

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>ATS SYSTEMS 401(K) RETIREMENT PLAN</u>	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td><u>001</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td><u>11/01/1987</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>001</u>	1c Effective date of plan	<u>11/01/1987</u>		
1b Three-digit plan number (PN) ►	<u>001</u>						
1c Effective date of plan	<u>11/01/1987</u>						
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>ATS OHIO, INC.</u> <u>425 ENTERPRISE DRIVE</u> <u>LEWIS CENTER, OH 43035</u>	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td><u>31-0882540</u></td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td><u>614-781-8037</u></td> </tr> <tr> <td>2d Business code (see instructions)</td> <td><u>339900</u></td> </tr> </table>	2b Employer Identification Number (EIN)	<u>31-0882540</u>	2c Sponsor's telephone number	<u>614-781-8037</u>	2d Business code (see instructions)	<u>339900</u>
2b Employer Identification Number (EIN)	<u>31-0882540</u>						
2c Sponsor's telephone number	<u>614-781-8037</u>						
2d Business code (see instructions)	<u>339900</u>						

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/05/2012</u>	<u>DAWN MARTINSKI</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") ATS OHIO, INC. 425 ENTERPRISE DRIVE LEWIS CENTER, OH 43035	3b Administrator's EIN 31-0882540 3c Administrator's telephone number 614-781-8037
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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	785
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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	551
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	197
d Subtotal. Add lines 6a , 6b , and 6c	6d	749
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	4
f Total. Add lines 6d and 6e	6f	753
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	618
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

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

2E 2F 2G 2J 2K 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>ATS SYSTEMS 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ATS OHIO, INC.</u>	D Employer Identification Number (EIN) <u>31-0882540</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
ALLIANCEBERNSTEIN L.P.

13-4064930

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
BLACKROCK INVESTMENTS, INC.

23-2784752

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CALVERT DISTRIBUTORS, INC. 4550 MONTGOMERY AVE
BETHESDA, MD 20814

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

85-0360310

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

FRANKLIN TEMPLETON DISTRIBUTORS, IN

100 FOUNTAIN PARKWAY
ST. PETERSBURG, FL 33716

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

ING FUNDS SERVICES, LLC

7337 E. DOUBLETREE RANCH ROAD
SCOTTSDALE, AZ 85258

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

INVESCO DISTRIBUTORS, INC.

74-1894784

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

J.P. MORGAN INVESTMENT MANAGEMENT I

13-3200244

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

MORGAN STANLEY INVESTMENT ADVISORS

13-3680016

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

NYLIFE DISTRIBUTORS, LLC

169 LACKAWANNA AVENUE
PARSIPPANY, NJ 07054

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

PIONEER INVESTMENT MANAGEMENT, INC

13-1961193

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

VICTORY CAPITAL MANAGEMENT

13-2700161

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)

ADP

22-1467904

(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?
37 50 15 49 64 99	RECORD KEEPER	2400	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ADP BROKER-DEALER

22-3319984

(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?
49 99	RECORD KEEPER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(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?
49 99 15 50 64 63	RECORDKEEPER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
ADP BROKER-DEALER	99	0
(d) Enter name and EIN (address) of source of indirect compensation ALLIANCEBERNSTEIN L.P. 13-4064930 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. ANNUAL RATE 0.00265 OF AVERAGE DAILY ASSETS		
MORGAN STANLEY SMITH BARNEY LLC	64 63 99	0
(d) Enter name and EIN (address) of source of indirect compensation ALLIANCEBERNSTEIN L.P. 13-4064930 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. ANNUAL RATE OF 0.25% OF AVERAGE DAILY ASSETS PAID ON A QUARTERLY BASIS ANNUAL RATE OF 0.25% OF AVERAGE DAILY ASSETS PAID ON A QUARTERLY BASIS ANNUAL RATE OF 0.25% OF AVERAGE DAILY ASSETS PAID		
ADP BROKER-DEALER	99	0
(d) Enter name and EIN (address) of source of indirect compensation BLACKROCK INVESTMENTS, INC. 23-2784752 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. ANNUAL RATE 0.00265 OF AVERAGE DAILY ASSETS		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	64 63 99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE OF \$16.00 PER POSITION PAID ON QUARTER LY BASIS ANNUAL RATE OF 0.25% OF AVERAGE DAILY ASSETS. ANNUAL RATE OF 0.20% OF AVERAGE DAILY ASSETS .	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	64 63 99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CALVERT DISTRIBUTORS, INC. 52-1899581	ANNUAL RATE OF \$16.00 PER POSITION PAID ON QUARTER LY BASIS ANNUAL RATE OF 0.25% OF AVERAGE DAILY ASSETS. ANNUAL RATE OF 0.20% OF AVERAGE DAILY ASSETS .	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CALVERT DISTRIBUTORS, INC. 4550 MONTGOMERY AVE BETHESDA, MD 20814	ANNUAL RATE 0.00265 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DAVIS DISTRIBUTORS, LLC 85-0360310	ANNUAL RATE 0.00265 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	64 99 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DAVIS DISTRIBUTORS, LLC 85-0360310	ANNUAL RATE OF \$16.00 PER POSITION PAID ON QUARTER LY BASIS ANNUAL RATE OF 0.20% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF 0.25% OF AVERAGE DAILY ASSETS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	ANNUAL RATE 0.00265 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	99 64 63	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716		ANNUAL RATE OF 0.05% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF 0.05% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF 0.05% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF 0.05% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF 0.15% OF AVERAGE DAILY ASSETS PAID
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	99 64 63	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ING FUNDS SERVICES, LLC 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258		ANNUAL RATE OF 0.20% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF \$16.00 PER POSITION PAID ON QUARTER LY BASIS ANNUAL RATE OF 0.25% OF AVERAGE DAILY ASSETS.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	99	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ING FUNDS SERVICES, LLC 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258		ANNUAL RATE 0.00265 OF AVERAGE DAILY ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO DISTRIBUTORS, INC. 74-1894784	ANNUAL RATE 0.00265 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	99 64 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO DISTRIBUTORS, INC. 74-1894784	ANNUAL RATE OF 0.20% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF 0.20% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF 0.20% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF 0.20% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF \$16.00 PER POSITION PAID ON QUARTER	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
J.P. MORGAN INVESTMENT MANAGEMENT I 13-3200244	ANNUAL RATE 0.00265 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	99 64 63	0
(d) Enter name and EIN (address) of source of indirect compensation J.P. MORGAN INVESTMENT MANAGEMENT I 13-3200244		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. ANNUAL RATE OF 0.10% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF 0.10% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF 0.10% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF 0.10% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF 0.10% OF AVERAGE DAILY ASSETS .		
(a) Enter service provider name as it appears on line 2 MORGAN STANLEY SMITH BARNEY LLC		
(b) Service Codes (see instructions) 99 64 63		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation MORGAN STANLEY INVESTMENT ADVISORS 13-3680016		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. ANNUAL RATE OF 0.20% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF 0.20% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF 0.20% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF 0.20% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF \$15.60 PER POSITION PAID ON QUARTER		
(a) Enter service provider name as it appears on line 2 ADP BROKER-DEALER		
(b) Service Codes (see instructions) 99		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation MORGAN STANLEY INVESTMENT ADVISORS 13-3680016		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. ANNUAL RATE 0.00265 OF AVERAGE DAILY ASSETS		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	99 64 63	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NYLIFE DISTRIBUTORS, LLC 169 LACKAWANNA AVENUE PARSIPPANY, NJ 07054		ANNUAL RATE OF 0.20% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF \$16.00 PER POSITION PAID ON QUARTER LY BASIS ANNUAL RATE OF 0.25% OF AVERAGE DAILY ASSETS.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	99	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NYLIFE DISTRIBUTORS, LLC 169 LACKAWANNA AVENUE PARSIPPANY, NJ 07054		ANNUAL RATE 0.00265 OF AVERAGE DAILY ASSETS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	99 64 63	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER FUNDS INC. 13-2527171		ANNUAL RATE OF 0.20% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF 0.20% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF \$16.00 PER POSITION PAID ON QUARTER LY BASIS ANNUAL RATE OF \$16.00 PER POSITION PAID ON QUARTER

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
ADP BROKER-DEALER	99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIONEER INVESTMENT MANAGEMENT, INC 13-1961193	ANNUAL RATE 0.00265 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	99 64 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIONEER INVESTMENT MANAGEMENT, INC 13-1961193	ANNUAL RATE OF 0.20% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF \$16.00 PER POSITION PAID ON QUARTER LY BASIS ANNUAL RATE OF 0.25% OF AVERAGE DAILY ASSETS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	99 64 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRUDENTIAL INVESTMENTS LLC 22-3468527	ANNUAL RATE OF 0.20% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF \$16.00 PER POSITION PAID ON QUARTER LY BASIS ANNUAL RATE OF 0.25% OF AVERAGE DAILY ASSETS.	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	99	0
(d) Enter name and EIN (address) of source of indirect compensation		
VICTORY CAPITAL MANAGEMENT 13-2700161	ANNUAL RATE 0.00265 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2		
MORGAN STANLEY SMITH BARNEY LLC	99 64 63	0
(d) Enter name and EIN (address) of source of indirect compensation		
VICTORY CAPITAL MANAGEMENT 13-2700161	ANNUAL RATE OF 0.20% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF 0.20% OF AVERAGE DAILY ASSETS . ANNUAL RATE OF \$16.00 PER POSITION PAID ON QUARTER LY BASIS ANNUAL RATE OF \$16.00 PER POSITION PAID ON QUARTER	
(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		

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 ATS SYSTEMS 401(K) RETIREMENT PLAN	B Three-digit plan number (PN)	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ATS OHIO, INC.	D Employer Identification Number (EIN) 31-0882540	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY STABLE VALUE

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 23-3010584-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE ASSET ADP85

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

c EIN-PN 27-3884161-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3189141
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>ATS SYSTEMS 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ATS OHIO, INC.</u>	D Employer Identification Number (EIN) <u>31-0882540</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)		
(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)	478690	622738
(9) Value of interest in common/collective trusts.....	1c(9)	2965313	3189141
(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)	20463381	24359031
(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	23907384	28170910

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	23907384	28170910
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	733879	
(B) Participants	2a(1)(B)	2027858	
(C) Others (including rollovers)	2a(1)(C)	6223798	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8985535

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	36971	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		36971

(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)	678564	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		678564

(3) Rents	2b(3)		
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(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)		28962
(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)		-1494401
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8235631

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4100464	
(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)		4100464
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		4081
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)	2400	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2400
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4106945

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4128686
l Transfers of assets:			
(1) To this plan.....	2l(1)		134840
(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: NORMAN JONES ENLOW & COMPANY

(2) EIN: 31-1282719

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>ATS SYSTEMS 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ATS OHIO, INC.</u>	D Employer Identification Number (EIN) <u>31-0882540</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<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>57-1198022</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

Part III	Amendments
-----------------	-------------------

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): _____

**ATS SYSTEMS 401(K) RETIREMENT PLAN
FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE
December 31, 2011 and 2010**



Norman Jones Enlow & Co.

Certified Public Accountants
& Management Consultants

INDEPENDENT AUDITORS' REPORT

Plan Administrator
ATS Systems 401(k) Retirement Plan
425 Enterprise Drive
Lewis Center, OH 43035

We were engaged to audit the accompanying statements of net assets available for benefits of ATS Systems 401(k) Retirement Plan (the "Plan") as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedule 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 (DOL)'s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by State Street Bank & Trust Company, the Trustee of the Plan, except for comparing such information included in the financial statements and supplemental schedules. The Plan Administrator has informed us that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Norman Jones Enlow & Co.
Columbus, Ohio
October 1, 2012

ATS SYSTEMS 401(K) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ASSETS		
INVESTMENTS, at fair market value		
Common trusts	\$ 3,252,924	\$ 2,965,313
Mutual funds	24,359,029	20,463,381
TOTAL INVESTMENTS	<u>27,611,953</u>	<u>23,428,694</u>
RECEIVABLE		
Employee	2,211	-
Employer	1,327	-
Notes receivable from participants	679,806	554,687
	<u>683,344</u>	<u>554,687</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT FAIR MARKET VALUE	28,295,297	23,983,381
 ADJUSTMENT TO CONTRACT VALUE	 <u>(63,783)</u>	 <u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 28,231,514</u></u>	<u><u>\$ 23,983,381</u></u>

See notes to financial statements and independent auditors' report.

ATS SYSTEMS 401(K) RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
INVESTMENT ACTIVITY		
Net (depreciation) appreciation in fair value of investments	\$ (1,494,474)	\$ 2,607,263
Interest and dividends	<u>744,569</u>	<u>228,431</u>
	(749,905)	2,835,694
CONTRIBUTIONS		
Employer match	735,206	417,055
Employee	2,030,069	1,141,188
Participant rollovers	6,223,798	-
Transfers from other plans	<u>134,840</u>	<u>-</u>
	9,123,913	1,558,243
TOTAL INVESTMENT ACTIVITY AND CONTRIBUTIONS	8,374,008	4,393,937
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	4,123,475	2,474,678
Administrative expenses	<u>2,400</u>	<u>1,200</u>
TOTAL DEDUCTIONS	<u>4,125,875</u>	<u>2,475,878</u>
INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	4,248,133	1,918,059
NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR	<u>23,983,381</u>	<u>22,065,322</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR	<u>\$ 28,231,514</u>	<u>\$ 23,983,381</u>

See notes to financial statements and independent auditors' report.

ATS SYSTEMS 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of the ATS Systems 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan was established by ATS Systems Oregon, Inc. (the "Company"). The Plan allows for participation by affiliated companies which are also subsidiaries of the Company's parent. The Plan is a defined contribution plan and covers eligible employees, provided they are not participants in another company-sponsored retirement plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Contributions

Participants may elect to contribute any percentage or dollar amount of their pay up to 50% of their eligible compensation, within the salary deferral limitations imposed by Section 401(k) of the Internal Revenue Code. The Plan accepts rollover contributions on behalf of participants from other pension or profit sharing plans. Rollover contributions of \$6,223,798 were received by the Plan for the year ended December 31, 2011. No rollover contributions were received by the Plan for the year ended December 31, 2010.

Employer Contributions

The Company contributes a matching contribution of 100% of a participant's elective deferrals, limited to the first 3% of compensation deferred.

In addition, the Company may, at its discretion, elect to make a profit sharing contribution. The Company did not authorize a discretionary profit sharing contribution for the years ended December 31, 2011 and 2010.

Participants' Accounts

Each participant's account is credited with the participant's contributions, an allocation of the Company's contributions, forfeitures, Plan earnings, and Plan losses. Allocations are based on each participant's deferral amount or account balance. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are fully vested, at all times, in all benefits under the Plan.

Payment of Benefits

Distributions of vested amounts less than \$1,000 under the Plan are made in a lump sum on termination of service. If the distribution exceeds \$1,000 but is less than \$5,000, the participant's vested balance may be rolled over to an individual retirement account set up on the participant's behalf. If the distribution exceeds \$5,000, the Plan permits a participant to elect distribution by lump sum, part lump sum and part installments, or installment payments over a specified period of time, not exceeding the participant's life expectancy or the joint life expectancy of the participant's designated beneficiary.

Forfeited Accounts

There were no forfeitures for the years ended December 31, 2011 and 2010. Forfeitures are used to reduce future employer contributions.

ATS SYSTEMS 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of significant accounting policies followed in the preparation of these financial statements. These policies conform to accounting principles generally accepted in the United States of America, and have been applied on a consistent basis.

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America, except for the cash basis recording of benefits paid.

Estimates

The Plan Administrator uses estimates and assumptions in preparing these financial statements in accordance with generally accepted accounting principles. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported additions and deductions.

Valuation of Investments and Income Recognition

The Plan investments are reported at fair market value. All securities held are valued at the last reported sales price, based on market quotes, on the last business day of the Plan year.

Purchases and sales of securities are recorded on a trade date basis. Interest and dividend income is recorded on the accrual basis.

As described in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 946-210, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required by FASB ASC 946-210, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

FASB Accounting Standards Update (ASU) 2010-06, *Improving Disclosures about Fair Value Measurements*, requires disclosures on 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 the levels of disaggregation and disclosures about inputs and valuation techniques.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer between the investment account and the participant loan account. The interest rate on a loan is prime plus 1%. The prime rate was 3.25% as of December 31, 2011 and 2010.

ATS SYSTEMS 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants (Continued)

The term of a loan may not exceed five years except if the note is used to purchase a primary residence. The term of such a loan is determined by the Company, considering terms quoted by local commercial banks for a similar note. Loan repayments are generally paid through payroll deductions.

If a participant fails to repay a loan according to its terms, the Trustee will declare the loan in default. Upon default, the outstanding balance of the note shall be considered a deemed distribution to the participant or beneficiary for tax purposes.

FASB ASU 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans*, an amendment to *Plan Accounting – Defined Contribution Pension Plans*, requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments. The update also requires that participant loans be measured at their unpaid principal balance plus any accrued but unpaid interest, rather than fair value.

Plan Administration Costs

The Plan Sponsor absorbs significant costs of Plan administration related to accounting, record keeping, and general administration.

Federal Income Taxes

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Although the Plan has not received a determination letter since amending the Plan, the Plan Administrator believes the Plan is operating in compliance with the tax-exempt status. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2004.

ATS SYSTEMS 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

3. INVESTMENTS

The fair market value of individual investments that represent 5% or more of the Plan's net assets as of December 31 is as follows:

	2011	2010
Invesco Mid Cap Growth A	\$ 4,483,636	\$ 4,956,401
Invesco Stable Asset	3,252,924	-
Mainstay Large Cap Growth	3,096,067	2,906,223
Invesco International Growth	2,344,230	-
Davis New York Venture Fund	2,326,786	2,475,322
Victory Small Company Opportunity Fund	2,050,826	1,852,233
Invesco S&P 500 Index A	1,752,123	1,494,134
JP Morgan Core Bond Fund	1,369,217	-
Franklin Templeton Moderate Target Fund	1,292,067	-
Invesco VK Growth and Income A	1,267,982	-
Morgan Stanley Stable Value Fund	-	2,965,313
ING International Value Fund	-	2,453,563
Calvert Bond Portfolio A	-	1,108,870
Van Kampen Mid Cap Growth Fund	-	4,310,813
Morgan Stanley S&P 500 Index Fund	-	1,488,594

4. FAIR VALUE

The following are the classes of assets measured at fair value on a recurring basis during the years ended December 31, 2011 and 2010, using quoted prices in active markets for identical assets (Level 1); significant other observable inputs (Level 2); and significant unobservable inputs (Level 3).

<u>Description</u>	<u>2011</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Investments				
Guaranteed Investment Contract	\$ 3,252,924	\$ -	\$ 3,252,924	\$ -
Target Income	2,259,004	2,259,004	-	-
Large Cap	7,174,976	7,174,976	-	-
Fixed Income	1,369,217	1,369,217	-	-
International Equity	2,583,534	2,583,534	-	-
Small Cap	2,050,826	2,050,826	-	-
Growth	4,123,239	4,123,239	-	-
Mid Cap	4,798,233	4,798,233	-	-
Total	<u>\$27,611,953</u>	<u>\$ 24,359,029</u>	<u>\$ 3,252,924</u>	<u>\$ -</u>

ATS SYSTEMS 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

4. FAIR VALUE (CONTINUED)

<u>Description</u>	<u>2010</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Investments				
Guaranteed Investment Contract	\$ 2,965,313	\$ -	\$ 2,965,313	\$ -
Target Income	240,055	240,055	-	-
Large Cap	6,875,679	6,875,679	-	-
Fixed Income	1,108,870	1,108,870	-	-
International Equity	2,453,563	2,453,563	-	-
Small Cap	1,852,233	1,852,233	-	-
Growth	2,976,580	2,976,580	-	-
Mid Cap	4,956,401	4,956,401	-	-
Total	<u>\$23,428,694</u>	<u>\$ 20,463,381</u>	<u>\$ 2,965,313</u>	<u>\$ -</u>

Earnings on the investments held by the Plan were \$744,569 and \$228,431 for the years ended December 31, 2011 and 2010, respectively. Net depreciation was \$1,494,474 for the year ended December 31, 2011. Net appreciation was \$2,607,263 for the year ended December 31, 2010.

5. SUMMARY OF INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The Plan Administrator has obtained certification from the Trustee that the information provided to the Plan Administrator by the Trustee is complete and accurate in accordance with 29 CFR Section 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. A summary of information included in the financial statements, which has been certified, is as follows:

	<u>December 31</u>	
	<u>2011</u>	<u>2010</u>
Investments, excluding guaranteed investment contracts, at fair value	\$ 24,359,029	\$ 20,463,381
Guaranteed investment contracts, at contract value	3,189,141	2,965,313
Notes receivable from participants	679,806	554,687
Net (depreciation) appreciation in fair value of investments	(1,494,474)	2,607,263
Investment income	744,569	228,431
Benefits paid	4,123,475	2,474,678

6. RISK AND UNCERTAINTIES

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

**ATS SYSTEMS 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination, no further contributions would be made to the Plan and all accounts would become 100% vested.

8. 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 as of December 31:

	<u>2011</u>	<u>2010</u>
Net assets available for benefits per the financial statements	\$ 28,231,514	\$ 23,983,381
Less: Deemed distributions of benefits to participants	(57,068)	(75,997)
Less: Receivables	(3,538)	-
Add: Rounding	2	-
Net assets available for benefits per the Form 5500	<u>\$ 28,170,910</u>	<u>\$ 23,907,384</u>

The following is a reconciliation of contributions per the financial statements to Form 5500 as of December 31:

	<u>2011</u>	<u>2010</u>
Total contributions per the financial statements	\$ 9,123,913	\$ 1,558,243
Add: Receivables activity	-	13,084
Less: Receivables activity	(3,538)	-
Less: Transfer of assets to plan	(134,840)	-
Total contributions per Form 5500	<u>\$ 8,985,535</u>	<u>\$ 1,571,327</u>

The following is a reconciliation of investment activity per the financial statements to Form 5500 as of December 31:

	<u>2011</u>
Total investment activity per the financial statements	\$ (749,905)
Add: Rounding	1
Total investment activity per Form 5500	<u>\$ (749,904)</u>

The following is a reconciliation of deductions per the financial statements to Form 5500 as of December 31:

	<u>2011</u>	<u>2010</u>
Total deductions per the financial statements	\$ 4,125,875	\$ 2,475,878
Less: Deemed distribution activity	(18,930)	(74,170)
Total deductions per Form 5500	<u>\$ 4,106,945</u>	<u>\$ 2,401,708</u>

**ATS SYSTEMS 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

9. GUARANTEED INVESTMENT CONTRACT

During 2011, the Morgan Stanley Stable Value Fund Contract was terminated and the assets were reinvested into the Invesco Stable Asset Fund (Invesco). Invesco maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Invesco. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The fair value of the guaranteed investment accounts at December 31 are as follows:

	2011		2010	
	Investment at Fair Value	Adjustment to Contract Value	Investment at Fair Value	Adjustment to Contract Value
Guaranteed Investment Accounts	<u>\$ 3,252,924</u>	<u>\$ (63,783)</u>	<u>\$ 2,965,313</u>	<u>\$ -</u>

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

	2011	2010
Average yields:		
Based on actual earnings	1.76%	- %
Based on interest rate credited to participants	2.04%	- %

10. SUBSEQUENT EVENTS

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 1, 2012, the date the financial statements were available to be issued. No events arose during management's review of subsequent events.

ATS SYSTEMS 401(K) RETIREMENT PLAN
FORM 5500 PLAN 001 EIN: 93-1207891
December 31, 2011

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

(a)	(b) Identity of issue	(c) Description of investment	(e) Current value
	Invesco Mid Cap Growth A	Registered Investment Company	\$ 4,483,636
	Invesco Stable Asset	Common / Collective Trust	3,252,924
	Mainstay Large Cap Growth	Registered Investment Company	3,096,067
	Invesco International Growth	Registered Investment Company	2,344,230
	Davis New York Venture Fund	Registered Investment Company	2,326,786
	Victory Small Company Opportunity Fund	Registered Investment Company	2,050,826
	Invesco S&P 500 Index A	Registered Investment Company	1,752,123
	JP Morgan Core Bond Fund	Registered Investment Company	1,369,217
	Franklin Templeton Moderate Target Fund	Registered Investment Company	1,292,067
	Invesco VK Growth and Income A	Registered Investment Company	1,267,982
	Franklin Templeton Growth Target Fund	Registered Investment Company	826,638
	Alliancebern 2025 Ret Strat - A	Registered Investment Company	763,009
	Franklin Templeton Conservative Target Fund	Registered Investment Company	736,552
	Alliancebern 2030 Ret Strat - A	Registered Investment Company	505,652
	Alliancebern 2020 Ret Strat - A	Registered Investment Company	376,102
	Blackrock Global Allocation	Registered Investment Company	239,304
	Alliancebern 2035 Ret Strat - A	Registered Investment Company	236,063
	Pioneer Strategic Income	Registered Investment Company	175,743
	Alliancebern 2040 Ret Strat - A	Registered Investment Company	163,393
	Victory Income Fund	Registered Investment Company	138,854
	Alliancebern 2045 Ret Strat - A	Registered Investment Company	83,110
	Alliancebern 2015 Ret Strat - A	Registered Investment Company	55,851
	Alliancebern 2050 Ret Strat - A	Registered Investment Company	26,973
	Alliancebern 2055 Ret Strat - A	Registered Investment Company	22,650
	Alliancebern 2010 Ret Strat - A	Registered Investment Company	22,495
	Alliancebern 2005 Ret Strat - A	Registered Investment Company	3,706
*	Notes receivable from participants	4.25% to 8.25%	679,806
			<u>\$ 28,291,759</u>

* Represents a party in interest

See notes to financial statements and independent auditors' report.

Schedule C, Line 2(h) Formula Description

For those service providers listed on Line 2 for which Line 2(h) has been checked “yes”:

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

**ATS SYSTEMS 401(K) RETIREMENT PLAN
FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE
December 31, 2011 and 2010**



Norman Jones Enlow & Co.

Certified Public Accountants
& Management Consultants

INDEPENDENT AUDITORS' REPORT

Plan Administrator
ATS Systems 401(k) Retirement Plan
425 Enterprise Drive
Lewis Center, OH 43035

We were engaged to audit the accompanying statements of net assets available for benefits of ATS Systems 401(k) Retirement Plan (the "Plan") as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedule 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 (DOL)'s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by State Street Bank & Trust Company, the Trustee of the Plan, except for comparing such information included in the financial statements and supplemental schedules. The Plan Administrator has informed us that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Norman Jones Enlow & Co.
Columbus, Ohio
October 1, 2012

ATS SYSTEMS 401(K) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ASSETS		
INVESTMENTS, at fair market value		
Common trusts	\$ 3,252,924	\$ 2,965,313
Mutual funds	24,359,029	20,463,381
TOTAL INVESTMENTS	<u>27,611,953</u>	<u>23,428,694</u>
RECEIVABLE		
Employee	2,211	-
Employer	1,327	-
Notes receivable from participants	679,806	554,687
	<u>683,344</u>	<u>554,687</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT FAIR MARKET VALUE	28,295,297	23,983,381
 ADJUSTMENT TO CONTRACT VALUE	 <u>(63,783)</u>	 <u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 28,231,514</u></u>	<u><u>\$ 23,983,381</u></u>

See notes to financial statements and independent auditors' report.

ATS SYSTEMS 401(K) RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
INVESTMENT ACTIVITY		
Net (depreciation) appreciation in fair value of investments	\$ (1,494,474)	\$ 2,607,263
Interest and dividends	<u>744,569</u>	<u>228,431</u>
	(749,905)	2,835,694
CONTRIBUTIONS		
Employer match	735,206	417,055
Employee	2,030,069	1,141,188
Participant rollovers	6,223,798	-
Transfers from other plans	<u>134,840</u>	<u>-</u>
	<u>9,123,913</u>	<u>1,558,243</u>
TOTAL INVESTMENT ACTIVITY AND CONTRIBUTIONS	8,374,008	4,393,937
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	4,123,475	2,474,678
Administrative expenses	<u>2,400</u>	<u>1,200</u>
TOTAL DEDUCTIONS	<u>4,125,875</u>	<u>2,475,878</u>
INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	4,248,133	1,918,059
NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR	<u>23,983,381</u>	<u>22,065,322</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR	<u><u>\$ 28,231,514</u></u>	<u><u>\$ 23,983,381</u></u>

See notes to financial statements and independent auditors' report.

ATS SYSTEMS 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of the ATS Systems 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan was established by ATS Systems Oregon, Inc. (the "Company"). The Plan allows for participation by affiliated companies which are also subsidiaries of the Company's parent. The Plan is a defined contribution plan and covers eligible employees, provided they are not participants in another company-sponsored retirement plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Contributions

Participants may elect to contribute any percentage or dollar amount of their pay up to 50% of their eligible compensation, within the salary deferral limitations imposed by Section 401(k) of the Internal Revenue Code. The Plan accepts rollover contributions on behalf of participants from other pension or profit sharing plans. Rollover contributions of \$6,223,798 were received by the Plan for the year ended December 31, 2011. No rollover contributions were received by the Plan for the year ended December 31, 2010.

Employer Contributions

The Company contributes a matching contribution of 100% of a participant's elective deferrals, limited to the first 3% of compensation deferred.

In addition, the Company may, at its discretion, elect to make a profit sharing contribution. The Company did not authorize a discretionary profit sharing contribution for the years ended December 31, 2011 and 2010.

Participants' Accounts

Each participant's account is credited with the participant's contributions, an allocation of the Company's contributions, forfeitures, Plan earnings, and Plan losses. Allocations are based on each participant's deferral amount or account balance. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are fully vested, at all times, in all benefits under the Plan.

Payment of Benefits

Distributions of vested amounts less than \$1,000 under the Plan are made in a lump sum on termination of service. If the distribution exceeds \$1,000 but is less than \$5,000, the participant's vested balance may be rolled over to an individual retirement account set up on the participant's behalf. If the distribution exceeds \$5,000, the Plan permits a participant to elect distribution by lump sum, part lump sum and part installments, or installment payments over a specified period of time, not exceeding the participant's life expectancy or the joint life expectancy of the participant's designated beneficiary.

Forfeited Accounts

There were no forfeitures for the years ended December 31, 2011 and 2010. Forfeitures are used to reduce future employer contributions.

ATS SYSTEMS 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of significant accounting policies followed in the preparation of these financial statements. These policies conform to accounting principles generally accepted in the United States of America, and have been applied on a consistent basis.

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America, except for the cash basis recording of benefits paid.

Estimates

The Plan Administrator uses estimates and assumptions in preparing these financial statements in accordance with generally accepted accounting principles. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported additions and deductions.

Valuation of Investments and Income Recognition

The Plan investments are reported at fair market value. All securities held are valued at the last reported sales price, based on market quotes, on the last business day of the Plan year.

Purchases and sales of securities are recorded on a trade date basis. Interest and dividend income is recorded on the accrual basis.

As described in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 946-210, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required by FASB ASC 946-210, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

FASB Accounting Standards Update (ASU) 2010-06, *Improving Disclosures about Fair Value Measurements*, requires disclosures on 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 the levels of disaggregation and disclosures about inputs and valuation techniques.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer between the investment account and the participant loan account. The interest rate on a loan is prime plus 1%. The prime rate was 3.25% as of December 31, 2011 and 2010.

ATS SYSTEMS 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants (Continued)

The term of a loan may not exceed five years except if the note is used to purchase a primary residence. The term of such a loan is determined by the Company, considering terms quoted by local commercial banks for a similar note. Loan repayments are generally paid through payroll deductions.

If a participant fails to repay a loan according to its terms, the Trustee will declare the loan in default. Upon default, the outstanding balance of the note shall be considered a deemed distribution to the participant or beneficiary for tax purposes.

FASB ASU 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans*, an amendment to *Plan Accounting – Defined Contribution Pension Plans*, requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments. The update also requires that participant loans be measured at their unpaid principal balance plus any accrued but unpaid interest, rather than fair value.

Plan Administration Costs

The Plan Sponsor absorbs significant costs of Plan administration related to accounting, record keeping, and general administration.

Federal Income Taxes

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Although the Plan has not received a determination letter since amending the Plan, the Plan Administrator believes the Plan is operating in compliance with the tax-exempt status. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2004.

ATS SYSTEMS 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

3. INVESTMENTS

The fair market value of individual investments that represent 5% or more of the Plan's net assets as of December 31 is as follows:

	2011	2010
Invesco Mid Cap Growth A	\$ 4,483,636	\$ 4,956,401
Invesco Stable Asset	3,252,924	-
Mainstay Large Cap Growth	3,096,067	2,906,223
Invesco International Growth	2,344,230	-
Davis New York Venture Fund	2,326,786	2,475,322
Victory Small Company Opportunity Fund	2,050,826	1,852,233
Invesco S&P 500 Index A	1,752,123	1,494,134
JP Morgan Core Bond Fund	1,369,217	-
Franklin Templeton Moderate Target Fund	1,292,067	-
Invesco VK Growth and Income A	1,267,982	-
Morgan Stanley Stable Value Fund	-	2,965,313
ING International Value Fund	-	2,453,563
Calvert Bond Portfolio A	-	1,108,870
Van Kampen Mid Cap Growth Fund	-	4,310,813
Morgan Stanley S&P 500 Index Fund	-	1,488,594

4. FAIR VALUE

The following are the classes of assets measured at fair value on a recurring basis during the years ended December 31, 2011 and 2010, using quoted prices in active markets for identical assets (Level 1); significant other observable inputs (Level 2); and significant unobservable inputs (Level 3).

<u>Description</u>	<u>2011</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments				
Guaranteed Investment Contract	\$ 3,252,924	\$ -	\$ 3,252,924	\$ -
Target Income	2,259,004	2,259,004	-	-
Large Cap	7,174,976	7,174,976	-	-
Fixed Income	1,369,217	1,369,217	-	-
International Equity	2,583,534	2,583,534	-	-
Small Cap	2,050,826	2,050,826	-	-
Growth	4,123,239	4,123,239	-	-
Mid Cap	4,798,233	4,798,233	-	-
Total	<u>\$27,611,953</u>	<u>\$ 24,359,029</u>	<u>\$ 3,252,924</u>	<u>\$ -</u>

**ATS SYSTEMS 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

4. FAIR VALUE (CONTINUED)

<u>Description</u>	<u>2010</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Investments				
Guaranteed Investment Contract	\$ 2,965,313	\$ -	\$ 2,965,313	\$ -
Target Income	240,055	240,055	-	-
Large Cap	6,875,679	6,875,679	-	-
Fixed Income	1,108,870	1,108,870	-	-
International Equity	2,453,563	2,453,563	-	-
Small Cap	1,852,233	1,852,233	-	-
Growth	2,976,580	2,976,580	-	-
Mid Cap	4,956,401	4,956,401	-	-
Total	<u>\$23,428,694</u>	<u>\$ 20,463,381</u>	<u>\$ 2,965,313</u>	<u>\$ -</u>

Earnings on the investments held by the Plan were \$744,569 and \$228,431 for the years ended December 31, 2011 and 2010, respectively. Net depreciation was \$1,494,474 for the year ended December 31, 2011. Net appreciation was \$2,607,263 for the year ended December 31, 2010.

5. SUMMARY OF INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The Plan Administrator has obtained certification from the Trustee that the information provided to the Plan Administrator by the Trustee is complete and accurate in accordance with 29 CFR Section 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. A summary of information included in the financial statements, which has been certified, is as follows:

	<u>December 31</u>	
	<u>2011</u>	<u>2010</u>
Investments, excluding guaranteed investment contracts, at fair value	\$ 24,359,029	\$ 20,463,381
Guaranteed investment contracts, at contract value	3,189,141	2,965,313
Notes receivable from participants	679,806	554,687
Net (depreciation) appreciation in fair value of investments	(1,494,474)	2,607,263
Investment income	744,569	228,431
Benefits paid	4,123,475	2,474,678

6. RISK AND UNCERTAINTIES

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

**ATS SYSTEMS 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination, no further contributions would be made to the Plan and all accounts would become 100% vested.

8. 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 as of December 31:

	<u>2011</u>	<u>2010</u>
Net assets available for benefits per the financial statements	\$ 28,231,514	\$ 23,983,381
Less: Deemed distributions of benefits to participants	(57,068)	(75,997)
Less: Receivables	(3,538)	-
Add: Rounding	2	-
Net assets available for benefits per the Form 5500	<u>\$ 28,170,910</u>	<u>\$ 23,907,384</u>

The following is a reconciliation of contributions per the financial statements to Form 5500 as of December 31:

	<u>2011</u>	<u>2010</u>
Total contributions per the financial statements	\$ 9,123,913	\$ 1,558,243
Add: Receivables activity	-	13,084
Less: Receivables activity	(3,538)	-
Less: Transfer of assets to plan	(134,840)	-
Total contributions per Form 5500	<u>\$ 8,985,535</u>	<u>\$ 1,571,327</u>

The following is a reconciliation of investment activity per the financial statements to Form 5500 as of December 31:

	<u>2011</u>
Total investment activity per the financial statements	\$ (749,905)
Add: Rounding	1
Total investment activity per Form 5500	<u>\$ (749,904)</u>

The following is a reconciliation of deductions per the financial statements to Form 5500 as of December 31:

	<u>2011</u>	<u>2010</u>
Total deductions per the financial statements	\$ 4,125,875	\$ 2,475,878
Less: Deemed distribution activity	(18,930)	(74,170)
Total deductions per Form 5500	<u>\$ 4,106,945</u>	<u>\$ 2,401,708</u>

**ATS SYSTEMS 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

9. GUARANTEED INVESTMENT CONTRACT

During 2011, the Morgan Stanley Stable Value Fund Contract was terminated and the assets were reinvested into the Invesco Stable Asset Fund (Invesco). Invesco maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Invesco. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The fair value of the guaranteed investment accounts at December 31 are as follows:

	2011		2010	
	Investment at Fair Value	Adjustment to Contract Value	Investment at Fair Value	Adjustment to Contract Value
Guaranteed Investment Accounts	<u>\$ 3,252,924</u>	<u>\$ (63,783)</u>	<u>\$ 2,965,313</u>	<u>\$ -</u>

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

	2011	2010
Average yields:		
Based on actual earnings	1.76%	- %
Based on interest rate credited to participants	2.04%	- %

10. SUBSEQUENT EVENTS

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 1, 2012, the date the financial statements were available to be issued. No events arose during management's review of subsequent events.

ATS SYSTEMS 401(K) RETIREMENT PLAN
FORM 5500 PLAN 001 EIN: 93-1207891
December 31, 2011

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

(a)	(b) Identity of issue	(c) Description of investment	(e) Current value
	Invesco Mid Cap Growth A	Registered Investment Company	\$ 4,483,636
	Invesco Stable Asset	Common / Collective Trust	3,252,924
	Mainstay Large Cap Growth	Registered Investment Company	3,096,067
	Invesco International Growth	Registered Investment Company	2,344,230
	Davis New York Venture Fund	Registered Investment Company	2,326,786
	Victory Small Company Opportunity Fund	Registered Investment Company	2,050,826
	Invesco S&P 500 Index A	Registered Investment Company	1,752,123
	JP Morgan Core Bond Fund	Registered Investment Company	1,369,217
	Franklin Templeton Moderate Target Fund	Registered Investment Company	1,292,067
	Invesco VK Growth and Income A	Registered Investment Company	1,267,982
	Franklin Templeton Growth Target Fund	Registered Investment Company	826,638
	Alliancebern 2025 Ret Strat - A	Registered Investment Company	763,009
	Franklin Templeton Conservative Target Fund	Registered Investment Company	736,552
	Alliancebern 2030 Ret Strat - A	Registered Investment Company	505,652
	Alliancebern 2020 Ret Strat - A	Registered Investment Company	376,102
	Blackrock Global Allocation	Registered Investment Company	239,304
	Alliancebern 2035 Ret Strat - A	Registered Investment Company	236,063
	Pioneer Strategic Income	Registered Investment Company	175,743
	Alliancebern 2040 Ret Strat - A	Registered Investment Company	163,393
	Victory Income Fund	Registered Investment Company	138,854
	Alliancebern 2045 Ret Strat - A	Registered Investment Company	83,110
	Alliancebern 2015 Ret Strat - A	Registered Investment Company	55,851
	Alliancebern 2050 Ret Strat - A	Registered Investment Company	26,973
	Alliancebern 2055 Ret Strat - A	Registered Investment Company	22,650
	Alliancebern 2010 Ret Strat - A	Registered Investment Company	22,495
	Alliancebern 2005 Ret Strat - A	Registered Investment Company	3,706
*	Notes receivable from participants	4.25% to 8.25%	679,806
			<u>\$ 28,291,759</u>

* Represents a party in interest

See notes to financial statements and independent auditors' report.

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PlanName1
Plan Sponsor's Name ATS OHIO, INC.

EIN: 31-0882540
PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	INVVK MID CAP GROWTH A	REGISTERED INVESTMENT COMPANY		4,483,635
	VICTORY FUND FOR INCOME - A	REGISTERED INVESTMENT COMPANY		138,854
	INVESCO INTL GROWTH - A	REGISTERED INVESTMENT COMPANY		2,344,230
	MAINSTAY LARGE CAP GROWTH - A	REGISTERED INVESTMENT COMPANY		3,096,067
	ALLIANCEBERN 2005 RET STRAT -A	REGISTERED INVESTMENT COMPANY		3,706
	ALLIANCEBERN 2010 RET STRAT -A	REGISTERED INVESTMENT COMPANY		22,495
	ALLIANCEBERN 2015 RET STRAT -A	REGISTERED INVESTMENT COMPANY		55,851

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ATS SYSTEMS 401(K) RETIREMENT PLAN

EIN: 31-0882540

Plan Sponsor's Name ATS OHIO, INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	ALLIANCEBERN 2020 RET STRAT -A	REGISTERED INVESTMENT COMPANY		376,102
	ALLIANCEBERN 2025 RET STRAT -A	REGISTERED INVESTMENT COMPANY		763,009
	ALLIANCEBERN 2030 RET STRAT -A	REGISTERED INVESTMENT COMPANY		505,652
	ALLIANCEBERN 2035 RET STRAT -A	REGISTERED INVESTMENT COMPANY		236,063
	ALLIANCEBERN 2040 RET STRAT -A	REGISTERED INVESTMENT COMPANY		163,393
	ALLIANCEBERN 2045 RET STRAT -A	REGISTERED INVESTMENT COMPANY		83,110
	PIONEER STRATEGIC INCOME - A	REGISTERED INVESTMENT COMPANY		175,743

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ATS SYSTEMS 401(K) RETIREMENT PLAN

EIN: 31-0882540

Plan Sponsor's Name ATS OHIO, INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VICTORY SMALL COMP OPPORT FD-A	REGISTERED INVESTMENT COMPANY		2,050,827
	DAVIS NEW YORK VENTURE FUND- A	REGISTERED INVESTMENT COMPANY		2,326,786
	FRANKLIN TEMPLETON CONS ALL A	REGISTERED INVESTMENT COMPANY		736,552
	FRANKLIN GROWTH ALLOCATION A	REGISTERED INVESTMENT COMPANY		826,638
	FRANKLIN TEMPLETON MOD ALLOC A	REGISTERED INVESTMENT COMPANY		1,292,067
	ALLIANCEBERN 2050 RET STRAT-A	REGISTERED INVESTMENT COMPANY		26,973
	ALLIANCEBERN 2055 RET STRAT-A	REGISTERED INVESTMENT COMPANY		22,650

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ATS SYSTEMS 401(K) RETIREMENT PLAN

EIN: 31-0882540

Plan Sponsor's Name ATS OHIO, INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JPMORGAN CORE BOND FUND - A	REGISTERED INVESTMENT COMPANY		1,369,217
	BLACKROCK GLOBAL ALLOCATION A	REGISTERED INVESTMENT COMPANY		239,304
	INVESCO S&P 500 INDEX A	REGISTERED INVESTMENT COMPANY		1,752,123
	INVVK GROWTH AND INCOME A	REGISTERED INVESTMENT COMPANY		1,267,982
	PARTICIPANT LOANS	INTEREST RATES (4.25% TO 11.00%)		622,738
	INVESCO STABLE ASSET ADP85	COMMON/COLLECTIVE TRUST		3,189,141