48.25	49.30	50.35	51.40
D	47.45	48.50	49.55	50.60	51.65

	Retirement Date			
Benefit Class Code	10/1/2007 to 9/1/2008	10/1/2008 to 9/1/2009	10/1/2009 to 9/1/2010	On or After 10/1/2010
A	\$52.90	\$53.10	\$53.30	\$53.55
B	53.15	53.35	53.55	53.80
C	53.40	53.60	53.80	54.05
D	53.65	53.85	54.05	54.30

DMAX, LTD HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN

EIN/PN: 31-1624971 / 003

PLAN YEAR: JANUARY 1, 2011 TO DECEMBER 31, 2011

SCHEDULE SB, PART V — SUMMARY OF PLAN PROVISIONS

II. Regular Early Retirement

- a) Eligibility: (i) At least 30 years of service, or
(ii) At least age 55 and the sum of your age and years of credited service totals at least 85, or
(iii) At least age 60 and have 10 or more years of credited service
- b) Benefit: A percentage of the normal retirement benefit based on the age at benefit commencement. Percentages for selected ages are:

Benefit Begins at Age	Percentage of Normal Retirement Benefit
42	21.0%
45	26.1%
50	38.3%
55	57.9%
60	86.7%
62 and over	100.0%

The percentage is increased to 100% when age 62 and one month is reached, if retired with either 30 years of service or age plus service of 85 or more.

III. Special Early Retirement

- a) Eligibility: Age 55 to 64 with 10 years of service with satisfaction of certain prescribed conditions.
- b) Benefit: Life benefit same as normal benefit; plus temporary benefit to age 62 and one month if unreduced Social Security is not payable. Certain retirees will continue to receive the temporary benefit until the age that 80% of Social Security is payable.

Temporary Benefit		
Retirement Date	Monthly Benefit Per Year of Credited Service	Maximum Monthly Benefit
10-1-2002 to 9-1-2003	\$44.45	\$1,333.50
10-1-2003 to 9-1-2004	45.75	1,372.50
10-1-2004 to 9-1-2005	47.05	1,411.50
10-1-2005 to 9-1-2006	48.50	1,455.00
10-1-2006 to 9-1-2007	49.80	1,494.00
10-1-2007 to 9-1-2008	50.80	1,524.00
10-1-2008 to 9-1-2009	51.00	1,530.00
10-1-2009 to 9-1-2010	51.20	1,536.00
On or after 10-1-2010	51.40	1,542.00

DMAX, LTD HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN

EIN/PN: 31-1624971 / 003

PLAN YEAR: JANUARY 1, 2011 TO DECEMBER 31, 2011

SCHEDULE SB, PART V — SUMMARY OF PLAN PROVISIONS

IV. Disability Retirement

- a) Eligibility: Total and permanent disability after 10 years of service.
- b) Benefit: Same as Early Retirement, with no reduction for benefits before age 62.

V. Deferred Vested Retirement

- a) Eligibility: At least 5 years of service.
- b) Benefit: Normal benefit payable at age 65 based on rate in effect at time of seniority break or a reduced benefit payable as early as age 55.

VI. Surviving Spouse Benefit Before Retirement

- a) Eligibility: Married participant dies while eligible for a Deferred Vested Retirement.
- b) Benefit: Same as "After Retirement" based on life benefit participant would have received if he were eligible for Normal or Regular Early Retirement and had retired on date of death.

For participant eligible only for a Deferred Vested Retirement at death, the benefit shall be 50% of the life benefit that would have been payable to the participant had he terminated on the date of death, and shall commence, with appropriate reductions, on the date that the participant could have elected commencement.

VII. Surviving Spouse Benefit After Retirement

- a) Eligibility: Death after retirement if married participant and spouse do not provide written witnessed rejection of survivorship coverage at retirement. A participant who marries or remarries may elect the surviving spouse benefit within a year of marriage.
- b) Benefit: For other than disability retirement before age 55 with less than 30 years of service, participant's life benefit (excludes supplements) is reduced by 5%, plus ½% for each year over 5 spouse is younger, minus ½% for each year over 5 spouse is older (to zero reduction). Spouse receives life benefits of 65% of amount payable to participant after age 62.

DMAX, LTD HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN**EIN/PN: 31-1624971 / 003****PLAN YEAR: JANUARY 1, 2011 TO DECEMBER 31, 2011****SCHEDULE SB, PART V — SUMMARY OF PLAN PROVISIONS****VIII. Early Retirement Supplement**

a) Eligibility: At least 30 years of service.

b) Benefit: The amount below, payable monthly to age 62 and one month, reduced by the amount of regular early retirement benefit. Certain retirees will continue to receive a supplement until the age 80% of Social Security is payable.

Total Monthly Early Retirement Benefit								
10/1/2002 to 9/1/2003	10/1/2003 to 9/1/2004	10/1/2004 to 9/1/2005	10/1/2005 to 9/1/2006	10/1/2006 to 9/1/2007	10/1/2007 to 9/1/2008	10/1/2008 to 9/1/2009	10/1/2009 to 9/1/2010	On or After 10/1/2010
\$2,730.00	\$2,805.00	\$2,875.00	\$2,950.00	\$3,020.00	\$3,140.00	\$3,150.00	\$3,160.00	\$3,170.00

IX. Interim Supplement

a) Eligibility: Regular Early Retirement with less than 30 years of service.

b) Benefit: Monthly payment to age 62 and one month per year of service based on the following table. Certain retirees will continue to receive the Interim Supplement until the age 80% of Social Security is payable.

Monthly Interim Supplement Per Year of Service									
Retirement Date									
Retirement Age	10/1/2002 to 9/1/2003	10/1/2003 to 9/1/2004	10/1/2004 to 9/1/2005	10/1/2005 to 9/1/2006	10/1/2006 to 9/1/2007	10/1/2007 to 9/1/2008	10/1/2008 to 9/1/2009	10/1/2009 to 9/1/2010	On or After 10/1/2010
55	\$19.55	\$20.10	\$20.70	\$21.35	\$21.90	\$22.35	\$22.45	\$22.55	\$22.60
56	23.10	23.75	24.45	25.20	25.85	26.35	26.50	26.60	26.70
57	27.90	28.70	29.50	30.40	31.20	31.90	32.00	32.15	32.25
58	32.70	33.65	34.60	35.70	36.65	37.35	37.50	37.65	37.80
59	36.50	39.55	40.70	42.00	43.10	41.65	41.85	42.00	42.20
60	42.25	43.45	44.70	46.10	47.30	48.25	48.45	48.65	48.85
61	42.25	43.45	44.70	46.10	47.30	48.25	48.45	48.65	48.85

Summary of Changes from the January 1, 2010 Valuation

The Plan Sponsor elected to amend the plan to freeze accruals for those that did not participate in the Buy Out/Buy Down Program.

DMAX, LTD. HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN
Employer ID No: 31-1624971
Plan No: 003

**FORM 5500, SCHEDULE H, PART IV, LINE 4I — SCHEDULE OF ASSETS (ACQUIRED
AND DISPOSED OF WITHIN YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2011**

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
TD Bank USA MMDA (Money Market Account)	TD Bank USA MMDA (Money Market Account)	\$4,599,255	\$4,700,384
PIMCO Low Duration Institutional	PIMCO Low Duration Institutional	5,000	1,683,289
TD Bank Institutional MMDA	TD Bank Institutional MMDA	3,346,316	3,346,316
PIMCO Pacific Investment Short Term	PIMCO Pacific Investment Short Term	23,500	1,663,027

See accompanying independent auditors' report.

DMAX, LTD. HOURLY EMPLOYEES DEFINED BENEFIT PENSION PLAN
Employer ID No: 31-1624971
Plan No: 003

**FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2011**

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date
SINGLE TRANSACTIONS					
Plan Sponsor	PIMCO Low Duration Institutional	\$ -	\$(1,683,289)	\$ -	\$3,544,052
Plan Sponsor	PIMCO Short Term Fund Institutional		(1,663,027)		3,544,052
Plan Sponsor	TD Bank Instl MMDA	1,683,289		1,683,289	3,544,052
Plan Sponsor	TD Bank Instl MMDA	1,663,027		1,663,027	3,544,052
Plan Sponsor	TD Bank Instl MMDA		(3,346,356)		3,528,995
Plan Sponsor	TD Bank USA MMDA	3,346,356			3,528,995
Plan Sponsor	TD Bank USA MMDA	1,000,000		1,000,000	3,528,995
Plan Sponsor	TD Bank USA MMDA		(226,035)		226,035

This schedule has been presented as provided by the Plan trustee. Management of the plan is responsible for meeting the presentation requirements for the filing of this schedule.

See accompanying independent auditors' report.