

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>KMH SYSTEMS 401(K) PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>07/01/1991</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>KMH SYSTEMS,INC</u> <u>6900 POE AVE</u> <u>DAYTON, OH 45414</u>	2b Employer Identification Number (EIN) <u>31-0873697</u> 2c Sponsor's telephone number <u>937-890-0711</u> 2d Business code (see instructions) <u>488990</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>10/16/2012</u>	<u>MICHELLE FOUST</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") KMH SYSTEMS, INC 6900 POE AVE DAYTON, OH 45414	3b Administrator's EIN 31-0873697 3c Administrator's telephone number 937-890-0711
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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	145
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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	130
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	5
d Subtotal. Add lines 6a , 6b , and 6c	6d	135
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	135
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	115
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	3

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 KMH SYSTEMS 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 KMH SYSTEMS,INC	D Employer Identification Number (EIN) 31-0873697	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

GREAT WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	936938-01	115	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
7792	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

RAYMOND JAMES & ASSOCIATES INC
4755 LAKE FOREST DR #200
CINCINNATI, OH 45242

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7792			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	275086
5 Current value of plan's interest under this contract in separate accounts at year end	5	2592016

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	401577
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c Additions: (1) Contributions deposited during the year	7c(1)	37178	
	7c(2)		
	7c(3)	8033	
	7c(4)	14687	
	7c(5)	9783	
▶ LOAN PAYMENT(S)			

(6) Total additions	7c(6)	69681
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d Total of balance and additions (add b and c(6))	7d	471258
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	172609	
(2) Administration charge made by carrier	7e(2)	651	
(3) Transferred to separate account	7e(3)	22912	
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	196172
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f Balance at the end of the current year (subtract e(5) from d)	7f	275086
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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>KMH SYSTEMS 401(K) 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>KMH SYSTEMS,INC</u>	D Employer Identification Number (EIN) <u>31-0873697</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

GREAT WEST LIFE & ANNUITY COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	4267	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 <u>KMH SYSTEMS 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>KMH SYSTEMS,INC</u>	D Employer Identification Number (EIN) <u>31-0873697</u>	

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: FUTURE FUNDS SERIES ACCT II OF GWL

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

c EIN-PN <u>84-0467907-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2592016</u>
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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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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)**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 01/01/2011 and ending 12/31/2011		
A Name of plan KMH SYSTEMS 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 KMH SYSTEMS,INC	D Employer Identification Number (EIN) 31-0873697	

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)		4
(2) Participant contributions	1b(2)		2141
(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)	150441	119313
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	2618012	2592016
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	401577	275087
(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	3170030	2988561

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	3170030	2988561
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	66751	
(B) Participants	2a(1)(B)	264677	
(C) Others (including rollovers)	2a(1)(C)	15286	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		346714
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)	5729	
(F) Other	2b(1)(F)	8033	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13762
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4971782	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4855494	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		116288

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-200755
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		276009

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	450962	
(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)		450962
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		2729
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	3787	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3787
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		457478

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-181469
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **BRADY WARE** (2) EIN: **35-1476702**

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		2141
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		350000
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>KMH SYSTEMS 401(K) 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>KMH SYSTEMS,INC</u>	D Employer Identification Number (EIN) <u>31-0873697</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>20-3691708</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)
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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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



BRADY WARE
& SCHOENFELD

INDEPENDENT AUDITORS' REPORT

Plan Administrator
KMH Systems 401(k) Plan
Dayton, Ohio

We were engaged to audit the financial statements of the **KMH Systems 401(k) Plan** (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, and supplemental schedules as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Great West Life and Annuity Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained 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 schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Brady, Ware & Schoenfeld, Inc.

Dayton, Ohio
October 15, 2012

One South Main Street • Suite 600 • Dayton, Ohio • 45402-2042
One Woodside Drive • Richmond, Indiana • 47374-2630
10 West Broad Street • Suite 1500 • Columbus, Ohio • 43215-3471
10375 Old Alabama Road Connector • Suite 300 • Alpharetta, Georgia • 30022-1122

www.bradyware.com

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
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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>KMH SYSTEMS 401 (K) PLAN</u>		1b Three-digit plan number (PN) <u>001</u>	
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>KMH SYSTEMS, INC</u> <u>6900 POE AVE</u> <u>DAYTON</u> <u>OH 45414</u>		<u>07/01/1991</u> 2b Employer Identification Number (EIN) <u>31-0873697</u> 2c Sponsor's telephone number <u>(937) 890-0711</u> 2d Business code (see instructions) <u>488990</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>Michelle Foust</u>	<u>10/15/12</u>	MICHELLE FOUST
	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

KMH SYSTEMS 401(K) PLAN
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2011 AND 2010

KMH SYSTEMS 401(K) PLAN

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YEARS ENDED DECEMBER 31, 2011 AND 2010

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BRADY WARE
& SCHOENFELD

INDEPENDENT AUDITORS' REPORT

Plan Administrator
KMH Systems 401(k) Plan
Dayton, Ohio

We were engaged to audit the financial statements of the **KMH Systems 401(k) Plan** (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, and supplemental schedules as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Great West Life and Annuity Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained 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 schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Brady, Ware & Schoenfeld, Inc.

Dayton, Ohio
October 15, 2012

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KMH SYSTEMS 401(K) 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		
Pooled separate accounts	\$ 1,975,383	\$ 2,039,891
Government and corporate bond funds	616,633	578,121
Guaranteed interest account	<u>275,087</u>	<u>401,577</u>
Total investments at fair market value	<u>2,867,103</u>	<u>3,019,589</u>
Receivables		
Contributions receivable - employee	2,141	-
Contributions receivable - employer	4	-
Participant loans	<u>119,313</u>	<u>150,441</u>
Total receivables	<u>121,458</u>	<u>150,441</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,988,561</u>	<u>\$ 3,170,030</u>

KMH SYSTEMS 401(K) PLAN**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS****YEARS ENDED DECEMBER 31, 2011 AND 2010**

	<u>2011</u>	<u>2010</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income (loss)		
Interest and dividends - investments	\$ 8,033	\$ 9,341
Interest - participant loans	5,729	6,660
Net increase (decrease) in market value of investments	<u>(84,467)</u>	<u>304,189</u>
Total investment income (loss)	<u>(70,705)</u>	<u>320,190</u>
Contributions		
Employee	264,677	238,503
Employee - rollovers	15,286	817
Employer - matching	<u>66,751</u>	<u>61,797</u>
Total contributions	<u>346,714</u>	<u>301,117</u>
Total additions	<u>276,009</u>	<u>621,307</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Participant withdrawals	453,691	64,211
Fees	<u>3,787</u>	<u>4,525</u>
Total deductions	<u>457,478</u>	<u>68,736</u>
NET INCREASE (DECREASE)	(181,469)	552,571
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>3,170,030</u>	<u>2,617,459</u>
End of year	<u>\$ 2,988,561</u>	<u>\$ 3,170,030</u>

KMH SYSTEMS 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF PLAN

The following description of the **KMH Systems 401(k) 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 - On July 1, 1991, KMH Systems, Inc. (the "Company") adopted a Section 401(k) profit-sharing plan. Prior to August 18, 2011, the Plan allowed all employees of the Company, who had six months of service and had attained age 18 to participate. The Plan was amended effective August 18, 2011 to reduce the service requirement from six months to three months. Upon satisfaction of the eligibility requirements, employees may enter the Plan on the first day of calendar quarters. The Plan automatically enrolls individuals upon satisfaction of the eligibility requirements at a 3% deferral rate with no scheduled increase. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - The Plan provides for employee salary deferrals within statutory limits, as defined in the Plan, each year as an elective deferral. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Effective August 18, 2011, Roth contributions are allowed by the Plan. Participants who have attained age 50 by the end of the Plan year are eligible to make catch-up contributions. Employer matching contributions are discretionary and participants become eligible for these contributions at the beginning of the calendar quarter subsequent to completion of one year of service. For the years ended December 31, 2011 and 2010, the Company contributed 33% of the first 6% of elective deferrals that a participant contributed to the Plan. No contributions shall be made on behalf of a participant to the extent that, when added to the participant's salary deferral contributions, it would cause the amounts allocated to exceed the limitations allowed by the Internal Revenue Service.

The Company may make non-elective contributions equal to a portion of all participant pretax annual compensation or a non-elective discretionary amount. For the years ended December 31, 2011 and 2010, the Company did not make these types of contributions to the Plan.

Forfeitures - Prior to August 18, 2011, forfeited balances of terminated participants' non-vested accounts were used only to reduce future Company contributions. The Plan was amended effective August 18, 2011 to also allow forfeitures to be used to pay plan expenses. Forfeitures, which are invested in the Guaranteed Interest Account, are reallocated only at the end of the Plan year. Forfeitures used to reduce Company contributions were \$0 and \$2,527 at December 31, 2011 and 2010, respectively. Unallocated forfeitures at both December 31, 2011 and 2010 were \$15.

Participant Accounts - Great West Life and Annuity Insurance Company (the "Trust") is trustee and custodian of Plan investments. The Trust maintains the self-directed investment accounts for each participant containing the participant's contributions, Company contributions, net earnings or losses, forfeitures, distributions, and withdrawals. Company contributions are allocated based on participants' elective deferrals as defined by the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs both separately, and distinctly, into which investment the participant contribution, employer match, and discretionary contribution is to be invested. Effective April 30, 2012, all assets, with the exception of a portion of assets in the guaranteed interest account, were transferred to Fifth Third Bank, who became the trustee and custodian of Plan investments. Per terms of the guaranteed interest account contract, these assets will be transferred at a later date.

KMH SYSTEMS 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF PLAN - continued

Vesting - Participants are immediately vested in their voluntary contributions, rollovers, and corresponding earnings. The following schedule will be used to determine vesting in the Company match and its earnings:

<u>Completed Years of Service</u>	<u>Vesting Percentages</u>
Fewer than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Distributions - Upon termination of service by reason of retirement, death, permanent disability, or otherwise, participants or designated beneficiaries may elect to receive their vested balance either in a lump-sum amount or payments over a period of time in cash installments or in a form agreeable to the Plan administrator. The Plan administrator may automatically distribute to terminated participants, in a single-sum payment, balances of \$1,000 or less. In addition, participants may receive distributions of the employee deferral amount for qualified financial hardships. Effective January 23, 2012, participants may receive distributions of Company contributions in addition to the employee deferral amount for qualified financial hardships.

Participant Loans - Participants may borrow from their vested account balance, up to 50%, not to exceed \$50,000. The minimum loan amount is \$1,000. Loans bear interest at an agreed-upon percentage based on prevailing market rates, subject to applicable usury limits. Loan terms are for a period not exceeding five years. A longer term may be approved by the Plan if proceeds are to be used for the purchase of a primary residence. Loans are secured by the balance in the participants' accounts. Principal and interest is paid ratably through payroll deductions.

Investment Options - Upon enrollment in the Plan, a participant may currently direct contributions in any of 27 investment options in increments of one percent. Participants may change their investment options at any time via phone, Internet, or enrollment form. Deferral percentages can only be changed via the enrollment form.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

Financial Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's administrator to make estimates and assumptions that affect the reported amounts of net assets and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

Benefit-Responsive Investment Contracts - 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. The Statement of Net Assets Available for Benefits is to present 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. The Guaranteed Portfolio Fund is a benefit-responsive investment contract. Because the difference between the fair market value and the contract value of the fund was immaterial at December 31, 2011 and 2010, the investment has been shown in the financial statements at contract value.

Investment Valuation and Income Recognition - The Plan's investments, other than the Guaranteed Portfolio Fund, are stated at fair value, determined by quoted market prices in an active market, of the underlying funds, which represent the net asset value of shares held by the Plan. The Guaranteed Portfolio Fund is valued at contract value (see Benefit-Responsive Investment Contracts above). See Note D for discussion of fair value measurements. Unrealized appreciation and depreciation are calculated by comparing fair value to cost. Security transactions are recorded on a trade date basis. Gains and losses are computed using the specific identification method. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

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

Participant Loans Receivable - Loans receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document. No reserve is considered necessary for participant loans at December 31, 2011 and 2010.

Payment of Benefits - Benefits are recorded when paid.

Administrative Fees - Certain administrative fees of the Plan are paid by the Plan. Fees for specific transactions, such as a loan withdrawal, are paid by the individual participant. Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan. A portion of the administrative expenses of the Plan are paid by the Plan Sponsor.

Subsequent Events - In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 15, 2012, the date the financial statements were available to be issued.

KMH SYSTEMS 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE C - INVESTMENTS

The Plan's investments are held by a financial services administrated trust fund. The following table presents the fair values of the investments at December 31, 2011 and 2010.

	<u>2011</u>		<u>2010</u>	
Janus Overseas Fund S	\$ 84,162		\$ -	
Oppenheimer Capital Appreciation	-		165,371	*
Oppenheimer Global Fund	-		59,998	
Maxim T. Rowe Price Equity Income	197,213	*	49,208	
Maxim Aggressive Profile II	118,027		93,394	
Maxim Conservative Profile II	23,936		33,677	
Maxim Moderate Profile II	431,278	*	420,314	*
Thornburg International Value Fund R3	63,744		-	
Maxim Index 600	13,763		24,350	
Maxim S&P 500 Index	-		126,453	
Oakmark International II	79,924		-	
Ridgeworth Small Cap Growth Fund I	-		20,865	
Blackrock Energy & Resources Inv A	12,707		-	
Marsico Focus	-		141,708	
American Funds EuroPacific	-		109,611	
Blackrock Health Sciences Ops Inv A	184		-	
Ivy Science & Technology Y	95,132		-	
Oppenheimer Gold & Special Minerals A	10,824		-	
American Funds Growth Fund of America	-		87,610	
Davis NY Venture R	-		37,671	
Van Kampen Comstock - R	-		11,965	
Fidelity Advisor Leveraged Co STK-T	-		160,903	*
Columbia Diversified Equity Income	-		141,681	
Maxim T. Rowe Price Mid-Cap Growth	-		67,232	
Nuveen Small Cap Select A	-		15,797	
Royce Total Return K	61,508		10,326	
Munder Mid-Cap Core Growth A	72,753		-	
Perkins Mid-Cap Value S	103,752		-	
American Century Equity Income A	131,823		-	
Pioneer Cullen Value Fund A	29,873		-	
Oakmark Equity & Income II	34,348		-	
Jensen Quality Growth R	231,294	*	-	
Columbia Mid Cap Value R	-		123,968	
MFS International Value R2	-		78,580	
Putnam International Capital Opportunities	-		105	
Lord Abbett Value Opportunities	179,138	*	59,104	
PIMCO Total Return	228,489	*	182,462	*
PIMCO Real Return Admin	15,691		-	
Franklin High Income R	28,399		-	
Maxim Bond Index	-		53,128	
Maxim US Government Securities	-		69,917	
Oppenheimer International Bond A	31,370		-	
Thompson Plumb Bond	88,042		-	
Maxim Loomis Sayles Bond Portfolio	224,642	*	272,614	*
Guaranteed Interest Account	275,087	*	401,577	*
	<u>\$ 2,867,103</u>		<u>\$ 3,019,589</u>	

* Fair values of individual assets represent five percent or more of the Plan's net assets as of December 31, 2011 and 2010.

KMH SYSTEMS 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE C - INVESTMENTS - continued

The Plan's investments (including bought, sold, and held during the year) appreciated (depreciated) in value in 2011 and 2010 as follows:

	<u>2011</u>	<u>2010</u>
Pooled separate accounts	\$ (104,167)	\$ 255,143
Government and corporate bond funds	<u>19,700</u>	<u>49,046</u>
	<u>\$ (84,467)</u>	<u>\$ 304,189</u>

NOTE D - FAIR VALUE MEASUREMENTS

Accounting standards define fair value and establish a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under the accounting standards are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011.

Asset allocation, international, specialty, small cap, mid cap, large cap, balanced, and bond funds: Valued at the net asset value (NAV) of shares held by the plan at year-end.

Fixed account: Valued based on the valuation formula contained in the contract of the underlying guaranteed interest account.

NOTES TO FINANCIAL STATEMENTS

NOTE D - FAIR VALUE MEASUREMENTS - continued

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Asset Allocation Funds	\$ 573,240	\$ -	\$ 573,240	\$ -
International Funds	227,830	-	227,830	-
Specialty Funds	118,847	-	118,847	-
Small Cap Funds	75,271	-	75,271	-
Mid Cap Funds	355,642	-	355,642	-
Large Cap Funds	590,204	-	590,204	-
Balanced Funds	34,349	-	34,349	-
Bond Funds	616,633	-	616,633	-
Fixed Account	<u>275,087</u>	<u>-</u>	<u>275,087</u>	<u>-</u>
	<u>\$ 2,867,103</u>	<u>\$ -</u>	<u>\$ 2,867,103</u>	<u>\$ -</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Asset Allocation Funds	\$ 547,385	\$ -	\$ 547,385	\$ -
International Funds	248,293	-	248,293	-
Small Cap Funds	71,339	-	71,339	-
Mid Cap Funds	411,207	-	411,207	-
Large Cap Funds	761,667	-	761,667	-
Bond Funds	578,121	-	578,121	-
Fixed Account	<u>401,577</u>	<u>-</u>	<u>401,577</u>	<u>-</u>
	<u>\$ 3,019,589</u>	<u>\$ -</u>	<u>\$ 3,019,589</u>	<u>\$ -</u>

KMH SYSTEMS 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE E - SUMMARY OF INFORMATION CERTIFIED BY PLAN TRUSTEE

The total fair value of the investments held by the trustee at December 31, 2011 and 2010 was \$2,867,103 and \$3,019,589, respectively. The cost of the investments at December 31, 2011 and 2010 is not readily determinable.

The trustee of the Plan, Great West Life and Annuity Insurance Company, has supplied the Plan administrator with a certification as to the completeness and accuracy of the following information:

- Investments in registered investment companies
- Interest and dividend income
- Net appreciation (depreciation) in fair value of investments

NOTE F - TAX STATUS

The IRS has determined and informed the company by a letter dated March 31, 2008, that the prototype plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

U.S. Generally Accepted Accounting Principles 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 Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

NOTE G - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event of Plan termination, participants will become 100% vested in the employer portion of contributions.

NOTE H - BENEFITS ALLOCABLE TO WITHDRAWN PARTICIPANTS

At December 31, 2011 and 2010, there were no amounts due to participants who have withdrawn from the Plan and requested benefit payment prior to year end.

NOTE I - RELATED PARTY TRANSACTIONS

Certain Plan assets are invested with Great West Life and Annuity Insurance Company. Thus, Great West Life and Annuity Insurance Company, as trustee and custodian defined by the Plan, qualifies as a party-in-interest.

KMH SYSTEMS 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE J - NON-EXEMPT TRANSACTION

For the Plan year ended December 31, 2011, the Company failed to timely remit participant contributions in the amount of \$2,141. As a result of this failure, a non-exempt transaction was reported on the schedule of delinquent participant contributions. The Plan sponsor is liable for lost earnings and excise tax. All participant contributions were timely remitted during the 2010 Plan year.

NOTE K - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

There were no differences between the financial statements and Form 5500 for the years ended December 31, 2011 and 2010.

KMH SYSTEMS 401(K) PLAN

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 31-0873697

PLAN NUMBER: 001

YEAR ENDED DECEMBER 31, 2011

Date Contributions Were Withheld From Pay	Date Remitted by the Plan Sponsor	Participant Contributions Transferred Late to the Plan	Total that Constitute Non-Exempt Prohibited Transactions				Total Fully Corrected under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		
December 30, 2011	January 25, 2012	\$ 2,141	\$ -	\$ 2,141	\$ -		\$ -

* The figures above do not include any loan repayments.

KMH SYSTEMS 401(K) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN'S EMPLOYER IDENTIFICATION NUMBER: 31-0873697
PLAN NUMBER: 001
DECEMBER 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Pooled separate accounts			
	Janus Overseas Fund S	International fund, 8,065.939 units	#	\$ 84,162
*	Maxim T. Rowe Price Equity Income	Large-cap fund, 14,223.730 units	#	197,213
*	Maxim Aggressive Profile II	Profile series, aggressive fund, 8,859.044 units	#	118,027
*	Maxim Conservative Profile II	Profile series, conservative fund, 1,459.949 units	#	23,936
*	Maxim Moderate Profile II	Profile series, moderate fund, 28,086.912 units	#	431,278
	Thornburg International Value Fund R3	International fund, 5,932.198 units	#	63,744
*	Maxim Index 600	Small-cap fund, 731.004 units	#	13,763
	Oakmark International II	International fund, 4,270.143 units	#	79,924
	Blackrock Energy & Resources Inv A	Specialty fund, 1,081.140 units	#	12,707
	Blackrock Health Sciences Ops Inv A	Specialty fund, 14.350 units	#	184
	Ivy Science & Technology Y	Specialty fund, 7,144.505 units	#	95,132
	Oppenheimer Gold & Special Minerals A	Specialty fund, 729.373 units	#	10,824
	Royce Total Return K	Small-cap fund, 6,024.395 units	#	61,508
	Munder Mid-Cap Core Growth A	Mid-cap fund, 6,356.459 units	#	72,753
	Perkins Mid-Cap Value S	Mid-cap fund, 8,328.467 units	#	103,752
	American Century Equity Income A	Large-cap fund, 9,577.546 units	#	131,823
	Pioneer Cullen Value Fund A	Large-cap fund, 3,103.268 units	#	29,873
	Oakmark Equity & Income II	Balanced fund, 2,736.280 units	#	34,348
	Jensen Quality Growth R	Large-cap fund, 18,079.154 units	#	231,294
	Lord Abbett Value Opportunities	Mid-cap fund, 13,302.160 units	#	179,138
				<u>1,975,383</u>
	Government and corporate bond funds			
	PIMCO Total Return	Bond fund, 12,841.740 units	#	228,489
	PIMCO Real Return Admin	Bond fund, 1,095.970 units	#	15,691
	Franklin High Income R	Bond fund, 2,026.901 units	#	28,399
	Oppenheimer International Bond A	Bond fund, 2,198.502 units	#	31,370
	Thompson Plumb Bond	Bond fund, 6,147.530 units	#	88,042
*	Maxim Loomis Sayles Bond Portfolio	Bond fund, 8,199.484 units	#	224,642
				<u>616,633</u>
*	Guaranteed interest account	Fixed income fund	#	<u>275,087</u>
*	Participant loans	Interest from 4.25% to 8.50%, maximum five-year term, collateralized by 50% of participants' vested account balance.	- 0 -	<u>119,313</u>
				<u>\$ 2,986,416</u>

* Represents a party-in-interest to the Plan.

Cost not readily determinable.

See independent auditors' report.

936938-01	TRANSACTIONS FOR REVIEW (5% REPORTABLE)						Page 1 of 2	
GA	KMH Systems 401(k) Plan						21-JAN-12 04:45:18	
	01-JAN-11 to 31-DEC-11							

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
2PORT	2,464.35	0.000000	25	0.00	0.000000	0	0.00	SERIES
1PBAXCP	40,302.86	2,411.551657	178	(50,517.24)	(3,038.096181)	76	(45,465.70)	SERIES
1PBAXMP	508,556.75	31,436.302337	1078	(489,789.75)	(30,509.469465)	271	(436,428.73)	SERIES
1PBAXAP	143,667.54	9,844.095378	668	(113,620.52)	(7,702.443750)	156	(100,213.44)	SERIES
192AFEP	7,172.61	320.627024	685	(124,260.37)	(5,326.901074)	198	(113,181.09)	SERIES
1167JG	268,694.99	17,893.811444	1407	(141,969.92)	(9,827.872726)	262	(148,972.91)	SERIES
1288MIM	7,151.90	587.682523	589	(92,297.79)	(7,178.742442)	162	(78,804.64)	SERIES
1IFS0I2	207,928.97	9,004.965512	1219	(106,183.88)	(4,734.822312)	210	(110,365.85)	SERIES
186OGA	1,823.33	118.190619	84	(68,178.31)	(4,164.369044)	45	(49,065.77)	SERIES
1241PIO	11,950.00	1,260.358332	23	(12,925.79)	(1,271.264861)	7	(12,047.89)	SERIES
1150TI	162,396.35	12,208.120696	271	(83,162.26)	(6,275.922999)	63	(84,206.88)	SERIES
1194BL	15,937.88	1,081.354984	37	(2.34)	(0.215364)	4	(2.91)	SERIES
1282BHS	180.00	14.349654	6	0.00	0.000000	0	0.00	SERIES
1191IS	325,280.34	21,346.211846	980	(212,729.46)	(14,201.706454)	191	(217,192.50)	SERIES
1144OM	13,774.04	729.442363	20	(1.19)	(0.069468)	3	(1.32)	SERIES
193MX6	30,990.99	1,562.708666	122	(40,591.11)	(2,130.563675)	32	(38,174.45)	SERIES
1226FA	895.60	85.888627	37	(17,802.10)	(1,654.633026)	14	(11,699.85)	SERIES
1125SS	5,606.17	408.043979	74	(28,978.86)	(2,021.129685)	20	(24,849.07)	SERIES
1245RTK	115,451.34	10,536.578614	967	(60,315.78)	(5,501.954077)	167	(57,739.41)	SERIES
1239CVR	3,724.40	368.321853	441	(137,302.94)	(13,193.952041)	160	(115,036.82)	SERIES
1225FL	5,981.45	599.404329	374	(179,194.59)	(17,574.013451)	134	(160,241.19)	SERIES
1284LVP	437,111.09	29,578.900190	964	(298,354.16)	(20,472.696536)	240	(287,128.03)	SERIES
1MGRXTM	4,204.65	150.796767	393	(77,184.68)	(2,687.863418)	109	(61,632.23)	SERIES
1195MC	159,617.71	12,835.072178	774	(80,381.37)	(6,478.613031)	159	(80,886.18)	SERIES
1149JM	279,136.11	20,392.810889	955	(164,851.83)	(12,064.343858)	228	(165,739.61)	SERIES
1114CE	332,112.96	23,638.118495	1062	(194,228.76)	(14,060.572743)	176	(198,152.17)	SERIES
195AFGF	13,101.43	816.527268	412	(106,556.66)	(6,398.320545)	99	(96,089.69)	SERIES
1227RD	8,430.36	924.356920	508	(160,290.67)	(16,968.428134)	142	(156,204.98)	SERIES
1146NY	1,603.55	153.640343	150	(41,305.17)	(3,872.068428)	53	(33,082.07)	SERIES
1147VS	796.46	74.120224	99	(13,838.45)	(1,242.141717)	32	(12,387.43)	SERIES
1115J4	553,757.64	40,069.070257	1568	(301,329.24)	(21,989.916483)	315	(305,250.58)	SERIES
1LGRMAR	7,771.53	601.693425	481	(155,274.00)	(11,858.783406)	128	(141,172.78)	SERIES
194MX5	4,366.81	315.397619	204	(140,431.45)	(9,804.032403)	80	(129,343.53)	SERIES
180TEIX	365,694.45	24,700.497471	1179	(205,844.55)	(13,999.335369)	234	(204,904.88)	SERIES
1180PV	84,574.57	7,897.889361	328	(50,678.14)	(4,794.621720)	74	(51,674.21)	SERIES
1LGROCA	5,623.83	547.476782	420	(180,826.35)	(17,095.728226)	154	(178,430.75)	SERIES
1178OE	36,624.14	2,782.990171	93	(558.26)	(46.710062)	9	(599.55)	SERIES
1173FH	28,761.02	2,026.974962	59	(1.00)	(0.074299)	4	(1.05)	SERIES
1BIMXBI	2,340.27	123.958866	103	(56,215.95)	(2,943.428531)	36	(48,573.85)	SERIES
1BMSXLC	320,040.81	11,360.222056	1932	(380,549.57)	(13,585.421593)	379	(310,344.89)	SERIES
1BIMXUS	2,048.90	109.474485	135	(73,063.04)	(3,858.408961)	48	(60,918.34)	SERIES
1142OB	32,786.34	2,218.804325	81	(303.77)	(20.301927)	9	(300.21)	SERIES
1183RR	14,753.81	1,096.009477	71	(0.55)	(0.039728)	4	(0.54)	SERIES
1BIMPTR	298,727.56	16,984.414553	1959	(259,224.71)	(14,811.797030)	379	(216,448.30)	SERIES
1190TP	158,800.10	11,089.293489	356	(70,665.27)	(4,941.763623)	60	(70,666.80)	SERIES
1PORT	59,183.79	0.000000	1062	(196,171.59)	0.000000	264	(196,171.59)	SERIES

5% TRANSACTIONS

1225FL	0.00	0.000000	0	(177,013.64)	(17,357.035427)	56	(158,300.37)	04-MAY-11
1284LVP	177,013.64	11,911.954965	56	0.00	0.000000	0	0.00	04-MAY-11

See independent auditors' report.

936938-01	TRANSACTIONS FOR REVIEW (5% REPORTABLE)	Page 2 of 2
GA	KMH Systems 401(k) Plan	
	01-JAN-11 to 31-DEC-11	21-JAN-12 04:45:18

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1115J4	267,439.06	19,252.670666	112	0.00	0.000000	0	0.00	04-MAY-11
1LGROCA	0.00	0.000000	0	(161,076.42)	(15,248.910509)	64	(160,696.80)	04-MAY-11
1PORT	1,405.63	0.000000	36	(160,641.27)	0.000000	2	(160,641.27)	30-NOV-11

LEGEND

INVESTMENT OPTION:

2PORT	Guaranteed Portfolio Fund	1PBAXCP	Maxim Conservative Profile II
1PBAXMP	Maxim Moderate Profile II	1PBAXAP	Maxim Aggressive Profile II
192AFEP	American Funds EuroPacific Growth R3	1167JG	Janus Overseas Fund S
1288MIM	MFS International Value R2	11FSOI2	Oakmark International II
186OGA	Oppenheimer Global A	1241PIO	Putnam Int'l Capital Opportunities R
1150TI	Thornburg International Value Fund R3	1194BL	BlackRock Energy & Resources Inv A
1282BHS	BlackRock Health Sciences Ops Inv A	1191IS	Ivy Science & Technology Y
1144OM	Oppenheimer Gold & Special Minerals A	193MX6	Maxim Index 600
1226FA	Nuveen Small Cap Select A	1125SS	RidgeWorth Small Cap Growth Fund I
1245RTK	Royce Total Return K	1239CVR	Columbia Mid Cap Value R
1225FLL	Fidelity Advisor Leveraged Co Stk - T	1284LVP	Lord Abbett Value Opportunities A
1MGRXTM	Maxim T. Rowe Price Mid-Cap Growth	1195MC	Munder Mid-Cap Core Growth A
1149JM	Perkins Mid Cap Value S	1114CE	American Century Equity Income A
195AFGF	American Funds Growth Fund of Amer R3	1227RD	Columbia Diversified Equity Income R3
1146NY	Davis NY Venture R	1147VS	INVESCO Van Kampen Comstock - R
1115J4	Jensen Quality Growth R	11LGRMAR	Marsico Focus
194MX5	Maxim S & P 500 Index	180TEIX	Maxim T. Rowe Price Equity Income
1180PV	Pioneer Cullen Value Fund A	11LGROCA	Oppenheimer Capital Appreciation A
1178OE	Oakmark Equity & Income II	1173FH	Franklin High Income R
1BIMXBI	Maxim Bond Index	1BMSXLC	Maxim Loomis Sayles Bond Portfolio
1BIMXUS	Maxim US Government Mort Secs	1142OB	Oppenheimer International Bond A
1183RR	PIMCO Real Return Admin	1BIMPTR	PIMCO Total Return Admin
1190TP	Thompson Plumb Bond	1PORT	Guaranteed Portfolio Fund

KMH SYSTEMS 401(K) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN'S EMPLOYER IDENTIFICATION NUMBER: 31-0873697
PLAN NUMBER: 001
DECEMBER 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Pooled separate accounts			
	Janus Overseas Fund S	International fund, 8,065.939 units	#	\$ 84,162
*	Maxim T. Rowe Price Equity Income	Large-cap fund, 14,223.730 units	#	197,213
*	Maxim Aggressive Profile II	Profile series, aggressive fund, 8,859.044 units	#	118,027
*	Maxim Conservative Profile II	Profile series, conservative fund, 1,459.949 units	#	23,936
*	Maxim Moderate Profile II	Profile series, moderate fund, 28,086.912 units	#	431,278
	Thornburg International Value Fund R3	International fund, 5,932.198 units	#	63,744
*	Maxim Index 600	Small-cap fund, 731.004 units	#	13,763
	Oakmark International II	International fund, 4,270.143 units	#	79,924
	Blackrock Energy & Resources Inv A	Specialty fund, 1,081.140 units	#	12,707
	Blackrock Health Sciences Ops Inv A	Specialty fund, 14.350 units	#	184
	Ivy Science & Technology Y	Specialty fund, 7,144.505 units	#	95,132
	Oppenheimer Gold & Special Minerals A	Specialty fund, 729.373 units	#	10,824
	Royce Total Return K	Small-cap fund, 6,024.395 units	#	61,508
	Munder Mid-Cap Core Growth A	Mid-cap fund, 6,356.459 units	#	72,753
	Perkins Mid-Cap Value S	Mid-cap fund, 8,328.467 units	#	103,752
	American Century Equity Income A	Large-cap fund, 9,577.546 units	#	131,823
	Pioneer Cullen Value Fund A	Large-cap fund, 3,103.268 units	#	29,873
	Oakmark Equity & Income II	Balanced fund, 2,736.280 units	#	34,348
	Jensen Quality Growth R	Large-cap fund, 18,079.154 units	#	231,294
	Lord Abbett Value Opportunities	Mid-cap fund, 13,302.160 units	#	179,138
				<u>1,975,383</u>
	Government and corporate bond funds			
	PIMCO Total Return	Bond fund, 12,841.740 units	#	228,489
	PIMCO Real Return Admin	Bond fund, 1,095.970 units	#	15,691
	Franklin High Income R	Bond fund, 2,026.901 units	#	28,399
	Oppenheimer International Bond A	Bond fund, 2,198.502 units	#	31,370
	Thompson Plumb Bond	Bond fund, 6,147.530 units	#	88,042
*	Maxim Loomis Sayles Bond Portfolio	Bond fund, 8,199.484 units	#	224,642
				<u>616,633</u>
*	Guaranteed interest account	Fixed income fund	#	<u>275,087</u>
*	Participant loans	Interest from 4.25% to 8.50%, maximum five-year term, collateralized by 50% of participants' vested account balance.	- 0 -	<u>119,313</u>
				<u>\$ 2,986,416</u>

* Represents a party-in-interest to the Plan.

Cost not readily determinable.

See independent auditors' report.

936938-01	TRANSACTIONS FOR REVIEW (5% REPORTABLE)						Page 1 of 2
GA	KMH Systems 401(k) Plan 01-JAN-11 to 31-DEC-11						21-JAN-12 04:45:18

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
2PORT	2,464.35	0.000000	25	0.00	0.000000	0	0.00	SERIES
1PBAXCP	40,302.86	2,411.551657	178	(50,517.24)	(3,038.096181)	76	(45,465.70)	SERIES
1PBAXMP	508,556.75	31,436.302337	1078	(489,789.75)	(30,509.469465)	271	(436,428.73)	SERIES
1PBAXAP	143,667.54	9,844.095378	668	(113,620.52)	(7,702.443750)	156	(100,213.44)	SERIES
192AFEP	7,172.61	320.627024	685	(124,260.37)	(5,326.901074)	198	(113,181.09)	SERIES
1167JG	268,694.99	17,893.811444	1407	(141,969.92)	(9,827.872726)	262	(148,972.91)	SERIES
1288MIM	7,151.90	587.682523	589	(92,297.79)	(7,178.742442)	162	(78,804.64)	SERIES
1IFS0I2	207,928.97	9,004.965512	1219	(106,183.88)	(4,734.822312)	210	(110,365.85)	SERIES
186OGA	1,823.33	118.190619	84	(68,178.31)	(4,164.369044)	45	(49,065.77)	SERIES
1241PIO	11,950.00	1,260.358332	23	(12,925.79)	(1,271.264861)	7	(12,047.89)	SERIES
1150TI	162,396.35	12,208.120696	271	(83,162.26)	(6,275.922999)	63	(84,206.88)	SERIES
1194BL	15,937.88	1,081.354984	37	(2.34)	(0.215364)	4	(2.91)	SERIES
1282BHS	180.00	14.349654	6	0.00	0.000000	0	0.00	SERIES
1191IS	325,280.34	21,346.211846	980	(212,729.46)	(14,201.706454)	191	(217,192.50)	SERIES
1144OM	13,774.04	729.442363	20	(1.19)	(0.069468)	3	(1.32)	SERIES
193MX6	30,990.99	1,562.708666	122	(40,591.11)	(2,130.563675)	32	(38,174.45)	SERIES
1226FA	895.60	85.888627	37	(17,802.10)	(1,654.633026)	14	(11,699.85)	SERIES
1125SS	5,606.17	408.043979	74	(28,978.86)	(2,021.129685)	20	(24,849.07)	SERIES
1245RTK	115,451.34	10,536.578614	967	(60,315.78)	(5,501.954077)	167	(57,739.41)	SERIES
1239CVR	3,724.40	368.321853	441	(137,302.94)	(13,193.952041)	160	(115,036.82)	SERIES
1225FL	5,981.45	599.404329	374	(179,194.59)	(17,574.013451)	134	(160,241.19)	SERIES
1284LVP	437,111.09	29,578.900190	964	(298,354.16)	(20,472.696536)	240	(287,128.03)	SERIES
1MGRXTM	4,204.65	150.796767	393	(77,184.68)	(2,687.863418)	109	(61,632.23)	SERIES
1195MC	159,617.71	12,835.072178	774	(80,381.37)	(6,478.613031)	159	(80,886.18)	SERIES
1149JM	279,136.11	20,392.810889	955	(164,851.83)	(12,064.343858)	228	(165,739.61)	SERIES
1114CE	332,112.96	23,638.118495	1062	(194,228.76)	(14,060.572743)	176	(198,152.17)	SERIES
195AFGF	13,101.43	816.527268	412	(106,556.66)	(6,398.320545)	99	(96,089.69)	SERIES
1227RD	8,430.36	924.356920	508	(160,290.67)	(16,968.428134)	142	(156,204.98)	SERIES
1146NY	1,603.55	153.640343	150	(41,305.17)	(3,872.068428)	53	(33,082.07)	SERIES
1147VS	796.46	74.120224	99	(13,838.45)	(1,242.141717)	32	(12,387.43)	SERIES
1115J4	553,757.64	40,069.070257	1568	(301,329.24)	(21,989.916483)	315	(305,250.58)	SERIES
1LGRMAR	7,771.53	601.693425	481	(155,274.00)	(11,858.783406)	128	(141,172.78)	SERIES
194MX5	4,366.81	315.397619	204	(140,431.45)	(9,804.032403)	80	(129,343.53)	SERIES
180TEIX	365,694.45	24,700.497471	1179	(205,844.55)	(13,999.335369)	234	(204,904.88)	SERIES
1180PV	84,574.57	7,897.889361	328	(50,678.14)	(4,794.621720)	74	(51,674.21)	SERIES
1LGROCA	5,623.83	547.476782	420	(180,826.35)	(17,095.728226)	154	(178,430.75)	SERIES
1178OE	36,624.14	2,782.990171	93	(558.26)	(46.710062)	9	(599.55)	SERIES
1173FH	28,761.02	2,026.974962	59	(1.00)	(0.074299)	4	(1.05)	SERIES
1BIMXBI	2,340.27	123.958866	103	(56,215.95)	(2,943.428531)	36	(48,573.85)	SERIES
1BMSXLC	320,040.81	11,360.222056	1932	(380,549.57)	(13,585.421593)	379	(310,344.89)	SERIES
1BIMXUS	2,048.90	109.474485	135	(73,063.04)	(3,858.408961)	48	(60,918.34)	SERIES
1142OB	32,786.34	2,218.804325	81	(303.77)	(20.301927)	9	(300.21)	SERIES
1183RR	14,753.81	1,096.009477	71	(0.55)	(0.039728)	4	(0.54)	SERIES
1BIMPTR	298,727.56	16,984.414553	1959	(259,224.71)	(14,811.797030)	379	(216,448.30)	SERIES
1190TP	158,800.10	11,089.293489	356	(70,665.27)	(4,941.763623)	60	(70,666.80)	SERIES
1PORT	59,183.79	0.000000	1062	(196,171.59)	0.000000	264	(196,171.59)	SERIES

5% TRANSACTIONS

1225FL	0.00	0.000000	0	(177,013.64)	(17,357.035427)	56	(158,300.37)	04-MAY-11
1284LVP	177,013.64	11,911.954965	56	0.00	0.000000	0	0.00	04-MAY-11

See independent auditors' report.

936938-01	TRANSACTIONS FOR REVIEW (5% REPORTABLE)	Page 2 of 2
GA	KMH Systems 401(k) Plan	
	01-JAN-11 to 31-DEC-11	21-JAN-12 04:45:18

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1115J4	267,439.06	19,252.670666	112	0.00	0.000000	0	0.00	04-MAY-11
1LGROCA	0.00	0.000000	0	(161,076.42)	(15,248.910509)	64	(160,696.80)	04-MAY-11
1PORT	1,405.63	0.000000	36	(160,641.27)	0.000000	2	(160,641.27)	30-NOV-11

LEGEND

INVESTMENT OPTION:

2PORT	Guaranteed Portfolio Fund	1PBAXCP	Maxim Conservative Profile II
1PBAXMP	Maxim Moderate Profile II	1PBAXAP	Maxim Aggressive Profile II
192AFEP	American Funds EuroPacific Growth R3	1167JG	Janus Overseas Fund S
1288MIM	MFS International Value R2	11FSOI2	Oakmark International II
186OGA	Oppenheimer Global A	1241PIO	Putnam Int'l Capital Opportunities R
1150TI	Thornburg International Value Fund R3	1194BL	BlackRock Energy & Resources Inv A
1282BHS	BlackRock Health Sciences Ops Inv A	1191IS	Ivy Science & Technology Y
1144OM	Oppenheimer Gold & Special Minerals A	193MX6	Maxim Index 600
1226FA	Nuveen Small Cap Select A	1125SS	RidgeWorth Small Cap Growth Fund I
1245RTK	Royce Total Return K	1239CVR	Columbia Mid Cap Value R
1225FL	Fidelity Advisor Leveraged Co Stk - T	1284LVP	Lord Abbett Value Opportunities A
1MGRXTM	Maxim T. Rowe Price Mid-Cap Growth	1195MC	Munder Mid-Cap Core Growth A
1149JM	Perkins Mid Cap Value S	1114CE	American Century Equity Income A
195AFGF	American Funds Growth Fund of Amer R3	1227RD	Columbia Diversified Equity Income R3
1146NY	Davis NY Venture R	1147VS	INVESCO Van Kampen Comstock - R
1115J4	Jensen Quality Growth R	1LGRMAR	Marsico Focus
194MX5	Maxim S & P 500 Index	180TEIX	Maxim T. Rowe Price Equity Income
1180PV	Pioneer Cullen Value Fund A	1LGROCA	Oppenheimer Capital Appreciation A
1178OE	Oakmark Equity & Income II	1173FH	Franklin High Income R
1BIMXBI	Maxim Bond Index	1BMSXLC	Maxim Loomis Sayles Bond Portfolio
1BIMXUS	Maxim US Government Mort Secs	1142OB	Oppenheimer International Bond A
1183RR	PIMCO Real Return Admin	1BIMPTR	PIMCO Total Return Admin
1190TP	Thompson Plumb Bond	1PORT	Guaranteed Portfolio Fund

KMH SYSTEMS 401(K) PLAN

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 31-0873697

PLAN NUMBER: 001

YEAR ENDED DECEMBER 31, 2011

Date Contributions Were Withheld From Pay	Date Remitted by the Plan Sponsor	Participant Contributions Transferred Late to the Plan	Total that Constitute Non-Exempt Prohibited Transactions				Total Fully Corrected under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		
December 30, 2011	January 25, 2012	\$ 2,141	\$ -	\$ 2,141	\$ -		\$ -

* The figures above do not include any loan repayments.