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 01/01/2011 and ending 12/31/2011

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CALAMOS PROFIT SHARING 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/04/1987

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

CALAMOS HOLDINGS LLC

2020 CALAMOS COURT
NAPERVILLE, IL 60563

2b Employer Identification Number (EIN) 20-1768357

2c Sponsor's telephone number 630-955-4839

2d Business code (see instructions) 523900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/01/2012	KATHY B. MARTIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/01/2012	KATHY B. MARTIN
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
CALAMOS HOLDINGS LLC

2020 CALAMOS COURT
NAPERVILLE, IL 60563

3b Administrator's EIN
20-1768357

3c Administrator's telephone number
630-955-4839

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

5	Total number of participants at the beginning of the plan year	**5**	566
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**	368
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	228
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	596
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	596
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	555
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	33
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2H 2J 2K 3B 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)	X	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)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
CALAMOS PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CALAMOS HOLDINGS LLC

D Employer Identification Number (EIN)
20-1768357

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)

GREAT-WEST LIFE & ANNUITY COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	1620	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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

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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 01/01/2011 and ending 12/31/2011

A Name of plan
CALAMOS PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CALAMOS HOLDINGS LLC

D Employer Identification Number (EIN)
20-1768357

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2716939	2743215
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1638672	3099675
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	519828	652708
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	57153072	55016620
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	62028511	61512218
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	62028511	61512218

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)	3657653	
(B) Participants	2a(1)(B)	2886256	
(C) Others (including rollovers)	2a(1)(C)	407553	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6951462
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2242	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	26814	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		29056
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	773606	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		773606
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
	(B) Other	2b(5)(B)	0	
	(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)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-3493964
c	Other income	2c		0
d	Total income. Add all **income** amounts in column (b) and enter total	2d		4260160
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4749514	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4749514
f	Corrective distributions (see instructions)	2f		1040
g	Certain deemed distributions of participant loans (see instructions)	2g		21309
h	Interest expense	2h		0
i	Administrative expenses: **(1)** Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	4590	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	0	
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4590
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4776453
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		-516293
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MCGLADREY LLP **(2)** EIN: 42-0714325

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.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		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?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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
CALAMOS PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CALAMOS HOLDINGS LLC

D Employer Identification Number (EIN)
20-1768357

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): 84-1455663

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

CALAMOS
PROFIT SHARING 401(k) PLAN

Financial Statements and Schedule

December 31, 2011 and 2010

(With Independent Auditors' Report Thereon)

CALAMOS
PROFIT SHARING 401(k) PLAN

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McGladrey

Independent Auditor's Report

To the Benefits Administration Committee
Calamos Profit Sharing 401(k) Plan
Naperville, Illinois

We were engaged to audit the accompanying statements of net assets available for benefits of the Calamos Profit Sharing 401(k) Plan (the Plan) as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental Schedule of Assets (Held at End of Year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States 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 or provided by Orchard Trust Company, LLC, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the information summarized in Note 4 that was provided to the Plan Administrator by the trustee as of and for the year ended December 31, 2011, and as of December 31, 2010.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The supplemental schedule is presented for purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rule 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 or provided 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McGladrey LLP

Chicago, Illinois
July 31, 2012

CALAMOS
PROFIT SHARING 401(k) PLAN

Statements of Net Assets Available for Benefits

December 31, 2011 and 2010

	2011	2010
Assets:		
Investments, at fair value	$ 58,116,295	$ 58,791,744
Receivables:		
Employer profit sharing contribution receivable	2,743,215	2,716,939
Notes receivable from participants	652,708	519,828
Net assets available for benefits	$ 61,512,218	$ 62,028,511

See accompanying notes to financial statements.

CALAMOS
PROFIT SHARING 401(k) PLAN

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2011

Additions (Deductions) to net assets available for benefits attributed to:	
Investment income:	
Net depreciation in fair value of investments:	
Participant directed	$ (2,119,676)
Non-participant directed	(1,374,288)
Interest and dividend income	775,848
Investment loss	(2,718,116)
Interest income on notes receivable from participants	26,814
Contributions:	
Employee contributions (including rollovers of $407,553)	3,293,809
Employer matching contributions	914,438
Employer profit sharing contributions	2,743,215
	6,951,462
Total net additions	4,260,160
Deductions from net assets available for benefits attributed to:	
Benefits and distributions paid to participants	4,673,115
Taxes paid on benefits and distributions	98,748
Total benefits and distributions	4,771,863
Fees paid on loans and withdrawals	4,590
Total deductions	4,776,453
Decrease in net assets available for benefits	(516,293)
Net assets available for benefits:	
Beginning of year	62,028,511
End of year	$ 61,512,218

See accompanying notes to financial statements.

(1) Description of Plan

The following description of the Calamos Profit Sharing 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan established by Calamos Investments LLC (formerly known as Calamos Holdings LLC) and affiliates (collectively, the Company) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Orchard Trust Company, LLC (the Trustee) is the trustee of the Plan.

(b) Employee Contributions, Withdrawals, and Notes Receivable from Participants

Participants in the Plan are permitted to make pre-tax and post-tax contributions each payroll period up to a maximum annual amount of $16,500 in 2011. The Plan also permits participants who have attained age 50 before the end of the plan year to make additional elective deferrals to the Plan known as "catch-up" contributions, as permitted under Federal income tax provisions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

A participant may not withdraw participant contributions until reaching the age of 59-1/2 unless hardship can be proven to the Benefits Administration Committee. Withdrawals due to retirement, death, permanent disability and termination of employment are provided for as defined within the Plan and are subject to Federal income tax provisions.

A participant may also request a loan on before and after-tax contributions subject to the limitations set forth in the Plan. All loans are secured by the participant's account balance and generally repaid through semi-monthly payroll deductions. The minimum borrowing is $1,000 with the maximum borrowing equal to the lesser of $50,000 or 50 percent of the participant's account balance. Interest rates charged on these loans are fixed at the loan date and are calculated using the prime interest rate plus 1%. Interest rates on loans outstanding at December 31, 2011 range from 4.25% to 9.25%. Interest paid on outstanding loans is contributed to the participant's account. Loan origination fees are charged against the participants' loan amount.

(c) Employer Contributions

The Company contributes both a matching amount and a discretionary profit sharing amount. The Company matching amount consists of 50% of each eligible participant's before and after-tax contributions, not to exceed 3% of total compensation. At the end of each plan year, the Company may also contribute a discretionary profit sharing amount on behalf of each participating employee who has completed 1,000 hours of service within twelve months and is employed on the last day of the year, subject to hours of service requirements set forth in the Plan. The profit sharing amount is a percentage of the participant's eligible compensation and is directed by the plan sponsor in non-participant directed investments (the Profit Sharing Component).

Contributions are recorded on an accrual basis. Participants who terminate employment with a partially vested interest in their employer account balances forfeit the rights in such non-vested

account balances. Forfeitures may be used to pay administrative expenses of the Plan or to reduce Company contributions. At December 31, 2011 and 2010 forfeited non-vested accounts totaled $653,894 and $394,180, respectively. These forfeited accounts will be used to reduce future employer contributions. For the year ended December 31, 2011, non-vested accounts totaling $789,466 were forfeited of which $530,082 were used to reduce both employer matching contributions and the funded profit sharing amounts.

(d) Participation and Vesting

In accordance with the provisions of the Plan, each employee who is at least 20 1/2 years of age is eligible to participate in the Plan without regard to years of service. Employees are eligible for profit sharing benefits after completing 1,000 hours of service within twelve months.

Employees are fully vested in their own contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service as follows:

	Percent vested
Less than two years	- %
Two years, but less than three	20
Three years, but less than four	40
Four years, but less than five	60
Five years, but less than six	80
Six years or more	100

To earn a year of service, an employee must be credited with at least 1,000 hours of service during a plan year. Employees will be vested 100% through death, total and permanent disablement, or if they leave service with the Company at age 65 or over.

(e) Investment Elections

During 2011, the Plan had participant directed and a non-participant directed investments. The non-participant directed profit sharing contributions were invested in various mutual funds at the direction of the Company. The employee contributions are directed by participants into various investment options offered by the Plan. The Company maintained seventeen investment elections for the Plan for the participants to direct:

- Calamos Blue Chip Fund, Class I
- Calamos Convertible Fund, Class I
- Calamos Discovery Growth Fund, Class I
- Calamos Evolving World Growth Fund, Class I
- Calamos Global Equity Fund, Class I
- Calamos Global Growth and Income Fund, Class I
- Calamos Growth and Income Fund, Class I

- Calamos Growth Fund, Class I
- Calamos High Yield Fund, Class I
- Calamos International Growth Fund, Class I
- Calamos Market Neutral Income Fund, Class I
- Calamos Total Return Bond Fund, Class I
- Calamos Value Fund, Class I
- Fidelity Prime Money Market
- Fidelity Spartan 500 Index Inv
- Fidelity Spartan Intermediate Tr Bd Idx Inv
- Vanguard Small Cap Index Fund

(f) Expenses

The expenses of the Plan are the responsibility of the Plan, but may be reimbursed by the Company. All expenses of the Plan for the year ended December 31, 2011 were paid by the Company, including administrative services provided to the Plan by certain employees.

(g) Participant Accounts

Each participant's account is credited with the participant's contribution, employer matching contribution, allocations of the company's profit sharing contribution, and plan earnings. Participants also may be charged with loan fees and withdrawal expenses if loans or withdrawals are made. Allocation of profit sharing is based on participant compensation. Allocation of plan earnings is based on participant account balances.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements have been prepared on an accrual basis and in accordance with accounting principles generally accepted in the United States of America (GAAP).

(b) Investment Valuation and Income Recognition

Plan investments are stated at fair value. Investments include mutual funds, which are recorded at the net asset value of the fund. Investments held in the Profit Sharing Component consist of various mutual funds and are valued based on the net asset value of each respective mutual fund.

Purchases and sales of investments are recorded on a trade date basis. The cost of investments is determined using the specific identification method. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

(c) Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon terms of the Plan document.

(d) Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits, the reported amounts of changes in net assets available for benefits, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

(e) Payment of Benefits

Payments of benefits are in the form of lump sum distributions and are recorded when paid.

(3) Investments

Investments that represent 5% or more of net assets available for benefits are as follows:

	December 31,	
	2011	**2010**
Calamos Growth Fund, Class I	$ 11,279,476	$ 12,772,337
Calamos International Growth Fund, Class I	9,183,370	9,231,315
Calamos Growth and Income Fund, Class I	8,257,429	8,887,280
Calamos Global Growth and Income Fund, Class I	7,676,421	7,465,254
Calamos Evolving World Growth Fund, Class I	3,889,070	3,351,919
Calamos High Yield Fund, Class I	-	3,304,154

During the year ended December 31, 2011, the Plan's investments in mutual funds, including gains and losses on investments bought and sold, depreciated in value by $3,493,964.

(4) Information Certified or Provided by the Trustee

The Company, as Plan Administrator, has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified as complete and accurate by the Trustee, except for comparing such information certified by the Trustee to information included in the Plan's financial statements and supplemental schedule.

	December 31,	
	2011	**2010**
Mutual funds	$ 58,116,295	$ 58,791,744
Notes receivable from participants	652,708	519,828

The Trustee also certified to the completeness and accuracy of $3,493,964 of net depreciation in fair value of the investments and $802,662 of interest and dividends related to the aforementioned plan assets for the year ended December 31, 2011.

(5) Fair Value Measurements

The Company utilizes a three-tier fair value hierarchy which prioritizes the inputs used in measuring fair value as follows: Level 1 – observable inputs such as quoted prices for identical assets and liabilities in active markets; Level 2 – inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and Level 3 – unobservable inputs in which there is little or no market data, and require the reporting entity to develop its own assumptions. Transfers between levels are measured at the end of the reporting period. The Company had no transfers between levels during the reporting periods.

Investments are presented in the financial statements at fair value in accordance with GAAP. Investments in mutual funds are stated at fair value based on end of day published net asset values of shares owned by the Company and, therefore, classified as Level 1 in the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2011 and 2010.

The following tables provide the hierarchy of inputs used to derive the fair value of the Plan's investments measured at fair value on a recurring basis as of December 31, 2011 and 2010.

		Fair Value Measurements at Reporting Date Using		
Description	**December 31, 2011**	**Quoted Prices in Active Markets for Identical Assets (Level 1)**	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**
Mutual funds				
Equity	$ 32,143,283	$32,143,283	$ —	$ —
Low-volatility equity	15,933,849	15,933,849	—	—
Fixed income	3,856,772	3,856,772	—	—
Convertible	2,033,968	2,033,968	—	—
Money market	3,099,675	3,099,675	—	—
Alternative	1,048,748	1,048,748	—	—
Total	$58,116,295	$58,116,295	$ —	$ —

Description	December 31, 2010	Fair Value Measurements at Reporting Date Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds				
Equity	$ 33,040,318	$ 33,040,318	$ —	$ —
Low-volatility equity	16,352,533	16,352,533	—	—
Fixed income	3,992,143	3,992,143	—	—
Convertible	2,427,156	2,427,156	—	—
Money market	1,683,890	1,683,890	—	—
Alternative	1,295,704	1,295,704	—	—
Total	$ 58,791,744	$ 58,791,744	$ —	$ —

(6) Non-participant Directed Investments

The discretionary profit sharing amount contributed by the Company is invested in various mutual funds at the direction of the Company. Information about the net assets and significant components of the changes in net assets relating to the non-participant directed assets is as follows:

	December 31, 2011	December 31, 2010
Net assets:		
Mutual funds	$ 23,928,180	$ 24,905,746
Employer profit sharing contribution receivable	2,743,215	2,716,939
Notes receivable from participants	347,298	295,765
Total net assets available for benefits	$ 27,018,693	$ 27,918,450

Changes in net assets:	
Net depreciation in fair value of investments	$ (1,374,288)
Employer profit sharing contributions	2,743,215
Benefits and distributions paid to participants	(2,320,217)
Loan issuances and (repayments), net	51,533
Change in net assets	$ (899,757)

(7) Related Party Transactions

The Plan invests in mutual funds managed by the Company from which the Company receives investment management fees; therefore, these investments qualify as party-in-interest transactions. During 2011, the

Company received investment management fees ranging from 0.55% to 1.10% of the average daily net assets of each fund that it manages.

(8) Plan Termination or Modification

While the Company has not indicated an intent to terminate the Plan, the Company has the right under the Plan to modify or terminate the Plan at any time subject to the provisions of ERISA. However, the Company may not retroactively reduce the share of any participant or cause the Plan's assets to revert to the Company unless required by law. In the event of plan termination, participants would become 100% vested in their employer contributions and earnings thereon.

(9) Income Tax Status

The Plan adopted a prototype plan document sponsored by the Trustee. The Trustee received an opinion letter from the Internal Revenue Service (the IRS), dated March 31, 2008, which states that the prototype document satisfies the applicable provisions of the Internal Revenue Code and any employer adopting this prototype plan will be considered to have a plan qualified by the IRS. The Plan itself has not received a determination letter from the IRS. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

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 appropriate tax authorities. 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.

(10) Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, changes in the values of investment securities may occur in the near term and such changes could materially affect participants' account balances and amounts reported in the statements of net assets available for benefits and changes therein.

(11) Subsequent Events

The Company has evaluated subsequent events through July 31, 2012, which is the date the statements were available to be issued.

(12) Reconciliation of Financial Statements to Form 5500

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

	December 31,	
	2011	**2010**
Net assets available for benefits per financial statement	$ 61,512,218	$ 62,028,511
Differences:		
Investments	652,708	519,828
Receivables - Notes receivable from participants	(652,708)	(519,828)
Net assets available for benefits per Form 5500	$ 61,512,218	$ 62,028,511

Schedule H

CALAMOS
PROFIT SHARING 401(k) PLAN
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2011

Participant directed investments:

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Shares	(d) Cost	(e) Current value
*	Calamos Advisors LLC	Calamos Blue Chip Fund, Class I	57,819	**	$ 688,045
*	Calamos Advisors LLC	Calamos Convertible Fund, Class I	127,521	**	2,033,968
*	Calamos Advisors LLC	Calamos Discovery Growth Fund, Class I	59,456	**	675,415
*	Calamos Advisors LLC	Calamos Evolving World Growth Fund, Class I	96,938	**	1,171,009
*	Calamos Advisors LLC	Calamos Global Equity Fund, Class I	122,720	**	1,450,549
*	Calamos Advisors LLC	Calamos Global Growth and Income Fund, Class I	316,958	**	3,362,920
*	Calamos Advisors LLC	Calamos Growth and Income Fund, Class I	156,758	**	4,713,722
*	Calamos Advisors LLC	Calamos Growth Fund, Class I	143,250	**	7,284,280
*	Calamos Advisors LLC	Calamos High Yield Fund, Class I	176,029	**	1,674,040
*	Calamos Advisors LLC	Calamos International Growth Fund, Class I	270,573	**	4,245,296
*	Calamos Advisors LLC	Calamos Market Neutral Income Fund, Class I	87,542	**	1,048,748
*	Calamos Advisors LLC	Calamos Total Return Bond Fund, Class I	43,352	**	472,973
*	Calamos Advisors LLC	Calamos Value Fund, Class I	88,301	**	977,493
*	The Vanguard Group, Inc.	Vanguard Small Cap Index Fund	10,224	**	341,274
*	Fidelity Management & Research Company	Fidelity Spartan 500 Index Inv	14,085	**	626,646
*	Fidelity Management & Research Company	Fidelity Spartan Interm TR BD Idx Inv	27,812	**	322,063
*	Fidelity Management & Research Company	Fidelity Prime Money Market	2,445,782	**	3,099,675
		Participant loans – various with interest rates between 4.25% to 9.25% and maturity dates from 2011 – 2033	—	—	305,410
		Total participant directed assets held for investment purposes			34,493,526

Non-participant directed investments – Profit Sharing Component:

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Shares	(d) Cost	(e) Current value
*	Calamos Advisors LLC	Calamos Blue Chip Fund, Class I	123,097	$ 1,324,629	$ 1,464,852
*	Calamos Advisors LLC	Calamos Discovery Growth I	46,626	611,262	529,667
*	Calamos Advisors LLC	Calamos Evolving World Growth, Class I	225,005	2,638,205	2,718,061
*	Calamos Advisors LLC	Calamos Global Growth and Income Fund, Class I	406,551	4,258,857	4,313,501
*	Calamos Advisors LLC	Calamos Growth and Income Fund, Class I	117,849	3,331,324	3,543,707
*	Calamos Advisors LLC	Calamos Growth Fund, Class I	78,568	4,015,779	3,995,196
*	Calamos Advisors LLC	Calamos High Yield Fund, Class I	145,920	1,412,341	1,387,696
*	Calamos Advisors LLC	Calamos International Growth Fund, Class I	314,727	4,518,453	4,938,074
*	Calamos Advisors LLC	Calamos Value Fund, Class I	93,715	1,060,799	1,037,425
		Participant loans – various with interest rates between 4.25% to 9.25% and maturity dates from 2011 – 2033	—	—	— 347,298
		Total non-participant directed assets held for investment purposes			24,275,477
		Total investments			$ 58,769,003

* Party-in-interest.
**Cost data is not required for participant directed transactions.
All of the above information has been certified by the Trustee as complete and accurate.

ASSETS HELD FOR INVESTMENT PURPOSES

CALAMOS PROFIT SHARING 401(K) PLAN
01-JAN-11 to 31-DEC-11

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1CALPSP			20,376,272.22	23,928,179.27
1CNWIX			1,181,224.63	1,171,008.83
1CIGEX			1,344,939.18	1,450,548.87
1CGCIX			3,099,088.79	3,362,920.10
1CIGIX			3,771,579.05	4,245,296.02
1NAESX			321,035.72	341,274.27
1CIDGX			792,408.22	675,415.49
1CBCIX			653,185.71	688,045.12
1CGRIX			7,377,609.51	7,284,279.65
1CGIIX			4,459,218.53	4,713,721.81
1CVAIX			1,021,071.86	977,492.90
1FUSEX			649,375.23	626,645.98
1CICVX			2,224,554.44	2,033,967.78
1CIHYX			1,718,467.08	1,674,039.76
1CMNIX			1,028,832.18	1,048,747.78
1CTRIX			468,734.17	472,972.90
1FIBIX			308,967.37	322,063.36
1CL-PMM			2,445,781.64	2,445,781.64
			53,242,345.53	**57,462,401.53**
PARTICIPANT LOANS	VARIOUS	4.250-9.250	651,730.24	652,707.61
FORFEITURES			653,893.55	653,893.55

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 20-1768357

LEGEND

INVESTMENT OPTION:

1CALPSP	Calamos Profit Sharing Account	1CNWIX	Calamos Evolving World Growth I
1CIGEX	Calamos Global Equity I	1CGCIX	Calamos Global Growth & Income I
1CIGIX	Calamos International Growth I	1NAESX	Vanguard Small Cap Index Fund
1CIDGX	Calamos Discovery Growth I	1CBCIX	Calamos Blue Chip Fund
1CGRIX	Calamos Growth Fund I	1CGIIX	Calamos Growth & Income Fund I
1CVAIX	Calamos Value Fund I	1FUSEX	Fidelity Spartan 500 Index Inv
1CICVX	Calamos Convertible Fund I	1CIHYX	Calamos High Yield Fund I
1CMNIX	Calamos Market Neutral Income Fd I	1CTRIX	Calamos Total Return Bond I
1FIBIX	Fidelity Spartan Interm Tr Bd Idx Inv	1CL-PMM	Calamos / Fidelity Prime Money Market

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year