

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>MUNDER CAPITAL MANAGEMENT 401(K) PLAN</u>	1b Three-digit plan number (PN) ► <u>002</u> 1c Effective date of plan <u>01/01/1995</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>MUNDER CAPITAL MANAGEMENT</u> <u>480 PIERCE STREET</u> <u>BIRMINGHAM, MI 48009-6063</u>	2b Employer Identification Number (EIN) <u>38-3212521</u> 2c Sponsor's telephone number <u>248-647-9200</u> 2d Business code (see instructions) <u>523900</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>07/26/2012</u>	<u>PETER HOGLUND</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") MUNDER CAPITAL MANAGEMENT 480 PIERCE STREET BIRMINGHAM, MI 48009-6063	3b Administrator's EIN 38-3212521 3c Administrator's telephone number 248-647-9200
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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	211
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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	144
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	73
d Subtotal. Add lines 6a , 6b , and 6c	6d	218
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	219
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	218
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	9

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

2E 2G 2J 2K 2T 3D 3H

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

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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>MUNDER CAPITAL MANAGEMENT 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MUNDER CAPITAL MANAGEMENT</u>	D Employer Identification Number (EIN) <u>38-3212521</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

THE LAZARD FUNDS, INC. 30 ROCKEFELLER PLAZA
NEW YORK, NY 10112-6300

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

THE MUNDER FUNDS 480 PIERCE STREET
BIRMINGHAM, MI 48009

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

THE VANGUARD GROUP P.O. BOX 1100
VALLEY FORGE, PA 19482-1100

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

CREDIT SUISSE FUNDS P.O. BOX 55030
BOSTON, MA 02205-5030

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

JP MORGAN FUNDS

P.O. BOX 8528
BOSTON, MA 02266-8528

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

ASCENSUS

11-3665754

(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)

THE VANGUARD GROUP

P.O. BOX 1100
VALLEY FORGE, PA 19482-1100

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	1013	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ASCENSUS

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	1287	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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
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>MUNDER CAPITAL MANAGEMENT 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MUNDER CAPITAL MANAGEMENT</u>	D Employer Identification Number (EIN) <u>38-3212521</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)	385365	671858
	(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)	5448901	5619303
	(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)	319410	322800
	(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)	33302108	29538125
	(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	39455784	36152086

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	39455784	36152086
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1137863	
(B) Participants	2a(1)(B)	1452449	
(C) Others (including rollovers)	2a(1)(C)	4207	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2594519
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3365	
(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)	13114	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		16479
(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)	611164	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		611164
(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)		-1270993
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1951169

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5252567	
(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)		5252567
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)	2300	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2300
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5254867

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3303698
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: BDO USA, LLP

(2) EIN: 13-5381590

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.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5b(1) Name of plan(s)

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

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

A Name of plan <u>MUNDER CAPITAL MANAGEMENT 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MUNDER CAPITAL MANAGEMENT</u>	D Employer Identification Number (EIN) <u>38-3212521</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>23-1945930</u> <u>45-0404698</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>30</u>

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
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Independent Auditors' Report

Plan Administrator
Munder Capital Management 401(k) Plan
Birmingham, Michigan

We were engaged to audit the accompanying Statements of Net Assets Available for Benefits of the Munder Capital Management 401(k) Plan (the "Plan") as of December 31, 2011 and 2010, and for related Statements of Changes in Net Assets Available for Benefits for the years then ended and the schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform any auditing procedures with respect to the information summarized in Note 4, which was certified by Ascensus, as agent for Frontier Trust Company, the trustee of the Plan, as of April 28, 2011 and December 31, 2010 and for the period January 1, 2011 to April 28, 2011 and the year ended December 31, 2010 and Vanguard Fiduciary Trust Company, the trustee of the Plan as of December 31, 2011 and for the period from April 29, 2011 to December 31, 2011, except for comparing the information with the related information included in the financial statements and supplemental schedule. The Plan administrator has informed us that Vanguard Fiduciary Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2011 and for the period from April 29, 2011 to December 31, 2011 and Ascensus, as agent for Frontier Trust Company, held the Plan's investment assets and executed investment transactions as of April 28, 2011 and December 31, 2010 and for the period from January 1, 2011 to April 28, 2011 and for the year ended December 31, 2010. The Plan administrator has obtained a certification from Vanguard Fiduciary Trust Company, as of December 31, 2011 and for the period from April 29, 2011 to December 31, 2011 and from Ascensus, as agent for Frontier Trust Company, as of April 28, 2011 and December 31, 2010 and for the period from January 1, 2011 to April 28, 2011 and the year ended December 31, 2010, that the information provided to the Plan administrator by the trustee, custodian and agent to the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on these accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee and agent of the custodian, 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.

BDO USA, LLP

June 28, 2012

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

Munder Capital Management 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2011

		EIN:	38-3212521	
		Plan Number:	002	
			(e)	
(a)	(b)	(c)	(d)	Current
	Identity of Issuer	Description of Investment	Cost	Value
Money Market				
*	Vanguard	Vanguard Prime Money Market Fund	\$	5,619,303
Mutual Funds				
*	Munder	Mid-Cap Core Growth Fund Class Y	a	\$ 4,975,645
*	Vanguard	500 Index Fund Investor Shares	a	3,124,406
*	Munder	Growth Opportunities Fund Class Y	a	2,560,676
*	Munder	Large-Cap Value Fund Class Y	a	1,693,461
*	Munder	Veracity Small-Cap Value Fund Class Y	a	1,630,103
*	Munder	International Equity Fund Class Y	a	1,318,533
*	Munder	Micro-Cap Equity Fund Class Y	a	1,316,429
*	Munder	International Small-Cap Fund Class Y	a	1,281,474
*	Munder	Bond Fund Class Y	a	1,268,629
	Lazard	Lazard Emerging Markets Equity Portfolio Open Shares	a	1,196,500
*	Vanguard	Target Retirement 2035 Fund	a	1,155,366
*	Vanguard	Inflation-Protected Securities Fund Investor Shares	a	1,026,077
*	Vanguard	Small-Cap Growth Index Fund Investor Shares	a	907,591
*	Vanguard	Developed Markets Index Fund Investor Shares	a	796,209
*	Vanguard	Growth Index Fund Investor Shares	a	719,823
*	Vanguard	REIT Index Fund Investor Shares	a	616,357
*	Vanguard	Total Bond Market Index Fund Investor Shares	a	512,197
*	Vanguard	Value Index Fund Investor Shares	a	490,718
*	Vanguard	Small-Cap Value Index Fund Investor Shares	a	473,613
*	Munder	International Fund - Core Equity Class Y	a	383,260
*	Vanguard	Mid-Cap Growth Index Fund Investor Shares	a	341,508
*	Vanguard	Target Retirement 2030 Fund	a	338,216
*	Vanguard	Short-Term Bond Index Fund Investor Shares	a	335,997
*	Vanguard	Target Retirement 2025 Fund	a	291,936
*	Vanguard	Target Retirement 2015 Fund	a	220,932
*	Vanguard	Mid-Cap Value Index Fund Investor Shares	a	204,839
*	Vanguard	Target Retirement 2045 Fund	a	196,363
*	Vanguard	Target Retirement 2020 Fund	a	59,905
*	Vanguard	Target Retirement 2040 Fund	a	49,612
	Credit Suisse	Commodity Return Strategy Fund Class A	a	22,051
*	Vanguard	Target Retirement 2010 Fund	a	17,417
	JP Morgan	High Yield Fund Select Class Shares	a	5,591
*	Vanguard	Target Retirement 2055 Fund	a	5,021
*	Vanguard	Emerging Markets Stock Index Fund Investor Shares	a	1,670
Total Mutual Funds				\$ 29,538,125
* Participant Loans				
Participant loans receivable, with interest rates at 4.25%, secured by participants' remaining account balances, maturing through 2030.				\$ 322,800

* - A party-in-interest as defined by ERISA.

a - The cost of participant directed investments is not required to be disclosed.

Munder Capital Management 401(k) Plan

Financial Statements
(and supplemental schedule)
Years Ended December 31, 2011 and 2010

Munder Capital Management 401(k) Plan

Financial Statements
(and supplemental schedule)
Years Ended December 31, 2011 and 2010

Munder Capital Management 401(k) Plan

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Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2011	15
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Tel: 248-362-2100
Fax: 248-362-4459
www.bdo.com

755 West Big Beaver, Suite 1900
Troy, MI 48084-0178

Independent Auditors' Report

Plan Administrator
Munder Capital Management 401(k) Plan
Birmingham, Michigan

We were engaged to audit the accompanying Statements of Net Assets Available for Benefits of the Munder Capital Management 401(k) Plan (the "Plan") as of December 31, 2011 and 2010, and for related Statements of Changes in Net Assets Available for Benefits for the years then ended and the schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform any auditing procedures with respect to the information summarized in Note 4, which was certified by Ascensus, as agent for Frontier Trust Company, the trustee of the Plan, as of April 28, 2011 and December 31, 2010 and for the period January 1, 2011 to April 28, 2011 and the year ended December 31, 2010 and Vanguard Fiduciary Trust Company, the trustee of the Plan as of December 31, 2011 and for the period from April 29, 2011 to December 31, 2011, except for comparing the information with the related information included in the financial statements and supplemental schedule. The Plan administrator has informed us that Vanguard Fiduciary Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2011 and for the period from April 29, 2011 to December 31, 2011 and Ascensus, as agent for Frontier Trust Company, held the Plan's investment assets and executed investment transactions as of April 28, 2011 and December 31, 2010 and for the period from January 1, 2011 to April 28, 2011 and for the year ended December 31, 2010. The Plan administrator has obtained a certification from Vanguard Fiduciary Trust Company, as of December 31, 2011 and for the period from April 29, 2011 to December 31, 2011 and from Ascensus, as agent for Frontier Trust Company, as of April 28, 2011 and December 31, 2010 and for the period from January 1, 2011 to April 28, 2011 and the year ended December 31, 2010, that the information provided to the Plan administrator by the trustee, custodian and agent to the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on these accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee and agent of the custodian, 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.

BDO USA, LLP

June 28, 2012

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BDO is the brand name for the BDO network and for each of the BDO Member Firms.

Financial Statements

Munder Capital Management 401(k) Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2011	2010
Assets		
Investments , at fair value		
Mutual funds	\$ 29,538,125	\$ 33,302,108
Money market fund	5,619,303	5,448,901
Total Investments	35,157,428	38,751,009
Receivables		
Participant loans	322,800	319,410
Employer	671,858	385,365
Net Assets Available for Benefits	\$ 36,152,086	\$ 39,455,784

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

Munder Capital Management 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2011	2010
Contributions		
Participant	\$ 1,452,449	\$ 1,278,391
Employer	1,137,863	896,233
Participant rollovers	4,207	31,241
Total Contributions	2,594,519	2,205,865
Investment Income		
Net appreciation (depreciation) in fair value of mutual funds	(1,270,993)	4,275,931
Interest and dividends	614,529	704,043
Total Investment Income (Loss)	(656,464)	4,979,974
Other Income		
Interest income from participant loans receivable	13,114	14,249
Total Income	1,951,169	7,200,088
Deductions		
Benefits paid to participants and beneficiaries	5,252,567	1,659,871
Administrative expenses	2,300	3,325
Total Deductions	5,254,867	1,663,196
Net Increase (Decrease) in Net Assets Available for Benefits	(3,303,698)	5,536,892
Net Assets Available for Benefits, beginning of year	39,455,784	33,918,892
Net Assets Available for Benefits, end of year	\$ 36,152,086	\$ 39,455,784

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

Munder Capital Management 401(k) Plan

Notes to Financial Statements

1. Plan Description

The following description of the Munder Capital Management 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established on January 1, 1995 within the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is sponsored by Munder Capital Management (the "Company").

Participation

Under the terms of the Plan agreement, all employees who have attained age 21 are eligible to participate in the Plan if they are legal United States residents except interns, leased employees, independent contractors, and employees covered by a collective bargaining agreement. A participant is eligible to receive a match contribution if the participant is making elective deferrals to the Plan. A participant may receive a discretionary profit sharing contribution from the Company if the participant completes 1,000 service hours during the Plan year. The participant does not have to currently be making elective deferrals to receive a discretionary contribution.

Contributions

Participants may contribute from one percent up to fifty percent of compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans and may make Roth (post-tax) contributions to the Plan. The Company may contribute a discretionary profit sharing contribution to the Plan each year which is calculated as a percentage of participants' eligible compensation. The Company's discretionary profit sharing contributions for 2011 and 2010 was 4.5 and 3 percent, respectively, for employees with eligible compensation less than \$110,000, and 3 and 2 percent, respectively, for employees with eligible compensation greater than \$110,000. All employer contributions are invested in investment options as directed by the participants. Contributions are subject to certain limitations established by the Internal Revenue Service (the "IRS"). The discretionary profit sharing contribution for the year ended December 31, 2011 and 2010 was \$671,858 and \$385,365, respectively. Effective for the 2010 Plan year, all participants received a matching contribution from the Company equal to 100 percent of employee deferrals, subject to a cap of 3 percent of eligible wages and to applicable IRS limits. The Company's matching contributions for the year ended December 31, 2011 and 2010, respectively, was \$466,005 and \$510,868.

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Company's discretionary profit sharing contribution, and an allocation of earnings and expenses thereon. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investment of their account balances into various investment options offered by the Plan.

Munder Capital Management 401(k) Plan

Notes to Financial Statements

Vesting

The full amount of a participant's salary reduction made to the Plan along with the employer's matching contribution and any earnings thereon shall at all times be one hundred percent vested and nonforfeitable.

The Company's discretionary profit sharing contributions and earnings shall vest in the participants' accounts, and become nonforfeitable, at the rates set forth below:

<i>Completed Years of Service</i>	<i>Percentage</i>
Less than 1	0%
1 but less than 2	20%
2 but less than 3	40%
3 but less than 4	60%
4 but less than 5	80%
5 or more	100%

Participant Loan Receivable

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. Participants may have no more than two outstanding loans from the Plan at any one time and may obtain only one loan within a twelve-month period. The loans are collateralized by the balance in the participant's account and bear interest at rates that are commensurate with prevailing rates plus 1 percent. Interest rates were 4.25 percent during the year ended December 31, 2011, and ranged from 4.25 percent to 5.25 percent for the year ended December 31, 2010. Loan repayments are made ratably through payroll deductions over a period not to exceed five years, unless the loans were used to purchase a primary residence.

Payment of Benefits

Upon separation of service, death, disability, or retirement, a participant will receive, upon election, a lump sum amount equal to the amount elected by the participant, not to exceed the value of the participant's vested interest in his or her account. Additionally, under certain circumstances of financial hardship, the participant is allowed to withdraw funds from the Plan. All vested account balances less than \$1,000 may be automatically distributed to the participant. Participants may receive an in-service withdrawal of their vested account balance upon reaching 59½ years of age.

Forfeitures

Forfeitures from nonvested participant accounts are generally used to reduce contributions made by the Company. For the years ended December 31, 2011 and 2010, forfeitures in the amounts of \$110,857 and \$39,789, respectively, were used to reduce the Company's contributions. The balance in the forfeiture account amounted to \$483 and \$39,785 at December 31, 2011 and 2010, respectively.

Munder Capital Management 401(k) Plan

Notes to Financial Statements

Administrative Expenses

All administrative expenses, except distribution and loan processing fees, are paid by the Company.

2. Summary of Significant Accounting Policies

Basis of Presentation

The Plan's financial statements are prepared on the accrual basis of accounting and in accordance with accounting principles generally accepted in the United States of America.

Recently Issued Accounting Standards

In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2010-06, *Improving Disclosures about Fair Value Measurements*. This standard requires new disclosures about the amount and reason for transfers in and out of Level 1 and 2 recurring fair value measurements. The standard also requires disclosure of activities, on a gross basis, including purchases, sales, issuances and settlements, in the reconciliation of Level 3 fair value recurring measurements. The standard clarifies existing disclosure requirements on levels of disaggregation and disclosures about inputs and valuation techniques. The new disclosures regarding Level 1 and 2 fair value measurements and clarification of existing disclosures became effective for periods beginning after December 15, 2009 and did not have a material impact on the Plan's financial statements. The disclosures regarding the reconciliation of information in Level 3 recurring fair value measurements became effective for periods beginning after December 15, 2010 and did not have an impact on the Plan's financial statements.

In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and International Financial Reporting Standards* ("IFRS") ("ASU 2011-04"). ASU 2011-04 amended ASC 820, *Fair Value Measurements and Disclosures*, to provide a consistent definition of fair value and improve the comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with U.S. GAAP and IFRS. Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle or requirement for measuring fair value or for disclosing information about fair value measurements. The ASU is effective for annual periods beginning after December 15, 2011. Plan management is evaluating the impact of the adoption of the ASU on the Plan's financial statements.

Investment Valuation

The Plan presents in the Statements of Changes in Net Assets Available for Benefits, the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

The investments of the Plan are reported at fair value. The 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 (the exit price). Following is a description of the valuation methodologies used for assets measured at fair value.

Munder Capital Management 401(k) Plan

Notes to Financial Statements

Mutual Funds and Money Market Funds - Mutual funds and money market funds represent investments in publicly traded open-end mutual funds. These investments are valued at the quoted net asset value of the traded shares as of December 31, 2011 and 2010.

Participants Loans Receivable

Participant loans are classified as Participant Loans Receivable and are measured at the unpaid principal balance plus unpaid accrued interest. Loans in default that are not made current within a specified time outlined in the loan policy are deemed distributed and recorded as benefits paid to participants in the Statements of Changes in Net Assets Available for Benefits. During the periods ended December 31, 2011 and 2010, \$23,413 and \$47,691, respectively, was recorded in Benefits paid to participants and beneficiaries as deemed distributions.

Investment Transactions and Income Recognition

Investment transactions are reflected on a trade-date basis. Investment income is recognized when earned. Gains and losses on investments are based on average cost. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income. Income from other investments is recorded as earned on an accrual basis.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amount of assets and liabilities at the date of these financial statements, the reported amount of changes in net assets during the reporting period, and financial statement disclosures. Accordingly, actual results could differ from those estimates.

Risks and Uncertainties

The Plan utilizes various investment instruments which are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported within the financial statements.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The financial statements and related disclosures include an evaluation of events up to and including June 28, 2012, which is the date the financial statements were available to be issued. There were no subsequent events requiring adjustments to, or disclosure in, the financial statements.

Munder Capital Management 401(k) Plan

Notes to Financial Statements

3. Investments

The fair values of investments that comprise five percent or more of the Plan's net assets are:

<i>December 31,</i>	2011	2010
Vanguard Prime Money Market Fund	\$ 5,619,303	\$ 5,448,901
Munder Mid-Cap Core Growth Fund Class Y	4,975,645	5,122,013
Vanguard 500 Index Fund Investor Shares	3,124,406	*
Munder Growth Opportunities Fund Y	2,560,676	*
Munder Large-Cap Value Fund Class Y	*	2,110,674
Munder Small-Cap Value Fund Class Y	*	2,688,405
Munder International Equity Fund Class Y	*	1,976,142
Munder Micro-Cap Equity Fund Class Y	*	2,053,178
Munder Index 500 Fund Class Y	*	3,474,579

* Amount did not represent 5 percent of net assets available for benefits for the applicable year.

4. Information Certified by the Plan's Trustee and Agent of the Custodian

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Vanguard Fiduciary Trust Company and Ascensus, as agent for Frontier Trust Company, have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

<i>December 31,</i>	2011 (Certified by Vanguard Fiduciary Trust Company)	2010 (Certified by Ascensus)
Mutual funds	\$ 29,538,125	\$ 33,302,108
Money market fund	5,619,303	5,448,901

Vanguard has certified the following information is complete and accurate.

For the Period April 29 - December 31, 2011

Net depreciation in fair value of mutual funds	\$ (4,085,290)
Interest and dividends	568,914

Ascensus has certified the following information is complete and accurate.

For the Period January 1 - April 28, 2011 and for the Year ended December 31, 2010

	2011	2010
Net appreciation in fair value of mutual funds	\$ 2,814,297	\$ 4,275,931
Interest and dividends	45,615	704,043

Munder Capital Management 401(k) Plan

Notes to Financial Statements

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

5. Tax Status

The Plan is based on the Prototype Non-Standardized Safe Harbor Profit Sharing Plan with Cash or Deferred Arrangement ("CODA") of Ascensus Retirement Services and Vanguard Fiduciary Trust Company, the recordkeepers of the Plan for the 2011 Plan year, which received determination letters from the IRS dated March 31, 2008 stating that the Prototype Plan was designed in accordance with the provisions of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the opinion letter, including amendments made to comply with recent law changes. The Plan has not filed for its own determination letter from the IRS. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC; therefore, the Plan continues to be tax-exempt and no provision for income taxes has been recorded.

6. Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, all accounts shall become fully vested and nonforfeitable. Participants will be entitled to the amount credited to their account, plus a pro rata share of any unallocated funds or assets of the Plan.

7. Parties-in-Interest Transactions

Certain Plan investments are shares of mutual funds managed by Munder Capital Management, which is the Plan Sponsor and administrator as defined by the Plan and, therefore, these transactions qualify as parties-in-interest.

Certain Plan investments are shares of mutual funds and money market funds by Vanguard Fiduciary Trust Company, the trustee, as defined by the Plan and, therefore, these transactions qualify as party-in-interest.

8. Fair Value Measurements

Accounting guidance establishes a fair value hierarchy that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Munder Capital Management 401(k) Plan

Notes to Financial Statements

Level/ 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The following tables set forth by level within the fair value hierarchy the Plan investment assets at fair value, as of December 31, 2011 and 2010. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Investment Assets at Fair Value as of December 31, 2011				
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Domestic equity	\$ 19,077,220	\$ -	\$ -	\$ 19,077,220
International equity	4,977,646	-	-	4,977,646
Debt securities	3,148,491	-	-	3,148,491
Balanced	2,334,768	-	-	2,334,768
Money Market Fund	5,619,303	-	-	5,619,303
Total Investments at Fair Value	\$ 35,157,428	\$ -	\$ -	\$ 35,157,428

Investment Assets at Fair Value as of December 31, 2010				
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Domestic equity	\$ 23,437,499	\$ -	\$ -	\$ 23,437,499
International equity	5,893,627	-	-	5,893,627
Debt securities	2,570,423	-	-	2,570,423
Balanced	1,400,559	-	-	1,400,559
Money Market Fund	5,448,901	-	-	5,448,901
Total Investments at Fair Value	\$ 38,751,009	\$ -	\$ -	\$ 38,751,009

Supplemental Schedule

Munder Capital Management 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2011

		EIN:	38-3212521	
		Plan Number:	002	
			(e)	
(a)	(b)	(c)	(d)	Current
	Identity of Issuer	Description of Investment	Cost	Value
Money Market				
*	Vanguard	Vanguard Prime Money Market Fund	\$	5,619,303
Mutual Funds				
*	Munder	Mid-Cap Core Growth Fund Class Y	a	\$ 4,975,645
*	Vanguard	500 Index Fund Investor Shares	a	3,124,406
*	Munder	Growth Opportunities Fund Class Y	a	2,560,676
*	Munder	Large-Cap Value Fund Class Y	a	1,693,461
*	Munder	Veracity Small-Cap Value Fund Class Y	a	1,630,103
*	Munder	International Equity Fund Class Y	a	1,318,533
*	Munder	Micro-Cap Equity Fund Class Y	a	1,316,429
*	Munder	International Small-Cap Fund Class Y	a	1,281,474
*	Munder	Bond Fund Class Y	a	1,268,629
	Lazard	Lazard Emerging Markets Equity Portfolio Open Shares	a	1,196,500
*	Vanguard	Target Retirement 2035 Fund	a	1,155,366
*	Vanguard	Inflation-Protected Securities Fund Investor Shares	a	1,026,077
*	Vanguard	Small-Cap Growth Index Fund Investor Shares	a	907,591
*	Vanguard	Developed Markets Index Fund Investor Shares	a	796,209
*	Vanguard	Growth Index Fund Investor Shares	a	719,823
*	Vanguard	REIT Index Fund Investor Shares	a	616,357
*	Vanguard	Total Bond Market Index Fund Investor Shares	a	512,197
*	Vanguard	Value Index Fund Investor Shares	a	490,718
*	Vanguard	Small-Cap Value Index Fund Investor Shares	a	473,613
*	Munder	International Fund - Core Equity Class Y	a	383,260
*	Vanguard	Mid-Cap Growth Index Fund Investor Shares	a	341,508
*	Vanguard	Target Retirement 2030 Fund	a	338,216
*	Vanguard	Short-Term Bond Index Fund Investor Shares	a	335,997
*	Vanguard	Target Retirement 2025 Fund	a	291,936
*	Vanguard	Target Retirement 2015 Fund	a	220,932
*	Vanguard	Mid-Cap Value Index Fund Investor Shares	a	204,839
*	Vanguard	Target Retirement 2045 Fund	a	196,363
*	Vanguard	Target Retirement 2020 Fund	a	59,905
*	Vanguard	Target Retirement 2040 Fund	a	49,612
	Credit Suisse	Commodity Return Strategy Fund Class A	a	22,051
*	Vanguard	Target Retirement 2010 Fund	a	17,417
	JP Morgan	High Yield Fund Select Class Shares	a	5,591
*	Vanguard	Target Retirement 2055 Fund	a	5,021
*	Vanguard	Emerging Markets Stock Index Fund Investor Shares	a	1,670
Total Mutual Funds				\$ 29,538,125
* Participant Loans				
Participant loans receivable, with interest rates at 4.25%, secured by participants' remaining account balances, maturing through 2030.				\$ 322,800

* - A party-in-interest as defined by ERISA.

a - The cost of participant directed investments is not required to be disclosed.

