

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2011</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                      |
| For calendar plan year 2011 or fiscal plan year beginning <u>04/01/2011</u> and ending <u>12/31/2011</u> |                                                                                                                                                                                                                                                      |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                                    |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                             |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                            |

|                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                 | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                         |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>CAS, INC. 401(K) PLAN</u>                                                                                                                                                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>04/01/1986</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>002</u>                                                  | <b>1c</b> Effective date of plan<br><u>04/01/1986</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                       | <u>002</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>04/01/1986</u>                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br><u>CAS, INC.</u><br><br><u>100 QUALITY CIRCLE</u><br><u>HUNTSVILLE, AL 35806-4529</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>63-0777940</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>256-971-6081</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>541600</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>63-0777940</u> | <b>2c</b> Sponsor's telephone number<br><u>256-971-6081</u> | <b>2d</b> Business code (see instructions)<br><u>541600</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>63-0777940</u>                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>256-971-6081</u>                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>541600</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 08/03/2012 | BRENDA KIRKPATRICK                                           |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 08/03/2012 | BRENDA KIRKPATRICK                                           |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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

|                                                                                                                                                                                                     |                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>WYLE HOLDINGS, INC BENEFIT PLANS<br><br>1960 EAST GRAND AVENUE<br>SUITE 900<br>EL SEGUNDO, CA 90245-5023 | <b>3b</b> Administrator's EIN<br>80-0432031<br><br><b>3c</b> Administrator's telephone number<br>310-563-6800 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |      |
|-------------------------------------------------------------------------|----------|------|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 1677 |
|-------------------------------------------------------------------------|----------|------|

|                                                                                                                                                        |           |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |      |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 1199 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 15   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 489  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 1703 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 8    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 1711 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 1568 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 31   |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**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 2T 3D 3H

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

|                                                                                |                                                                                |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                      | <b>9b</b> Plan benefit arrangement (check all that apply)                      |
| <b>(1)</b> <input type="checkbox"/> Insurance                                  | <b>(1)</b> <input type="checkbox"/> Insurance                                  |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                           | <b>(3)</b> <input checked="" type="checkbox"/> Trust                           |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor              | <b>(4)</b> <input type="checkbox"/> General assets of the sponsor              |

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

**a Pension Schedules**

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

**b General Schedules**

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

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

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 12/31/2011 |                                                             |     |
| <b>A</b> Name of plan<br>CAS, INC. 401(K) PLAN                                             | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>CAS, INC.                 | <b>D</b> Employer Identification Number (EIN)<br>63-0777940 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

**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)

HARTFORD RETIREMENT SERVICES, LLC

26-1589907

| (b)<br>Service Code(s)                          | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 37 38 49<br>50 59 60 61<br>63 64 65 72<br>99 | N/A                                                                                               | 4500                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

MORGAN KEEGAN TRUST

63-0589368

| (b)<br>Service Code(s)  | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 59 60 61<br>63 72 25 | N/A                                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 281638                                                                                                                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

RELiance TRUST COMPANY

58-1428634

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 25 99               | N/A                                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 7690                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**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)

INVESCO US QUANTITATIVE SM VAL TRST

84-1150905

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 50 51                  | N/A                                                                                               | 16567                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

GPC SECURITIES, INC.

58-1517899

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 64 65               | N/A                                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 20641                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

MORNINGSTAR ASSOCIATES, LLC

36-4317381

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49                     | N/A                                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 44                                                                                                                                                                              | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**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)

MESIROW FIN INVEST MGMT, INC.

36-3429599

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49                     | N/A                                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 25                                                                                                                                                                              | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HARTFORD RETIREMENT SERVICES, LLC                                   | 52 59 60 63                             | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| SEE FEE AND COMPENSATION REPORT<br><br>26-1589907                   |                                         | SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHMENT                                                                                                              |
| <hr/>                                                               |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| HARTFORD RETIREMENT SERVICES, LLC                                   | 64                                      | 128030                                                                                                                                                             |
| (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. |
| REGIONS MORGAN KEEGAN TRUST<br><br>63-0589368                       |                                         | SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHMENT                                                                                                              |
| <hr/>                                                               |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| RELIANCE TRUST COMPANY                                              | 19 99                                   | 7690                                                                                                                                                               |
| (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. |
| HARTFORD RETIREMENT SERVICES, LLC<br><br>26-1589907                 |                                         | SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHMENT                                                                                                              |

**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<br>(see instructions)               | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------|
| MORNINGSTAR ASSOCIATES, LLC                                                                                | 49                                                    | 44                                        |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                                       |                                           |
| HARTFORD LIFE INSURANCE COMPANY<br><br>06-0974148                                                          | SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHMENT |                                           |
| <div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>             |                                                       |                                           |
| MESIROW FIN INVEST MGMT, INC.                                                                              | 49                                                    | 25                                        |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                                       |                                           |
| HARTFORD LIFE INSURANCE COMPANY<br><br>06-0974148                                                          | SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHMENT |                                           |
| <div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>             |                                                       |                                           |
|                                                                                                            |                                                       |                                           |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                                       |                                           |
|                                                                                                            |                                                       |                                           |

**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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 12/31/2011

|                                                                                          |                                                                    |            |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>CAS, INC. 401(K) PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) ►                            | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>CAS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>63-0777940</u> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: REGIONS STABLE PRINCIPAL FUND

**b** Name of sponsor of entity listed in (a): REGIONS BANK

|                                       |                               |                                                                                                              |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>63-6132854-003</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO US QUANTITATIVE SM VAL TRUS

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

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>84-1150905-001</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2558061</u> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STABLE VALUE FUND M

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, NA

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>94-6751924-001</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37578364</u> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

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

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="font-size: 24pt; font-weight: bold;">2011</div><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2011 or fiscal plan year beginning <span style="color: blue;">04/01/2011</span> and ending <span style="color: blue;">12/31/2011</span>                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                                                                           |
| <b>A</b> Name of plan<br><span style="color: blue;">CAS, INC. 401(K) PLAN</span>                                                                                                                                                                                         | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <span style="color: blue;">002</span>                                                                                                     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">CAS, INC.</span>                                                                                                                                                             | <b>D</b> Employer Identification Number (EIN)<br><br><span style="color: blue;">63-0777940</span>                                                                                                                                                                            |                                                                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                                     |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                                   |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                                     |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                              | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                               |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                              |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 1291888               | 1256659         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 39830714              | 40136425        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 114161196             | 114043370       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 155283798             | 155436454       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 155283798 | 155436454 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 7194646    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 6622922    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 736195     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 14553763  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 54183      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 54183     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 3188506    |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 3188506   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 230435    |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | -9786709  |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 8240178   |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 8051105 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |         |         |
| (3) Other .....                                                                            | <b>2e(3)</b> |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 8051105 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         | 15350   |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         |         |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |         |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> | 4500    |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 16567   |         |
| (4) Other .....                                                                            | <b>2i(4)</b> |         |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 21067   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 8087522 |

**Net Income and Reconciliation**

|                                                                               |              |  |        |
|-------------------------------------------------------------------------------|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 152656 |
| <b>l</b> Transfers of assets:                                                 |              |  |        |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |        |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |        |

**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: ANGLIN REICHMANN SNELGROVE & ARMST

(2) EIN: 63-1262841

**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  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |         |
| <b>b</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  |         |
| <b>c</b> 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  |         |
| <b>d</b> 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  |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |         |
| <b>g</b> 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  |         |
| <b>h</b> 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  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |         |
| <b>j</b> 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  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |         |
| <b>n</b> 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. ....                                                                                                                        |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                       |     |    |         |

- 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) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 12/31/2011

|                                                                                   |                                                                    |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>CAS, INC. 401(K) PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CAS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>63-0777940</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>06-0974148</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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?.....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**CAS, INC. 401(k) PLAN**  
**FINANCIAL STATEMENTS**  
**DECEMBER 31, 2011 AND MARCH 31, 2011**

## TABLE OF CONTENTS

|                                                                    |    |
|--------------------------------------------------------------------|----|
| <b>INDEPENDENT AUDITORS' REPORT</b> .....                          | 1  |
| <b>FINANCIAL STATEMENTS</b>                                        |    |
| Statements of Net Assets Available for Benefits .....              | 2  |
| Statement of Changes in Net Assets Available for Benefits .....    | 3  |
| Notes to Financial Statements .....                                | 4  |
| <b>SUPPLEMENTAL SCHEDULE</b>                                       |    |
| Schedule H, Line 4i Schedule of Assets (Held at End of Year) ..... | 13 |

# Anglin·Reichmann Snellgrove & Armstrong P.C.

*Certified Public Accountants & Business Advisors*

*MEMBER: American Institute of Certified Public Accountants • AICPA Private Companies Practice Section • Employee Benefit Plan and  
Governmental Audit Quality Centers • Alabama Society of Certified Public Accountants • CPAmerica, International*

|                               |                            |
|-------------------------------|----------------------------|
| Gary S. Anglin, CPA           | Melissa D. Jose, CPA       |
| Jay A. Reichmann, CPA         | Todd B. McAdams, CPA       |
| James C. Snellgrove, Jr., CPA | Ryan J. Campbell, CPA      |
| Stephen E. Armstrong, CPA     | N. Scott Hand, CPA         |
| Tracy L. Sams, CPA            | Katherine J. Bradford, CPA |
| Kandy E. Gardner, CPA         | Brad A. Benson, CPA        |
|                               | Jason L. Miller, CPA       |
|                               | Luke C. Kinzer, CPA        |
|                               | Thomas G. Hallin, CPA      |
|                               | Brandon C. Smith, CPA      |

## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator  
CAS, Inc. 401(k) Plan

We were engaged to audit the financial statements of CAS, Inc. 401(k) Plan as of December 31, 2011 and March 31, 2011, and for the nine-month period ended December 31, 2011, and the supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 4, 5 & 6, which was certified by Reliance Trust Company, custodian of the Plan, as agent for Regions Morgan Keegan Trust, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the nine-month period ended December 31, 2011 and as of and for the year ended March, 31 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Sincerely,



CERTIFIED PUBLIC ACCOUNTANTS

July 31, 2012

**CAS, INC. 401(k) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**AS OF DECEMBER 31, 2011 AND MARCH 31, 2011**

|                                                                                                   | <b><u>Assets</u></b>      |                       |
|---------------------------------------------------------------------------------------------------|---------------------------|-----------------------|
|                                                                                                   | December 31,<br>2011      | March 31,<br>2011     |
| Participant-directed investments, at fair value:                                                  |                           |                       |
| Common/Collective trust funds                                                                     | \$ 41,113,463             | \$ 40,878,024         |
| Shares of registered investment companies                                                         | 114,043,370               | 114,161,196           |
| <b>Total Investments, at Fair Value</b>                                                           | <b>155,156,833</b>        | <b>155,039,220</b>    |
| Receivables:                                                                                      |                           |                       |
| Employer contributions                                                                            | 1,994,380                 | 1,932,691             |
| Notes receivable from participants                                                                | 1,256,659                 | 1,291,888             |
| <b>Total Receivables</b>                                                                          | <b>3,251,039</b>          | <b>3,224,579</b>      |
| <b>Total Assets</b>                                                                               | <b>158,407,872</b>        | <b>158,263,799</b>    |
|                                                                                                   | <b><u>Liabilities</u></b> |                       |
| <b>Total Liabilities</b>                                                                          | <b>-</b>                  | <b>-</b>              |
| <b>Net Assets Available for Benefits,<br/>at Fair Value</b>                                       | <b>158,407,872</b>        | <b>158,263,799</b>    |
| Adjustment from fair value to contract value for<br>fully benefit responsive investment contracts | (977,038)                 | (1,047,310)           |
| <b>Net Assets Available for Benefits</b>                                                          | <b>\$ 157,430,834</b>     | <b>\$ 157,216,489</b> |

*The accompanying notes are an integral part of these financial statements.*

**CAS, INC. 401(k) PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011**

---

**Additions to Net Assets Attributed to:**

|                                               |                    |
|-----------------------------------------------|--------------------|
| Investment Income (Loss):                     |                    |
| Participant loan interest                     | \$ 54,183          |
| Dividend income                               | 3,188,506          |
| Net depreciation in fair value of investments | <u>(9,556,274)</u> |
| <b>Total Investment Income (Loss)</b>         | <u>(6,313,585)</u> |
| Participant-directed contributions:           |                    |
| Employer                                      | 7,256,335          |
| Participant salary deferrals                  | 6,622,922          |
| Participant rollovers                         | <u>736,195</u>     |
| <b>Total Contributions</b>                    | <u>14,615,452</u>  |
| <b>Total Additions to Net Assets</b>          | <u>8,301,867</u>   |

**Deductions from Net Assets Attributed to:**

|                                              |                  |
|----------------------------------------------|------------------|
| Benefits paid to participants                | 8,066,455        |
| Administrative fees                          | <u>21,067</u>    |
| <b>Total Deductions from Net Assets</b>      | <u>8,087,522</u> |
| <b>Net Increase (Decrease) in Net Assets</b> | 214,345          |

**Net Assets Available for Benefits:**

|                          |                              |
|--------------------------|------------------------------|
| <b>Beginning of Year</b> | <u>157,216,489</u>           |
| <b>End of Year</b>       | <u><u>\$ 157,430,834</u></u> |

*The accompanying notes are an integral part of these financial statements.*

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011**

---

**Note 1 - Description of Plan**

The following description of the CAS, Inc. 401(k) Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of the Company (excluding non-covered and temporary employees as defined by the Plan) who have completed one hour of service for the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective April 1, 2011, the Plan was amended to recognize service from the Company's parent corporation, Wyle Services, Inc., and its subsidiaries.

Contributions

*Participant Salary Deferrals* - Participants may contribute their eligible compensation subject to limits prescribed by the Plan.

*Employer Match* - The Company contributes to the Plan an amount equal to ten percent (10%) of the salary deferrals made by participants, less forfeitures.

*Employer Non-Elective Contribution* - The Company contributes to the Plan an amount equal to ten percent (10%) of all eligible compensation less forfeitures of nonvested benefits from terminated employees. Eligible compensation for purposes of the Plan, includes compensation defined under IRC section 415, less participant salary deferrals. Additional amounts may be contributed at the option of the Company's board of directors.

Investment Options

Participants direct the investment of their contributions as well as Company contributions into various investment options offered by the Plan. As of December 31, 2011, the Plan offered a fully benefit-responsive investment contract, a bank collective trust and registered investment companies which invest in various combinations of stocks, bonds and other investment securities.

Participant Accounts

Each participant's account is credited with the participant's deferral and an allocation of the Company's contribution and Plan earnings, and charged with an allocation of the investment advisory and management fees. Allocations are based on participant compensation or account balances, as defined. Forfeited balances of terminated participants' nonvested accounts are used to reduce future company contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary deferrals plus actual earnings thereon. Vesting in the Company's matching and non-elective contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is one hundred percent (100%) vested after three years of credited service.

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

---

**Note 1 - Description of Plan - Continued**

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance, reduced by any outstanding loan balance and may have no more than two loans outstanding at any time. The loans are secured by the balance in the participant's account and bear interest at a fixed rate of 2.0% over prime, which is commensurate with local prevailing rates and determined by the Plan Administrator at the time of issuance. Principal and interest is paid ratably through bi-weekly payroll deductions.

Payment of Benefits

On termination of service, a participant may elect to receive (a) a lump-sum amount equal to the vested value of his or her account, (b) annual installments over a period not to exceed fifteen years, or (c) a life annuity.

Forfeited Accounts

Forfeited non-vested accounts are used by the Plan to reduce current and future Company contributions payable under the Plan. During the nine-month period ended December 31, 2011, \$223,074 was used to reduce current year employer contributions. At December 31, 2011 and March 31, 2011, there were \$259,342 and \$258,797 forfeited non-vested accounts available for future use.

Amendment and Termination

The Company has the right under the Plan to amend or terminate the Plan at any time subject to the provisions of ERISA. No amendment may permit any plan assets to revert to the Company or be used for any purpose other than to provide benefits to participants and their beneficiaries, to reduce a participant's accrued benefit, or to eliminate an optional form of benefit payment.

**Note 2 - Summary of Significant Accounting Policies**

Basis of Accounting

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

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 presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

---

**Note 2 - Summary of Significant Accounting Policies - Continued**

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Investment Valuation and Income Recognition

Investments in all of the funds, except the Wells Fargo Stable Return Fund and the Regions Stable Principal Fund, are presented at fair value, based on the quoted market prices of the underlying assets within each fund for the period ending December 31, 2011 and March 31, 2011. The Wells Fargo Stable Return Fund and the Regions Stable Principal Fund are fully benefit responsive and are reported at fair value and adjusted to contract value. Contract value represents the accumulated contributions plus accrued net earnings, less distributions and administrative expenses. Fair value of the investments in the Wells Fargo Stable Return Fund and the Regions Stable Principal Fund, is estimated using a fair value factor provided by Wells Fargo Institutional Retirement and Trust and Regions Morgan Keegan Trust.

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

Distribution of Benefits

Benefit payments to participants are recorded when paid.

Administrative Fees

The employer absorbs significant costs of plan administration. Certain transfer and investment fees are absorbed by the Plan and are reflected in the accompanying financial statements.

Uncertain Tax Positions

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

**Note 3 - Department of Labor Limited-Scope Audit**

The Department of Labor (DOL) allows a limited-scope audit, in which no audit procedures are applied to the information on plan investments and related transactions that is prepared and certified to as being both complete and accurate by a bank, similar institution, or insurance company holding the assets. The DOL requires that the bank, similar institution, or insurance company be regulated and supervised and subject to periodic examinations by a state or federal agency. The DOL limited-scope audit applies only to investment information and does not extend to benefit payment or other information such as contributions, benefit obligations, and participant data.

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

---

**Note 4 - Investments (Unaudited)**

The Plan's investments are held by a bank-administered trust fund. All investments are participant-directed.

The following table presents investments that represent five percent (5%) or more of the Plan's net assets available for benefits:

|                                                     | December 31,<br>2011 |
|-----------------------------------------------------|----------------------|
| American Funds - American Balanced Fund             | \$ 19,374,191        |
| American Funds - Growth Fund                        | 11,844,847           |
| American Funds - Europacific Growth Fund            | 8,015,238            |
| Perkins - Mid Cap Value Fund                        | 10,484,036           |
| Pioneer - Bond Fund                                 | 23,082,831           |
| Wells Fargo - Stable Return Fund, at contract value | 37,578,364           |
|                                                     | March 31,<br>2011    |
| American Funds - American Balanced Fund             | \$ 15,601,940        |
| American Funds - Growth Fund                        | 12,593,750           |
| American Funds - Europacific Growth Fund            | 9,336,976            |
| Perkins - Mid Cap Value Fund                        | 11,812,053           |
| Pioneer - Bond Fund                                 | 21,808,972           |
| Regions - Stable Principal Fund, at contract value  | 36,789,031           |

During the nine-month period ended December 31, 2011, the Plan's investments (including investments bought, sold and held during the year) depreciated in value by \$9,556,274 as follows:

Net Appreciation (Depreciation) in Value

|                                           |                              |
|-------------------------------------------|------------------------------|
| Common/Collective trust funds             | \$ 230,435                   |
| Shares of registered investment companies | (9,786,709)                  |
| Total                                     | <u><u>\$ (9,556,274)</u></u> |

**Note 5 - Investment Contracts Held by Banking Institution (Unaudited)**

At March 31, 2011, the Plan had a fully benefit-responsive investment contract with Regions Morgan Keegan Trust. In August 2011, the Plan replaced the contract with a fully benefit-responsive investment contract with Wells Fargo Institutional Retirement and Trust.

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

---

**Note 5 - Investment Contract Held by Banking Institution (Unaudited) - Continued**

Wells Fargo Institutional Retirement and Trust maintains the contributions in a general account, which is credited with earnings on underlying investments and charged for participant withdrawals and administrative fees. The contract is included in the financial statement at fair value and then adjusted to contract value as reported to the Plan by Wells Fargo Institutional Retirement and Trust. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or portion of their investment at contract value. The contract has certain restrictions that impact the ability to collect the full contract value. Plan management believes that the occurrence of events that would cause the plan to transact at less than contract value is not probable. Wells Fargo Institutional Retirement and Trust may not terminate the contract at any amount less than contract value.

Wells Fargo Institutional Retirement and Trust is contractually obligated to pay the principal and specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but cannot be less than 0%. Interest rates on these corresponding contracts within the Wells Fargo Institutional Retirement and Trust are either traditional fixed rates or variable indexed rates. The crediting rate of the contract will track current market yields on a trailing basis.

| Average Yields (Wells Fargo Institutional Retirement and Trust): | December 31,<br>2011 |
|------------------------------------------------------------------|----------------------|
| Based on actual earnings (1)                                     | 1.56%                |
| Based on interest rate credited to participants (2)              | 2.33%                |
| Average Yields (Regions Morgan Keegan Trust):                    | March 31,<br>2011    |
| Based on actual earnings (1)                                     | 1.53%                |
| Based on interest rate credited to participants (2)              | 2.85%                |

- (1) Computed by dividing the annualized one-day actual earnings of the contract on the last day of the plan year by the fair value of the investments on the same day.
- (2) Computed by dividing the annualized one-day earning credited to participants on the last day of the plan year by the fair value of the investments on the same day.

**Note 6 - Fair Value Measurements (Unaudited)**

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That 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).

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

**Note 6 - Fair Value Measurements (Unaudited) - Continued**

The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurements and Disclosures*, are described below:

Level 1 - Quoted prices in active markets for identical securities;

Level 2 - Other significant observable inputs (including quoted prices for similar securities, interest rates, prepayment speeds, credit risk, etc.);

Level 3 - Significant unobservable inputs (including the Plan's own assumptions used to determine the fair value of investments).

Following is a description of the valuation methodologies used for level 2 or level 3 assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and March 31, 2011.

*Common Trust Funds:* Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

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

Investments at Fair Value as of December 31, 2011

|                                       | Level 1              | Level 2              | Level 3     | Fair Value           |
|---------------------------------------|----------------------|----------------------|-------------|----------------------|
| Registered Investment Companies:      |                      |                      |             |                      |
| Corporate bonds                       | \$ 23,082,831        | \$ -                 | \$ -        | \$ 23,082,831        |
| Global funds                          | 8,015,238            | -                    | -           | 8,015,238            |
| Large-cap funds                       | 31,627,989           | -                    | -           | 31,627,989           |
| Mid-cap funds                         | 14,584,618           | -                    | -           | 14,584,618           |
| Moderate allocation funds             | 20,245,678           | -                    | -           | 20,245,678           |
| Natural resources                     | 2,825,027            | -                    | -           | 2,825,027            |
| Real estate funds                     | 1,615,102            | -                    | -           | 1,615,102            |
| Small-cap funds                       | 9,031,624            | -                    | -           | 9,031,624            |
| Term bonds                            | 3,015,263            | -                    | -           | 3,015,263            |
| Total Registered Investment Companies | 114,043,370          | -                    | -           | 114,043,370          |
| Common/Collective trust funds         | 2,558,061            | 38,555,402           | -           | 41,113,463           |
| Total investments at fair value       | <u>\$116,601,431</u> | <u>\$ 38,555,402</u> | <u>\$ -</u> | <u>\$155,156,833</u> |

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

**Note 6 - Fair Value Measurements (Unaudited) – Continued**

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

Investments at Fair Value as of March 31, 2011

|                                       | Level 1              | Level 2     | Level 3              | Fair Value           |
|---------------------------------------|----------------------|-------------|----------------------|----------------------|
| Registered Investment Companies:      |                      |             |                      |                      |
| Corporate bonds                       | \$ 21,808,972        | \$ -        | \$ -                 | \$ 21,808,972        |
| Global funds                          | 9,336,976            | -           | -                    | 9,336,976            |
| Large-cap funds                       | 33,755,392           | -           | -                    | 33,755,392           |
| Mid-cap funds                         | 16,732,653           | -           | -                    | 16,732,653           |
| Moderate allocation funds             | 16,303,472           | -           | -                    | 16,303,472           |
| Natural resources                     | 2,737,737            | -           | -                    | 2,737,737            |
| Real estate funds                     | 1,535,844            | -           | -                    | 1,535,844            |
| Small-cap funds                       | 9,424,534            | -           | -                    | 9,424,534            |
| Term bonds                            | 2,525,616            | -           | -                    | 2,525,616            |
| Total Registered Investment Companies | 114,161,196          | -           | -                    | 114,161,196          |
| Common/Collective trust funds         | 3,041,683            | -           | 37,836,341           | 40,878,024           |
| Total investments at fair value       | <u>\$117,202,879</u> | <u>\$ -</u> | <u>\$ 37,836,341</u> | <u>\$155,039,220</u> |

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the nine-month period ended December 31, 2011 and the year ended March 31, 2011:

|                                                    |                      |
|----------------------------------------------------|----------------------|
| Balance at March 31, 2010                          | \$ 36,371,701        |
| Total realized and unrealized gains (losses):      |                      |
| Included in earnings                               | (735)                |
| Purchases, issuances, sales, and settlements (net) | <u>1,465,375</u>     |
| Balance at March 31, 2011                          | <u>\$ 37,836,341</u> |
| Total realized and unrealized gains (losses):      |                      |
| Included in earnings                               | 265,048              |
| Purchases, issuances, sales, and settlements (net) | <u>(38,101,389)</u>  |
| Balance at December 31, 2011                       | <u>\$ -</u>          |

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

---

**Note 7 - Income Tax Status**

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service determined that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

**Note 8 - Risks and Uncertainties**

The Plan invests in a variety of investment funds. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments 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.

**Note 9 - Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions of ERISA. In the event of plan termination, participants will become one hundred percent (100%) vested in their accounts.

**Note 10 - Reconciliation of Financial Statements to Form 5500**

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

|                                                                | December 31,<br>2011  | March 31,<br>2011     |
|----------------------------------------------------------------|-----------------------|-----------------------|
| Net assets available for benefits per the financial statements | \$ 157,430,834        | \$ 157,216,489        |
| Less: Contributions receivable                                 | (1,994,380)           | (1,932,691)           |
| Net assets per Schedule H of Form 5500                         | <u>\$ 155,436,454</u> | <u>\$ 155,283,798</u> |

The following is a reconciliation of net increase in net assets per the financial statements to Schedule H of the Form 5500:

|                                                         | December 31,<br>2011 |
|---------------------------------------------------------|----------------------|
| Net increase in net assets per the financial statements | \$ 214,345           |
| Plus: Prior year contributions receivable               | 1,932,691            |
| Less: Current year contributions receivable             | <u>(1,994,380)</u>   |
| Net income per Schedule H of Form 5500                  | <u>\$ 152,656</u>    |

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

---

**Note 11 – Subsequent Events**

Amendments Effective January 1, 2012

The Plan was amended to limit the Participant salary reductions to 50% of eligible compensation and to discontinue the installment form of benefit payments for all distributions except required minimum distributions. Additionally, this amendment changed the Plan's year end from March 31<sup>st</sup> to December 31<sup>st</sup>, creating a short plan year for the period of April 1, 2011 through December 31, 2011.

Amendments Effective July 1, 2012

The Plan Administrator executed a plan conversion in order to transfer the Plan's assets from Reliance Trust Company to Principal Life Insurance Company. In connection with this conversion, the Plan was amended as described below.

The 1,000 hour service requirement related to the employer non-elective contribution was eliminated and replaced with the requirement that participants must be hired prior to July 1<sup>st</sup> in order to be eligible for the employer non-elective contribution. Also, the vesting schedule for all employer contributions was revised such that participants will be 100% vested upon completion of two years of service.

The Plan began allowing participants to make after-tax elective deferral contributions to the Plan. As a result, participants may designate 1-10% of their eligible compensation as after-tax elective deferral contributions. Participants are also allowed to rollover after-tax balances from other qualified defined contribution plans into the Plan.

The Plan's loan provision was amended to only allow one outstanding loan per participant at any given time. However, participants that had more than one loan on the effective date of the amendment were allowed to maintain their existing loans. Also, the maximum residential loan term was increased from 10 years to 15 years.

The Plan implemented an automatic enrollment provision. As a result, new employees are automatically enrolled to defer 3% of their compensation unless they choose a different percentage or elect not to defer.

Lastly, temporary employees are immediately eligible to participant in the Plan upon hire.

Date of Management's Review

Management has evaluated subsequent events through July 31, 2012, the date which the financial statements were available to be issued.

## SUPPLEMENTAL SCHEDULE

**CAS, INC. 401(k) PLAN**  
**SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**AS OF DECEMBER 31, 2011**  
**EIN: 63-0777940; PLAN NUMBER: 002**

| (a) | (b) Identity of Issuer,<br>Borrower, Lessor<br>Similar Party | (c) Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d) Cost<br>** | (e) Current<br>Value |
|-----|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------|----------------------|
|     | American Century                                             | Century Vista Fund                                                                                               |                | \$ 3,003,994         |
|     | American Funds                                               | American Balanced Fund                                                                                           |                | 19,374,191           |
|     | American Funds                                               | Growth Fund                                                                                                      |                | 11,844,847           |
|     | American Funds                                               | Fundamental Investor Fund                                                                                        |                | 5,649,694            |
|     | American Funds                                               | Europacific Growth Fund                                                                                          |                | 8,015,238            |
|     | Baron                                                        | Small Cap Fund                                                                                                   |                | 1,013,394            |
|     | Blackrock                                                    | Natural Resources Fund                                                                                           |                | 2,825,027            |
|     | Dreyfus                                                      | Small Cap Index Fund                                                                                             |                | 6,198,202            |
|     | Goldman Sachs                                                | Mid Cap Value Fund                                                                                               |                | 1,096,588            |
|     | Invesco                                                      | US Quantitative Small Value Trust                                                                                |                | 2,558,061            |
|     | Invesco                                                      | Real Estate Fund                                                                                                 |                | 1,615,102            |
|     | Invesco                                                      | Van Kampen Growth & Income Fund                                                                                  |                | 7,423,135            |
|     | Perkins                                                      | Mid Cap Value Fund                                                                                               |                | 10,484,036           |
|     | JP Morgan                                                    | Small Cap Equity Fund                                                                                            |                | 1,820,028            |
|     | Pimco                                                        | Total Return Fund                                                                                                |                | 3,015,263            |
|     | Pioneer                                                      | Cullen Value Fund                                                                                                |                | 812,516              |
|     | Pioneer                                                      | IBBOTSON Moderate Allocation Fund                                                                                |                | 871,487              |
|     | Pioneer                                                      | Bond Fund                                                                                                        |                | 23,082,831           |
| *   | Wells Fargo                                                  | Stable Return Fund                                                                                               |                | 37,578,364           |
|     | Vanguard                                                     | S & P 500 Index Fund                                                                                             |                | 5,897,797            |
| *   | Participant Loans                                            | Interest rates of 5.25% to 10.25%,<br>maturities up to 10 years                                                  | -0-            | 1,256,659            |

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

\*\* Cost information has not been disclosed as all investments are participant directed.

# Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator (“you”) in completing the Form 5500 Schedule C<sup>1</sup> by identifying different types of compensation paid with respect to the Hartford product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

**Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2011 - 12/31/2011 and indirect compensation is presented on a calendar year basis ending 12/31/2011.**

This report includes compensation actually paid to or by the Hartford within the indicated plan year as part of your Hartford product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your Hartford customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than Hartford). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes with respect to services provided through our Hartford product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

**Please contact your Hartford Service Team should you require additional information regarding the compensation paid to or by Hartford with respect to your plan.**

\*\*\*\*\*

**Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan’s service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.**

---

<sup>1</sup> Please refer to the Schedule C of the Form 5500 and its instructions (available at: <http://www.dol.gov/ebsa/5500main.html>), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

**FORM 5500 SCHEDULE C REPORT**  
**SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION**

**CAS, INC. 401(K) PLAN (980052)**  
**EIN #: 63-0004406**

***Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2011 - 12/31/2011 and indirect compensation is presented on a calendar year basis ending 12/31/2011.***

***For use with lines 2(h), 3(c), 3(d), 3(e)***

***Total Direct Compensation Paid*** **\$27,902.54**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

***Recipient: Hartford Retirement Services, LLC EIN: 26-1589907***

***Service Codes: 15, 37, 38, 49, 59, 60, 62, 63, 64, 65, 72, 99, 50 (if direct compensation amount reflected below)***

***Direct Compensation*** **\$5,500.00**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2011 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Hartford Retirement Services, LLC are the net result of aggregating direct compensation after the effects of adjustments processed in 2011, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

***Indirect Compensation***

|                                   |                                    |                 |                     |
|-----------------------------------|------------------------------------|-----------------|---------------------|
| <b>Recordkeeping Service Fees</b> | Payor: Regions Morgan Keegan Trust | EIN: 63-0589368 | <b>\$128,029.50</b> |
|-----------------------------------|------------------------------------|-----------------|---------------------|

**Non Monetary Compensation**

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. Hartford's Code of Ethics and Business Conduct generally restricts Hartford employees from giving to or receiving gifts from customers and/or business partners having a value of over \$100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the calendar year, including Hartford, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-Hartford parties may not be available to The Hartford.

Please consult with your legal or tax advisors if you have any questions.

## Compensation paid with respect to Funds

| <i>Investment Option Name</i>    | <i>EIN</i>      | <i>Fees* Received<br/>from Funds on Your Plan's Menu<br/>(rates as of 12/31/2011)</i> | <i>Fund's Total<br/>Annual Expenses<br/>(as of 12/31/2011)</i> |
|----------------------------------|-----------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------|
| AMERICAN CENTURY VISTA FUND-A    | 44-6006315      | 0.60% x assets                                                                        | 1.26%                                                          |
| AMERICAN FUNDS AMER BALANCED-R4  | 94-6050854      | 0.35% x assets                                                                        | 0.65%                                                          |
| AMERICAN FUNDS EUROPACIFIC-R4    | 95-1411037      | 0.35% x assets                                                                        | 0.85%                                                          |
| AMERICAN FUNDS FUNDAMENTAL IN-R4 | 22-1557722      | 0.35% x assets                                                                        | 0.66%                                                          |
| AMERICAN FUNDS GROWTH FUND-R4    | 52-0792143      | 0.35% x assets                                                                        | 0.68%                                                          |
| BARON SMALL CAP FUND             | 13-6891420      | 0.40% x assets                                                                        | 1.31%                                                          |
| BLACKROCK NATURAL RESOURCES-A    | 13-6857277      | 0.55% x assets                                                                        | 1.07%                                                          |
| DREYFUS SMALL CAP INDEX FUND     | 13-3554128      | 0.10% x assets                                                                        | 0.51%                                                          |
| GOLDMAN SACHS MID CAP VALUE-A    | 13-4019460      | 0.55% x assets                                                                        | 1.16%                                                          |
| INVESCO REAL ESTATE FUND-A       | 76-0343427      | 0.60% x assets                                                                        | 1.30%                                                          |
| INVESCO U.S. QUANTITA SM VAL TR  | 84-1251725      |                                                                                       | 0.00%                                                          |
| INVESCO US QUANTITATIVE SM VA TR | 84-1251725      |                                                                                       | 0.00%                                                          |
| INVESCO VAN KAMPEN GR & INC-A    | 76-0343427      | 0.55% x assets                                                                        | 0.84%                                                          |
| JPMORGAN SMALL CAP EQUITY FUND-A | 33-1043149      | 0.55% x assets                                                                        | 1.40%                                                          |
| PERKINS MID CAP VALUE-T          | 84-0592523      | 0.25% x assets                                                                        | 0.99%                                                          |
| PIMCO TOTAL RETURN FUND-A        | 33-0629048      | 0.40% x assets                                                                        | 0.90%                                                          |
| PIONEER BOND-Y                   | 04-2652279      | 0.20% x assets                                                                        | 0.61%                                                          |
| PIONEER CULLEN VALUE-Y           | 13-5657669      | 0.20% x assets                                                                        | 0.78%                                                          |
| PIONEER IBBOTSON MODERATE ALLO-Y | 04-6013015      | 0.20% x assets                                                                        | 0.32%                                                          |
| REGIONS STABLE PRINCIPAL FUND    | NA <sup>1</sup> |                                                                                       | 0.00%                                                          |
| VANGUARD 500 INDEX INVESTOR      | 23-1999755      |                                                                                       | 0.17%                                                          |
| WELLS FARGO STABLE RETURN-M      | 41-0449260      | 0.25% x assets                                                                        | 0.00%                                                          |

<sup>1</sup> At the time this report was generated this information was not available.

The list includes any investment option held by the plan on at least one month end during the 2011 calendar year. To arrive at an estimate of the dollar amount that Hartford received from each fund, multiply the rate of fees received from each fund by your plan's year-end balance (or if the fund was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the fund at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

\*Please note that Hartford Retirement Services, LLC's affiliate, Hartford Securities Distribution Company, Inc., ("HSD") receives fees paid with respect to the plan's funds from the plan's investments. All 12b-1 and finders' fees are paid to Regions. Half of the sub-transfer agent and shareholder servicing fees are paid to Regions Morgan Keegan Trust, and HRS receives the remaining portion. HSD serves as broker-dealer of record for your plan with respect to plan investments in the funds, having assumed these services from GPC Securities, Inc., which ceased providing similar services for your plan during 2011. HSD executes, clears and settles the plan's purchase, exchange, and redemption of shares or units of the funds on an agency basis.

See below for compensation paid to Regions Morgan Keegan Trust and GPC Securities, Inc.

---

**Recipient: Morgan Keegan Trust    EIN: 63-0589368****Service Codes: 49, 59, 60, 61, 63, 72, 25 (if Morgan Keegan Trust is acting as directed trustee)****Direct Compensation****\$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

**Indirect Compensation**

|                                   |                                                       |                 |                     |
|-----------------------------------|-------------------------------------------------------|-----------------|---------------------|
| <b>12b-1 Fees</b>                 | Payor: Hartford Securities Distribution Company, Inc. | EIN: 06-1408044 | <b>\$165,856.94</b> |
| <b>Sub-TA Fees</b>                | Payor: Hartford Securities Distribution Company, Inc. | EIN: 06-1408044 | <b>\$73,571.12</b>  |
| <b>Shareholder Servicing Fees</b> | Payor: Hartford Securities Distribution Company, Inc. | EIN: 06-1408044 | <b>\$42,210.14</b>  |

---

**Recipient: Other    EIN: 99-9999999****Service Codes:**

Please contact your Service Provider for the list of applicable services performed and Service Codes.

**Direct Compensation****\$22,402.54**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2011 plan year for the above named recipient.

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation are the net result of aggregating direct compensation after the effects of adjustments processed in 2011, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

**Indirect Compensation****\$0.00**

Our records indicate that this recipient did not receive any Indirect Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

---

**Recipient: GPC Securities, Inc.    EIN: 58-1517899****Service Codes: 15, 64, 65****Indirect Compensation**

|                                        |                                          |                 |                    |
|----------------------------------------|------------------------------------------|-----------------|--------------------|
| <b>Transaction Processing Services</b> | Payor: Hartford Retirement Services, LLC | EIN: 26-1589907 | <b>\$20,641.15</b> |
|----------------------------------------|------------------------------------------|-----------------|--------------------|

GPC Securities, Inc. performed recordkeeping and trading functions through August 22, 2011. These activities were transferred to Hartford Securities Distribution Company, Inc. ("HSD") on August 23, 2011. HSD is a broker-dealer registered with the Securities and Exchange Commission which executes, clears and settles the Plan's purchase, exchange and redemption of shares or units in the funds on an agency basis. It is a wholly-owned affiliate of Hartford Retirement Services, LLC. More information is available in the Fund Fee Disclosure Notice for Retirement Plan Fiduciaries which accompanies the HSD Securities Account Agreement.

This is an estimate based on multiplying actual 2011 month end assets by 0.020%/12 for months January through August and then summing the results.

---

**Recipient: Morningstar Associates, LLC    EIN: 36-4317381**

**Service Code: 49**

*Indirect Compensation*

**"Managed by You" services fee**      Payor: Hartford Life Insurance Company    EIN: 06-0974148      **\$43.60**

This is an estimate determined by dividing a flat annual fee paid to Morningstar by the number of plans to whom this feature is made available.

---

**Recipient: Reliance Trust Company    EIN: 58-1428634**

*Indirect Compensation*

**Custodial/Trust service fee**      **\$7,689.66**

**Service Codes: 19, 25, 99**

Payors:   Hartford Life Insurance Company    EIN: 06-0974148  
             Hartford Retirement Services, LLC    EIN: 26-1589907

This is an estimate based on multiplying actual 2011 month end assets by 0.005%/12 and then summing the results.

---

**Recipient: Mesirow Financial Investment Management, Inc.    EIN: 36-3429599**

*Indirect Compensation*

**Annual platform package fee ("Model My Goals")**      **\$25.42**

**Service code: 49**

Payor:   Hartford Life Insurance Company    EIN: 06-0974148

This is an estimate based on the annual platform package fee paid to Mesirow divided by the number of plans using this feature.

## Direct Revenue Detail

---

**Recipient:** *Hartford Retirement Services, LLC*

---

| <b><u>Fee Description</u></b> | <b><u>Dollar Amount</u></b> |
|-------------------------------|-----------------------------|
| Loan Set-up Fee               | \$5,200.00                  |
| Holding Account: Trustee Fee  | \$300.00                    |
| <b>Total Direct Revenue:</b>  | <hr/> <b>\$5,500.00</b>     |

---

**Recipient:** *Other*

---

| <b><u>Fee Description</u></b> | <b><u>Dollar Amount</u></b> |
|-------------------------------|-----------------------------|
| Collective Trust Fee          | \$22,402.54                 |
| <b>Total Direct Revenue:</b>  | <hr/> <b>\$22,402.54</b>    |

|                                 |                          |
|---------------------------------|--------------------------|
| <b>Grand Total Direct Fees:</b> | <hr/> <b>\$27,902.54</b> |
|---------------------------------|--------------------------|

**CAS, INC. 401(k) PLAN**  
**FINANCIAL STATEMENTS**  
**DECEMBER 31, 2011 AND MARCH 31, 2011**

## **TABLE OF CONTENTS**

|                                                                    |    |
|--------------------------------------------------------------------|----|
| <b>INDEPENDENT AUDITORS' REPORT</b> .....                          | 1  |
| <b>FINANCIAL STATEMENTS</b>                                        |    |
| Statements of Net Assets Available for Benefits .....              | 2  |
| Statement of Changes in Net Assets Available for Benefits .....    | 3  |
| Notes to Financial Statements .....                                | 4  |
| <b>SUPPLEMENTAL SCHEDULE</b>                                       |    |
| Schedule H, Line 4i Schedule of Assets (Held at End of Year) ..... | 13 |

# Anglin·Reichmann Snellgrove & Armstrong P.C.

*Certified Public Accountants & Business Advisors*

*MEMBER: American Institute of Certified Public Accountants • AICPA Private Companies Practice Section • Employee Benefit Plan and  
Governmental Audit Quality Centers • Alabama Society of Certified Public Accountants • CPAmerica, International*

|                               |                            |
|-------------------------------|----------------------------|
| Gary S. Anglin, CPA           | Melissa D. Jose, CPA       |
| Jay A. Reichmann, CPA         | Todd B. McAdams, CPA       |
| James C. Snellgrove, Jr., CPA | Ryan J. Campbell, CPA      |
| Stephen E. Armstrong, CPA     | N. Scott Hand, CPA         |
| Tracy L. Sams, CPA            | Katherine J. Bradford, CPA |
| Kandy E. Gardner, CPA         | Brad A. Benson, CPA        |
|                               | Jason L. Miller, CPA       |
|                               | Luke C. Kinzer, CPA        |
|                               | Thomas G. Hallin, CPA      |
|                               | Brandon C. Smith, CPA      |

## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator  
CAS, Inc. 401(k) Plan

We were engaged to audit the financial statements of CAS, Inc. 401(k) Plan as of December 31, 2011 and March 31, 2011, and for the nine-month period ended December 31, 2011, and the supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 4, 5 & 6, which was certified by Reliance Trust Company, custodian of the Plan, as agent for Regions Morgan Keegan Trust, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the nine-month period ended December 31, 2011 and as of and for the year ended March, 31 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Sincerely,



CERTIFIED PUBLIC ACCOUNTANTS

July 31, 2012

**CAS, INC. 401(k) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**AS OF DECEMBER 31, 2011 AND MARCH 31, 2011**

|                                                                                                   | <u><b>Assets</b></u>      |                       |
|---------------------------------------------------------------------------------------------------|---------------------------|-----------------------|
|                                                                                                   | December 31,<br>2011      | March 31,<br>2011     |
| Participant-directed investments, at fair value:                                                  |                           |                       |
| Common/Collective trust funds                                                                     | \$ 41,113,463             | \$ 40,878,024         |
| Shares of registered investment companies                                                         | 114,043,370               | 114,161,196           |
| <b>Total Investments, at Fair Value</b>                                                           | <b>155,156,833</b>        | <b>155,039,220</b>    |
| Receivables:                                                                                      |                           |                       |
| Employer contributions                                                                            | 1,994,380                 | 1,932,691             |
| Notes receivable from participants                                                                | 1,256,659                 | 1,291,888             |
| <b>Total Receivables</b>                                                                          | <b>3,251,039</b>          | <b>3,224,579</b>      |
| <b>Total Assets</b>                                                                               | <b>158,407,872</b>        | <b>158,263,799</b>    |
|                                                                                                   | <u><b>Liabilities</b></u> |                       |
| <b>Total Liabilities</b>                                                                          | <b>-</b>                  | <b>-</b>              |
| <b>Net Assets Available for Benefits,<br/>at Fair Value</b>                                       | <b>158,407,872</b>        | <b>158,263,799</b>    |
| Adjustment from fair value to contract value for<br>fully benefit responsive investment contracts | (977,038)                 | (1,047,310)           |
| <b>Net Assets Available for Benefits</b>                                                          | <b>\$ 157,430,834</b>     | <b>\$ 157,216,489</b> |

*The accompanying notes are an integral part of these financial statements.*

**CAS, INC. 401(k) PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011**

---

**Additions to Net Assets Attributed to:**

|                                               |                    |
|-----------------------------------------------|--------------------|
| Investment Income (Loss):                     |                    |
| Participant loan interest                     | \$ 54,183          |
| Dividend income                               | 3,188,506          |
| Net depreciation in fair value of investments | <u>(9,556,274)</u> |
| <b>Total Investment Income (Loss)</b>         | <u>(6,313,585)</u> |
| Participant-directed contributions:           |                    |
| Employer                                      | 7,256,335          |
| Participant salary deferrals                  | 6,622,922          |
| Participant rollovers                         | <u>736,195</u>     |
| <b>Total Contributions</b>                    | <u>14,615,452</u>  |
| <b>Total Additions to Net Assets</b>          | <u>8,301,867</u>   |

**Deductions from Net Assets Attributed to:**

|                                              |                  |
|----------------------------------------------|------------------|
| Benefits paid to participants                | 8,066,455        |
| Administrative fees                          | <u>21,067</u>    |
| <b>Total Deductions from Net Assets</b>      | <u>8,087,522</u> |
| <b>Net Increase (Decrease) in Net Assets</b> | 214,345          |

**Net Assets Available for Benefits:**

|                          |                              |
|--------------------------|------------------------------|
| <b>Beginning of Year</b> | <u>157,216,489</u>           |
| <b>End of Year</b>       | <u><u>\$ 157,430,834</u></u> |

*The accompanying notes are an integral part of these financial statements.*

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011**

---

**Note 1 - Description of Plan**

The following description of the CAS, Inc. 401(k) Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of the Company (excluding non-covered and temporary employees as defined by the Plan) who have completed one hour of service for the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective April 1, 2011, the Plan was amended to recognize service from the Company's parent corporation, Wyle Services, Inc., and its subsidiaries.

Contributions

*Participant Salary Deferrals* - Participants may contribute their eligible compensation subject to limits prescribed by the Plan.

*Employer Match* - The Company contributes to the Plan an amount equal to ten percent (10%) of the salary deferrals made by participants, less forfeitures.

*Employer Non-Elective Contribution* - The Company contributes to the Plan an amount equal to ten percent (10%) of all eligible compensation less forfeitures of nonvested benefits from terminated employees. Eligible compensation for purposes of the Plan, includes compensation defined under IRC section 415, less participant salary deferrals. Additional amounts may be contributed at the option of the Company's board of directors.

Investment Options

Participants direct the investment of their contributions as well as Company contributions into various investment options offered by the Plan. As of December 31, 2011, the Plan offered a fully benefit-responsive investment contract, a bank collective trust and registered investment companies which invest in various combinations of stocks, bonds and other investment securities.

Participant Accounts

Each participant's account is credited with the participant's deferral and an allocation of the Company's contribution and Plan earnings, and charged with an allocation of the investment advisory and management fees. Allocations are based on participant compensation or account balances, as defined. Forfeited balances of terminated participants' nonvested accounts are used to reduce future company contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary deferrals plus actual earnings thereon. Vesting in the Company's matching and non-elective contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is one hundred percent (100%) vested after three years of credited service.

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

---

**Note 1 - Description of Plan - Continued**

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance, reduced by any outstanding loan balance and may have no more than two loans outstanding at any time. The loans are secured by the balance in the participant's account and bear interest at a fixed rate of 2.0% over prime, which is commensurate with local prevailing rates and determined by the Plan Administrator at the time of issuance. Principal and interest is paid ratably through bi-weekly payroll deductions.

Payment of Benefits

On termination of service, a participant may elect to receive (a) a lump-sum amount equal to the vested value of his or her account, (b) annual installments over a period not to exceed fifteen years, or (c) a life annuity.

Forfeited Accounts

Forfeited non-vested accounts are used by the Plan to reduce current and future Company contributions payable under the Plan. During the nine-month period ended December 31, 2011, \$223,074 was used to reduce current year employer contributions. At December 31, 2011 and March 31, 2011, there were \$259,342 and \$258,797 forfeited non-vested accounts available for future use.

Amendment and Termination

The Company has the right under the Plan to amend or terminate the Plan at any time subject to the provisions of ERISA. No amendment may permit any plan assets to revert to the Company or be used for any purpose other than to provide benefits to participants and their beneficiaries, to reduce a participant's accrued benefit, or to eliminate an optional form of benefit payment.

**Note 2 - Summary of Significant Accounting Policies**

Basis of Accounting

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

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 presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

---

**Note 2 - Summary of Significant Accounting Policies - Continued**

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Investment Valuation and Income Recognition

Investments in all of the funds, except the Wells Fargo Stable Return Fund and the Regions Stable Principal Fund, are presented at fair value, based on the quoted market prices of the underlying assets within each fund for the period ending December 31, 2011 and March 31, 2011. The Wells Fargo Stable Return Fund and the Regions Stable Principal Fund are fully benefit responsive and are reported at fair value and adjusted to contract value. Contract value represents the accumulated contributions plus accrued net earnings, less distributions and administrative expenses. Fair value of the investments in the Wells Fargo Stable Return Fund and the Regions Stable Principal Fund, is estimated using a fair value factor provided by Wells Fargo Institutional Retirement and Trust and Regions Morgan Keegan Trust.

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

Distribution of Benefits

Benefit payments to participants are recorded when paid.

Administrative Fees

The employer absorbs significant costs of plan administration. Certain transfer and investment fees are absorbed by the Plan and are reflected in the accompanying financial statements.

Uncertain Tax Positions

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

**Note 3 - Department of Labor Limited-Scope Audit**

The Department of Labor (DOL) allows a limited-scope audit, in which no audit procedures are applied to the information on plan investments and related transactions that is prepared and certified to as being both complete and accurate by a bank, similar institution, or insurance company holding the assets. The DOL requires that the bank, similar institution, or insurance company be regulated and supervised and subject to periodic examinations by a state or federal agency. The DOL limited-scope audit applies only to investment information and does not extend to benefit payment or other information such as contributions, benefit obligations, and participant data.

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

---

**Note 4 - Investments (Unaudited)**

The Plan's investments are held by a bank-administered trust fund. All investments are participant-directed.

The following table presents investments that represent five percent (5%) or more of the Plan's net assets available for benefits:

|                                                     | December 31,<br>2011 |
|-----------------------------------------------------|----------------------|
| American Funds - American Balanced Fund             | \$ 19,374,191        |
| American Funds - Growth Fund                        | 11,844,847           |
| American Funds - Europacific Growth Fund            | 8,015,238            |
| Perkins - Mid Cap Value Fund                        | 10,484,036           |
| Pioneer - Bond Fund                                 | 23,082,831           |
| Wells Fargo - Stable Return Fund, at contract value | 37,578,364           |
|                                                     | March 31,<br>2011    |
| American Funds - American Balanced Fund             | \$ 15,601,940        |
| American Funds - Growth Fund                        | 12,593,750           |
| American Funds - Europacific Growth Fund            | 9,336,976            |
| Perkins - Mid Cap Value Fund                        | 11,812,053           |
| Pioneer - Bond Fund                                 | 21,808,972           |
| Regions - Stable Principal Fund, at contract value  | 36,789,031           |

During the nine-month period ended December 31, 2011, the Plan's investments (including investments bought, sold and held during the year) depreciated in value by \$9,556,274 as follows:

Net Appreciation (Depreciation) in Value

|                                           |                       |
|-------------------------------------------|-----------------------|
| Common/Collective trust funds             | \$ 230,435            |
| Shares of registered investment companies | (9,786,709)           |
| Total                                     | <u>\$ (9,556,274)</u> |

**Note 5 - Investment Contracts Held by Banking Institution (Unaudited)**

At March 31, 2011, the Plan had a fully benefit-responsive investment contract with Regions Morgan Keegan Trust. In August 2011, the Plan replaced the contract with a fully benefit-responsive investment contract with Wells Fargo Institutional Retirement and Trust.

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

---

**Note 5 - Investment Contract Held by Banking Institution (Unaudited) - Continued**

Wells Fargo Institutional Retirement and Trust maintains the contributions in a general account, which is credited with earnings on underlying investments and charged for participant withdrawals and administrative fees. The contract is included in the financial statement at fair value and then adjusted to contract value as reported to the Plan by Wells Fargo Institutional Retirement and Trust. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or portion of their investment at contract value. The contract has certain restrictions that impact the ability to collect the full contract value. Plan management believes that the occurrence of events that would cause the plan to transact at less than contract value is not probable. Wells Fargo Institutional Retirement and Trust may not terminate the contract at any amount less than contract value.

Wells Fargo Institutional Retirement and Trust is contractually obligated to pay the principal and specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but cannot be less than 0%. Interest rates on these corresponding contracts within the Wells Fargo Institutional Retirement and Trust are either traditional fixed rates or variable indexed rates. The crediting rate of the contract will track current market yields on a trailing basis.

| Average Yields (Wells Fargo Institutional Retirement and Trust): | December 31,<br>2011 |
|------------------------------------------------------------------|----------------------|
| Based on actual earnings (1)                                     | 1.56%                |
| Based on interest rate credited to participants (2)              | 2.33%                |
| Average Yields (Regions Morgan Keegan Trust):                    | March 31,<br>2011    |
| Based on actual earnings (1)                                     | 1.53%                |
| Based on interest rate credited to participants (2)              | 2.85%                |

- (1) Computed by dividing the annualized one-day actual earnings of the contract on the last day of the plan year by the fair value of the investments on the same day.
- (2) Computed by dividing the annualized one-day earning credited to participants on the last day of the plan year by the fair value of the investments on the same day.

**Note 6 - Fair Value Measurements (Unaudited)**

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That 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).

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

**Note 6 - Fair Value Measurements (Unaudited) - Continued**

The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurements and Disclosures*, are described below:

Level 1 - Quoted prices in active markets for identical securities;

Level 2 - Other significant observable inputs (including quoted prices for similar securities, interest rates, prepayment speeds, credit risk, etc.);

Level 3 - Significant unobservable inputs (including the Plan's own assumptions used to determine the fair value of investments).

Following is a description of the valuation methodologies used for level 2 or level 3 assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and March 31, 2011.

*Common Trust Funds:* Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

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

Investments at Fair Value as of December 31, 2011

|                                       | Level 1              | Level 2              | Level 3     | Fair Value           |
|---------------------------------------|----------------------|----------------------|-------------|----------------------|
| Registered Investment Companies:      |                      |                      |             |                      |
| Corporate bonds                       | \$ 23,082,831        | \$ -                 | \$ -        | \$ 23,082,831        |
| Global funds                          | 8,015,238            | -                    | -           | 8,015,238            |
| Large-cap funds                       | 31,627,989           | -                    | -           | 31,627,989           |
| Mid-cap funds                         | 14,584,618           | -                    | -           | 14,584,618           |
| Moderate allocation funds             | 20,245,678           | -                    | -           | 20,245,678           |
| Natural resources                     | 2,825,027            | -                    | -           | 2,825,027            |
| Real estate funds                     | 1,615,102            | -                    | -           | 1,615,102            |
| Small-cap funds                       | 9,031,624            | -                    | -           | 9,031,624            |
| Term bonds                            | 3,015,263            | -                    | -           | 3,015,263            |
| Total Registered Investment Companies | 114,043,370          | -                    | -           | 114,043,370          |
| Common/Collective trust funds         | 2,558,061            | 38,555,402           | -           | 41,113,463           |
| Total investments at fair value       | <u>\$116,601,431</u> | <u>\$ 38,555,402</u> | <u>\$ -</u> | <u>\$155,156,833</u> |

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

**Note 6 - Fair Value Measurements (Unaudited) – Continued**

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

Investments at Fair Value as of March 31, 2011

|                                       | Level 1              | Level 2     | Level 3              | Fair Value           |
|---------------------------------------|----------------------|-------------|----------------------|----------------------|
| Registered Investment Companies:      |                      |             |                      |                      |
| Corporate bonds                       | \$ 21,808,972        | \$ -        | \$ -                 | \$ 21,808,972        |
| Global funds                          | 9,336,976            | -           | -                    | 9,336,976            |
| Large-cap funds                       | 33,755,392           | -           | -                    | 33,755,392           |
| Mid-cap funds                         | 16,732,653           | -           | -                    | 16,732,653           |
| Moderate allocation funds             | 16,303,472           | -           | -                    | 16,303,472           |
| Natural resources                     | 2,737,737            | -           | -                    | 2,737,737            |
| Real estate funds                     | 1,535,844            | -           | -                    | 1,535,844            |
| Small-cap funds                       | 9,424,534            | -           | -                    | 9,424,534            |
| Term bonds                            | 2,525,616            | -           | -                    | 2,525,616            |
| Total Registered Investment Companies | 114,161,196          | -           | -                    | 114,161,196          |
| Common/Collective trust funds         | 3,041,683            | -           | 37,836,341           | 40,878,024           |
| Total investments at fair value       | <u>\$117,202,879</u> | <u>\$ -</u> | <u>\$ 37,836,341</u> | <u>\$155,039,220</u> |

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the nine-month period ended December 31, 2011 and the year ended March 31, 2011:

|                                                    |                      |
|----------------------------------------------------|----------------------|
| Balance at March 31, 2010                          | \$ 36,371,701        |
| Total realized and unrealized gains (losses):      |                      |
| Included in earnings                               | (735)                |
| Purchases, issuances, sales, and settlements (net) | <u>1,465,375</u>     |
| Balance at March 31, 2011                          | <u>\$ 37,836,341</u> |
| Total realized and unrealized gains (losses):      |                      |
| Included in earnings                               | 265,048              |
| Purchases, issuances, sales, and settlements (net) | <u>(38,101,389)</u>  |
| Balance at December 31, 2011                       | <u>\$ -</u>          |

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

---

**Note 7 - Income Tax Status**

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service determined that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

**Note 8 - Risks and Uncertainties**

The Plan invests in a variety of investment funds. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments 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.

**Note 9 - Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions of ERISA. In the event of plan termination, participants will become one hundred percent (100%) vested in their accounts.

**Note 10 - Reconciliation of Financial Statements to Form 5500**

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

|                                                                | December 31,<br>2011         | March 31,<br>2011            |
|----------------------------------------------------------------|------------------------------|------------------------------|
| Net assets available for benefits per the financial statements | \$ 157,430,834               | \$ 157,216,489               |
| Less: Contributions receivable                                 | <u>(1,994,380)</u>           | <u>(1,932,691)</u>           |
| Net assets per Schedule H of Form 5500                         | <u><u>\$ 155,436,454</u></u> | <u><u>\$ 155,283,798</u></u> |

The following is a reconciliation of net increase in net assets per the financial statements to Schedule H of the Form 5500:

|                                                         | December 31,<br>2011     |
|---------------------------------------------------------|--------------------------|
| Net increase in net assets per the financial statements | \$ 214,345               |
| Plus: Prior year contributions receivable               | 1,932,691                |
| Less: Current year contributions receivable             | <u>(1,994,380)</u>       |
| Net income per Schedule H of Form 5500                  | <u><u>\$ 152,656</u></u> |

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

---

**Note 11 – Subsequent Events**

Amendments Effective January 1, 2012

The Plan was amended to limit the Participant salary reductions to 50% of eligible compensation and to discontinue the installment form of benefit payments for all distributions except required minimum distributions. Additionally, this amendment changed the Plan's year end from March 31<sup>st</sup> to December 31<sup>st</sup>, creating a short plan year for the period of April 1, 2011 through December 31, 2011.

Amendments Effective July 1, 2012

The Plan Administrator executed a plan conversion in order to transfer the Plan's assets from Reliance Trust Company to Principal Life Insurance Company. In connection with this conversion, the Plan was amended as described below.

The 1,000 hour service requirement related to the employer non-elective contribution was eliminated and replaced with the requirement that participants must be hired prior to July 1<sup>st</sup> in order to be eligible for the employer non-elective contribution. Also, the vesting schedule for all employer contributions was revised such that participants will be 100% vested upon completion of two years of service.

The Plan began allowing participants to make after-tax elective deferral contributions to the Plan. As a result, participants may designate 1-10% of their eligible compensation as after-tax elective deferral contributions. Participants are also allowed to rollover after-tax balances from other qualified defined contribution plans into the Plan.

The Plan's loan provision was amended to only allow one outstanding loan per participant at any given time. However, participants that had more than one loan on the effective date of the amendment were allowed to maintain their existing loans. Also, the maximum residential loan term was increased from 10 years to 15 years.

The Plan implemented an automatic enrollment provision. As a result, new employees are automatically enrolled to defer 3% of their compensation unless they choose a different percentage or elect not to defer.

Lastly, temporary employees are immediately eligible to participant in the Plan upon hire.

Date of Management's Review

Management has evaluated subsequent events through July 31, 2012, the date which the financial statements were available to be issued.

## SUPPLEMENTAL SCHEDULE

**CAS, INC. 401(k) PLAN**  
**SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**AS OF DECEMBER 31, 2011**  
**EIN: 63-0777940; PLAN NUMBER: 002**

| (a) | (b) Identity of Issuer,<br>Borrower, Lessor<br>Similar Party | (c) Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d) Cost<br>** | (e) Current<br>Value |
|-----|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------|----------------------|
|     | American Century                                             | Century Vista Fund                                                                                               |                | \$ 3,003,994         |
|     | American Funds                                               | American Balanced Fund                                                                                           |                | 19,374,191           |
|     | American Funds                                               | Growth Fund                                                                                                      |                | 11,844,847           |
|     | American Funds                                               | Fundamental Investor Fund                                                                                        |                | 5,649,694            |
|     | American Funds                                               | Europacific Growth Fund                                                                                          |                | 8,015,238            |
|     | Baron                                                        | Small Cap Fund                                                                                                   |                | 1,013,394            |
|     | Blackrock                                                    | Natural Resources Fund                                                                                           |                | 2,825,027            |
|     | Dreyfus                                                      | Small Cap Index Fund                                                                                             |                | 6,198,202            |
|     | Goldman Sachs                                                | Mid Cap Value Fund                                                                                               |                | 1,096,588            |
|     | Invesco                                                      | US Quantitative Small Value Trust                                                                                |                | 2,558,061            |
|     | Invesco                                                      | Real Estate Fund                                                                                                 |                | 1,615,102            |
|     | Invesco                                                      | Van Kampen Growth & Income Fund                                                                                  |                | 7,423,135            |
|     | Perkins                                                      | Mid Cap Value Fund                                                                                               |                | 10,484,036           |
|     | JP Morgan                                                    | Small Cap Equity Fund                                                                                            |                | 1,820,028            |
|     | Pimco                                                        | Total Return Fund                                                                                                |                | 3,015,263            |
|     | Pioneer                                                      | Cullen Value Fund                                                                                                |                | 812,516              |
|     | Pioneer                                                      | IBBOTSON Moderate Allocation Fund                                                                                |                | 871,487              |
|     | Pioneer                                                      | Bond Fund                                                                                                        |                | 23,082,831           |
| *   | Wells Fargo                                                  | Stable Return Fund                                                                                               |                | 37,578,364           |
|     | Vanguard                                                     | S & P 500 Index Fund                                                                                             |                | 5,897,797            |
| *   | Participant Loans                                            | Interest rates of 5.25% to 10.25%,<br>maturities up to 10 years                                                  | -0-            | 1,256,659            |

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

\*\* Cost information has not been disclosed as all investments are participant directed.

**CAS, INC. 401(k) PLAN**  
**FINANCIAL STATEMENTS**  
**DECEMBER 31, 2011 AND MARCH 31, 2011**

## **TABLE OF CONTENTS**

|                                                                    |    |
|--------------------------------------------------------------------|----|
| <b>INDEPENDENT AUDITORS' REPORT</b> .....                          | 1  |
| <b>FINANCIAL STATEMENTS</b>                                        |    |
| Statements of Net Assets Available for Benefits .....              | 2  |
| Statement of Changes in Net Assets Available for Benefits .....    | 3  |
| Notes to Financial Statements .....                                | 4  |
| <b>SUPPLEMENTAL SCHEDULE</b>                                       |    |
| Schedule H, Line 4i Schedule of Assets (Held at End of Year) ..... | 13 |

# Anglin·Reichmann Snellgrove & Armstrong P.C.

*Certified Public Accountants & Business Advisors*

*MEMBER: American Institute of Certified Public Accountants • AICPA Private Companies Practice Section • Employee Benefit Plan and  
Governmental Audit Quality Centers • Alabama Society of Certified Public Accountants • CPAmerica, International*

|                               |                            |
|-------------------------------|----------------------------|
| Gary S. Anglin, CPA           | Melissa D. Jose, CPA       |
| Jay A. Reichmann, CPA         | Todd B. McAdams, CPA       |
| James C. Snellgrove, Jr., CPA | Ryan J. Campbell, CPA      |
| Stephen E. Armstrong, CPA     | N. Scott Hand, CPA         |
| Tracy L. Sams, CPA            | Katherine J. Bradford, CPA |
| Kandy E. Gardner, CPA         | Brad A. Benson, CPA        |
|                               | Jason L. Miller, CPA       |
|                               | Luke C. Kinzer, CPA        |
|                               | Thomas G. Hallin, CPA      |
|                               | Brandon C. Smith, CPA      |

## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator  
CAS, Inc. 401(k) Plan

We were engaged to audit the financial statements of CAS, Inc. 401(k) Plan as of December 31, 2011 and March 31, 2011, and for the nine-month period ended December 31, 2011, and the supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 4, 5 & 6, which was certified by Reliance Trust Company, custodian of the Plan, as agent for Regions Morgan Keegan Trust, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the nine-month period ended December 31, 2011 and as of and for the year ended March, 31 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Sincerely,



CERTIFIED PUBLIC ACCOUNTANTS

July 31, 2012

**CAS, INC. 401(k) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**AS OF DECEMBER 31, 2011 AND MARCH 31, 2011**

|                                                                                                   | <u><b>Assets</b></u>      |                       |
|---------------------------------------------------------------------------------------------------|---------------------------|-----------------------|
|                                                                                                   | December 31,<br>2011      | March 31,<br>2011     |
| Participant-directed investments, at fair value:                                                  |                           |                       |
| Common/Collective trust funds                                                                     | \$ 41,113,463             | \$ 40,878,024         |
| Shares of registered investment companies                                                         | 114,043,370               | 114,161,196           |
| <b>Total Investments, at Fair Value</b>                                                           | <b>155,156,833</b>        | <b>155,039,220</b>    |
| Receivables:                                                                                      |                           |                       |
| Employer contributions                                                                            | 1,994,380                 | 1,932,691             |
| Notes receivable from participants                                                                | 1,256,659                 | 1,291,888             |
| <b>Total Receivables</b>                                                                          | <b>3,251,039</b>          | <b>3,224,579</b>      |
| <b>Total Assets</b>                                                                               | <b>158,407,872</b>        | <b>158,263,799</b>    |
|                                                                                                   | <u><b>Liabilities</b></u> |                       |
| <b>Total Liabilities</b>                                                                          | <b>-</b>                  | <b>-</b>              |
| <b>Net Assets Available for Benefits,<br/>at Fair Value</b>                                       | <b>158,407,872</b>        | <b>158,263,799</b>    |
| Adjustment from fair value to contract value for<br>fully benefit responsive investment contracts | (977,038)                 | (1,047,310)           |
| <b>Net Assets Available for Benefits</b>                                                          | <b>\$ 157,430,834</b>     | <b>\$ 157,216,489</b> |

*The accompanying notes are an integral part of these financial statements.*

**CAS, INC. 401(k) PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011**

---

**Additions to Net Assets Attributed to:**

|                                               |                    |
|-----------------------------------------------|--------------------|
| Investment Income (Loss):                     |                    |
| Participant loan interest                     | \$ 54,183          |
| Dividend income                               | 3,188,506          |
| Net depreciation in fair value of investments | <u>(9,556,274)</u> |
| <b>Total Investment Income (Loss)</b>         | <u>(6,313,585)</u> |
| Participant-directed contributions:           |                    |
| Employer                                      | 7,256,335          |
| Participant salary deferrals                  | 6,622,922          |
| Participant rollovers                         | <u>736,195</u>     |
| <b>Total Contributions</b>                    | <u>14,615,452</u>  |
| <b>Total Additions to Net Assets</b>          | <u>8,301,867</u>   |

**Deductions from Net Assets Attributed to:**

|                                              |                  |
|----------------------------------------------|------------------|
| Benefits paid to participants                | 8,066,455        |
| Administrative fees                          | <u>21,067</u>    |
| <b>Total Deductions from Net Assets</b>      | <u>8,087,522</u> |
| <b>Net Increase (Decrease) in Net Assets</b> | 214,345          |

**Net Assets Available for Benefits:**

|                          |                              |
|--------------------------|------------------------------|
| <b>Beginning of Year</b> | <u>157,216,489</u>           |
| <b>End of Year</b>       | <u><u>\$ 157,430,834</u></u> |

*The accompanying notes are an integral part of these financial statements.*

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011**

---

**Note 1 - Description of Plan**

The following description of the CAS, Inc. 401(k) Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of the Company (excluding non-covered and temporary employees as defined by the Plan) who have completed one hour of service for the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective April 1, 2011, the Plan was amended to recognize service from the Company's parent corporation, Wyle Services, Inc., and its subsidiaries.

Contributions

*Participant Salary Deferrals* - Participants may contribute their eligible compensation subject to limits prescribed by the Plan.

*Employer Match* - The Company contributes to the Plan an amount equal to ten percent (10%) of the salary deferrals made by participants, less forfeitures.

*Employer Non-Elective Contribution* - The Company contributes to the Plan an amount equal to ten percent (10%) of all eligible compensation less forfeitures of nonvested benefits from terminated employees. Eligible compensation for purposes of the Plan, includes compensation defined under IRC section 415, less participant salary deferrals. Additional amounts may be contributed at the option of the Company's board of directors.

Investment Options

Participants direct the investment of their contributions as well as Company contributions into various investment options offered by the Plan. As of December 31, 2011, the Plan offered a fully benefit-responsive investment contract, a bank collective trust and registered investment companies which invest in various combinations of stocks, bonds and other investment securities.

Participant Accounts

Each participant's account is credited with the participant's deferral and an allocation of the Company's contribution and Plan earnings, and charged with an allocation of the investment advisory and management fees. Allocations are based on participant compensation or account balances, as defined. Forfeited balances of terminated participants' nonvested accounts are used to reduce future company contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary deferrals plus actual earnings thereon. Vesting in the Company's matching and non-elective contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is one hundred percent (100%) vested after three years of credited service.

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

---

**Note 1 - Description of Plan - Continued**

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance, reduced by any outstanding loan balance and may have no more than two loans outstanding at any time. The loans are secured by the balance in the participant's account and bear interest at a fixed rate of 2.0% over prime, which is commensurate with local prevailing rates and determined by the Plan Administrator at the time of issuance. Principal and interest is paid ratably through bi-weekly payroll deductions.

Payment of Benefits

On termination of service, a participant may elect to receive (a) a lump-sum amount equal to the vested value of his or her account, (b) annual installments over a period not to exceed fifteen years, or (c) a life annuity.

Forfeited Accounts

Forfeited non-vested accounts are used by the Plan to reduce current and future Company contributions payable under the Plan. During the nine-month period ended December 31, 2011, \$223,074 was used to reduce current year employer contributions. At December 31, 2011 and March 31, 2011, there were \$259,342 and \$258,797 forfeited non-vested accounts available for future use.

Amendment and Termination

The Company has the right under the Plan to amend or terminate the Plan at any time subject to the provisions of ERISA. No amendment may permit any plan assets to revert to the Company or be used for any purpose other than to provide benefits to participants and their beneficiaries, to reduce a participant's accrued benefit, or to eliminate an optional form of benefit payment.

**Note 2 - Summary of Significant Accounting Policies**

Basis of Accounting

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

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 presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

---

**Note 2 - Summary of Significant Accounting Policies - Continued**

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Investment Valuation and Income Recognition

Investments in all of the funds, except the Wells Fargo Stable Return Fund and the Regions Stable Principal Fund, are presented at fair value, based on the quoted market prices of the underlying assets within each fund for the period ending December 31, 2011 and March 31, 2011. The Wells Fargo Stable Return Fund and the Regions Stable Principal Fund are fully benefit responsive and are reported at fair value and adjusted to contract value. Contract value represents the accumulated contributions plus accrued net earnings, less distributions and administrative expenses. Fair value of the investments in the Wells Fargo Stable Return Fund and the Regions Stable Principal Fund, is estimated using a fair value factor provided by Wells Fargo Institutional Retirement and Trust and Regions Morgan Keegan Trust.

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

Distribution of Benefits

Benefit payments to participants are recorded when paid.

Administrative Fees

The employer absorbs significant costs of plan administration. Certain transfer and investment fees are absorbed by the Plan and are reflected in the accompanying financial statements.

Uncertain Tax Positions

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

**Note 3 - Department of Labor Limited-Scope Audit**

The Department of Labor (DOL) allows a limited-scope audit, in which no audit procedures are applied to the information on plan investments and related transactions that is prepared and certified to as being both complete and accurate by a bank, similar institution, or insurance company holding the assets. The DOL requires that the bank, similar institution, or insurance company be regulated and supervised and subject to periodic examinations by a state or federal agency. The DOL limited-scope audit applies only to investment information and does not extend to benefit payment or other information such as contributions, benefit obligations, and participant data.

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

---

**Note 4 - Investments (Unaudited)**

The Plan's investments are held by a bank-administered trust fund. All investments are participant-directed.

The following table presents investments that represent five percent (5%) or more of the Plan's net assets available for benefits:

|                                                     | December 31,<br>2011 |
|-----------------------------------------------------|----------------------|
| American Funds - American Balanced Fund             | \$ 19,374,191        |
| American Funds - Growth Fund                        | 11,844,847           |
| American Funds - Europacific Growth Fund            | 8,015,238            |
| Perkins - Mid Cap Value Fund                        | 10,484,036           |
| Pioneer - Bond Fund                                 | 23,082,831           |
| Wells Fargo - Stable Return Fund, at contract value | 37,578,364           |
|                                                     | March 31,<br>2011    |
| American Funds - American Balanced Fund             | \$ 15,601,940        |
| American Funds - Growth Fund                        | 12,593,750           |
| American Funds - Europacific Growth Fund            | 9,336,976            |
| Perkins - Mid Cap Value Fund                        | 11,812,053           |
| Pioneer - Bond Fund                                 | 21,808,972           |
| Regions - Stable Principal Fund, at contract value  | 36,789,031           |

During the nine-month period ended December 31, 2011, the Plan's investments (including investments bought, sold and held during the year) depreciated in value by \$9,556,274 as follows:

Net Appreciation (Depreciation) in Value

|                                           |                       |
|-------------------------------------------|-----------------------|
| Common/Collective trust funds             | \$ 230,435            |
| Shares of registered investment companies | (9,786,709)           |
| Total                                     | <u>\$ (9,556,274)</u> |

**Note 5 - Investment Contracts Held by Banking Institution (Unaudited)**

At March 31, 2011, the Plan had a fully benefit-responsive investment contract with Regions Morgan Keegan Trust. In August 2011, the Plan replaced the contract with a fully benefit-responsive investment contract with Wells Fargo Institutional Retirement and Trust.

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

---

**Note 5 - Investment Contract Held by Banking Institution (Unaudited) - Continued**

Wells Fargo Institutional Retirement and Trust maintains the contributions in a general account, which is credited with earnings on underlying investments and charged for participant withdrawals and administrative fees. The contract is included in the financial statement at fair value and then adjusted to contract value as reported to the Plan by Wells Fargo Institutional Retirement and Trust. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or portion of their investment at contract value. The contract has certain restrictions that impact the ability to collect the full contract value. Plan management believes that the occurrence of events that would cause the plan to transact at less than contract value is not probable. Wells Fargo Institutional Retirement and Trust may not terminate the contract at any amount less than contract value.

Wells Fargo Institutional Retirement and Trust is contractually obligated to pay the principal and specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but cannot be less than 0%. Interest rates on these corresponding contracts within the Wells Fargo Institutional Retirement and Trust are either traditional fixed rates or variable indexed rates. The crediting rate of the contract will track current market yields on a trailing basis.

| Average Yields (Wells Fargo Institutional Retirement and Trust): | December 31,<br>2011 |
|------------------------------------------------------------------|----------------------|
| Based on actual earnings (1)                                     | 1.56%                |
| Based on interest rate credited to participants (2)              | 2.33%                |
| Average Yields (Regions Morgan Keegan Trust):                    | March 31,<br>2011    |
| Based on actual earnings (1)                                     | 1.53%                |
| Based on interest rate credited to participants (2)              | 2.85%                |

- (1) Computed by dividing the annualized one-day actual earnings of the contract on the last day of the plan year by the fair value of the investments on the same day.
- (2) Computed by dividing the annualized one-day earning credited to participants on the last day of the plan year by the fair value of the investments on the same day.

**Note 6 - Fair Value Measurements (Unaudited)**

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That 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).

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

**Note 6 - Fair Value Measurements (Unaudited) - Continued**

The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurements and Disclosures*, are described below:

Level 1 - Quoted prices in active markets for identical securities;

Level 2 - Other significant observable inputs (including quoted prices for similar securities, interest rates, prepayment speeds, credit risk, etc.);

Level 3 - Significant unobservable inputs (including the Plan's own assumptions used to determine the fair value of investments).

Following is a description of the valuation methodologies used for level 2 or level 3 assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and March 31, 2011.

*Common Trust Funds:* Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

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

Investments at Fair Value as of December 31, 2011

|                                       | Level 1              | Level 2              | Level 3     | Fair Value           |
|---------------------------------------|----------------------|----------------------|-------------|----------------------|
| Registered Investment Companies:      |                      |                      |             |                      |
| Corporate bonds                       | \$ 23,082,831        | \$ -                 | \$ -        | \$ 23,082,831        |
| Global funds                          | 8,015,238            | -                    | -           | 8,015,238            |
| Large-cap funds                       | 31,627,989           | -                    | -           | 31,627,989           |
| Mid-cap funds                         | 14,584,618           | -                    | -           | 14,584,618           |
| Moderate allocation funds             | 20,245,678           | -                    | -           | 20,245,678           |
| Natural resources                     | 2,825,027            | -                    | -           | 2,825,027            |
| Real estate funds                     | 1,615,102            | -                    | -           | 1,615,102            |
| Small-cap funds                       | 9,031,624            | -                    | -           | 9,031,624            |
| Term bonds                            | 3,015,263            | -                    | -           | 3,015,263            |
| Total Registered Investment Companies | 114,043,370          | -                    | -           | 114,043,370          |
| Common/Collective trust funds         | 2,558,061            | 38,555,402           | -           | 41,113,463           |
| Total investments at fair value       | <u>\$116,601,431</u> | <u>\$ 38,555,402</u> | <u>\$ -</u> | <u>\$155,156,833</u> |

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

**Note 6 - Fair Value Measurements (Unaudited) – Continued**

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

Investments at Fair Value as of March 31, 2011

|                                       | Level 1              | Level 2     | Level 3              | Fair Value           |
|---------------------------------------|----------------------|-------------|----------------------|----------------------|
| Registered Investment Companies:      |                      |             |                      |                      |
| Corporate bonds                       | \$ 21,808,972        | \$ -        | \$ -                 | \$ 21,808,972        |
| Global funds                          | 9,336,976            | -           | -                    | 9,336,976            |
| Large-cap funds                       | 33,755,392           | -           | -                    | 33,755,392           |
| Mid-cap funds                         | 16,732,653           | -           | -                    | 16,732,653           |
| Moderate allocation funds             | 16,303,472           | -           | -                    | 16,303,472           |
| Natural resources                     | 2,737,737            | -           | -                    | 2,737,737            |
| Real estate funds                     | 1,535,844            | -           | -                    | 1,535,844            |
| Small-cap funds                       | 9,424,534            | -           | -                    | 9,424,534            |
| Term bonds                            | 2,525,616            | -           | -                    | 2,525,616            |
| Total Registered Investment Companies | 114,161,196          | -           | -                    | 114,161,196          |
| Common/Collective trust funds         | 3,041,683            | -           | 37,836,341           | 40,878,024           |
| Total investments at fair value       | <u>\$117,202,879</u> | <u>\$ -</u> | <u>\$ 37,836,341</u> | <u>\$155,039,220</u> |

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the nine-month period ended December 31, 2011 and the year ended March 31, 2011:

|                                                    |                      |
|----------------------------------------------------|----------------------|
| Balance at March 31, 2010                          | \$ 36,371,701        |
| Total realized and unrealized gains (losses):      |                      |
| Included in earnings                               | (735)                |
| Purchases, issuances, sales, and settlements (net) | <u>1,465,375</u>     |
| Balance at March 31, 2011                          | <u>\$ 37,836,341</u> |
| Total realized and unrealized gains (losses):      |                      |
| Included in earnings                               | 265,048              |
| Purchases, issuances, sales, and settlements (net) | <u>(38,101,389)</u>  |
| Balance at December 31, 2011                       | <u>\$ -</u>          |

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

---

**Note 7 - Income Tax Status**

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service determined that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

**Note 8 - Risks and Uncertainties**

The Plan invests in a variety of investment funds. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments 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.

**Note 9 - Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions of ERISA. In the event of plan termination, participants will become one hundred percent (100%) vested in their accounts.

**Note 10 - Reconciliation of Financial Statements to Form 5500**

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

|                                                                | December 31,<br>2011  | March 31,<br>2011     |
|----------------------------------------------------------------|-----------------------|-----------------------|
| Net assets available for benefits per the financial statements | \$ 157,430,834        | \$ 157,216,489        |
| Less: Contributions receivable                                 | (1,994,380)           | (1,932,691)           |
| Net assets per Schedule H of Form 5500                         | <u>\$ 155,436,454</u> | <u>\$ 155,283,798</u> |

The following is a reconciliation of net increase in net assets per the financial statements to Schedule H of the Form 5500:

|                                                         | December 31,<br>2011 |
|---------------------------------------------------------|----------------------|
| Net increase in net assets per the financial statements | \$ 214,345           |
| Plus: Prior year contributions receivable               | 1,932,691            |
| Less: Current year contributions receivable             | <u>(1,994,380)</u>   |
| Net income per Schedule H of Form 5500                  | <u>\$ 152,656</u>    |

**CAS, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE NINE-MONTH PERIOD ENDED DECEMBER 31, 2011 AND THE YEAR ENDED**  
**MARCH 31, 2011 - CONTINUED**

---

**Note 11 – Subsequent Events**

Amendments Effective January 1, 2012

The Plan was amended to limit the Participant salary reductions to 50% of eligible compensation and to discontinue the installment form of benefit payments for all distributions except required minimum distributions. Additionally, this amendment changed the Plan's year end from March 31<sup>st</sup> to December 31<sup>st</sup>, creating a short plan year for the period of April 1, 2011 through December 31, 2011.

Amendments Effective July 1, 2012

The Plan Administrator executed a plan conversion in order to transfer the Plan's assets from Reliance Trust Company to Principal Life Insurance Company. In connection with this conversion, the Plan was amended as described below.

The 1,000 hour service requirement related to the employer non-elective contribution was eliminated and replaced with the requirement that participants must be hired prior to July 1<sup>st</sup> in order to be eligible for the employer non-elective contribution. Also, the vesting schedule for all employer contributions was revised such that participants will be 100% vested upon completion of two years of service.

The Plan began allowing participants to make after-tax elective deferral contributions to the Plan. As a result, participants may designate 1-10% of their eligible compensation as after-tax elective deferral contributions. Participants are also allowed to rollover after-tax balances from other qualified defined contribution plans into the Plan.

The Plan's loan provision was amended to only allow one outstanding loan per participant at any given time. However, participants that had more than one loan on the effective date of the amendment were allowed to maintain their existing loans. Also, the maximum residential loan term was increased from 10 years to 15 years.

The Plan implemented an automatic enrollment provision. As a result, new employees are automatically enrolled to defer 3% of their compensation unless they choose a different percentage or elect not to defer.

Lastly, temporary employees are immediately eligible to participant in the Plan upon hire.

Date of Management's Review

Management has evaluated subsequent events through July 31, 2012, the date which the financial statements were available to be issued.

## SUPPLEMENTAL SCHEDULE

**CAS, INC. 401(k) PLAN**  
**SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**AS OF DECEMBER 31, 2011**  
**EIN: 63-0777940; PLAN NUMBER: 002**

| (a) | (b) Identity of Issuer,<br>Borrower, Lessor<br>Similar Party | (c) Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d) Cost<br>** | (e) Current<br>Value |
|-----|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------|----------------------|
|     | American Century                                             | Century Vista Fund                                                                                               |                | \$ 3,003,994         |
|     | American Funds                                               | American Balanced Fund                                                                                           |                | 19,374,191           |
|     | American Funds                                               | Growth Fund                                                                                                      |                | 11,844,847           |
|     | American Funds                                               | Fundamental Investor Fund                                                                                        |                | 5,649,694            |
|     | American Funds                                               | Europacific Growth Fund                                                                                          |                | 8,015,238            |
|     | Baron                                                        | Small Cap Fund                                                                                                   |                | 1,013,394            |
|     | Blackrock                                                    | Natural Resources Fund                                                                                           |                | 2,825,027            |
|     | Dreyfus                                                      | Small Cap Index Fund                                                                                             |                | 6,198,202            |
|     | Goldman Sachs                                                | Mid Cap Value Fund                                                                                               |                | 1,096,588            |
|     | Invesco                                                      | US Quantitative Small Value Trust                                                                                |                | 2,558,061            |
|     | Invesco                                                      | Real Estate Fund                                                                                                 |                | 1,615,102            |
|     | Invesco                                                      | Van Kampen Growth & Income Fund                                                                                  |                | 7,423,135            |
|     | Perkins                                                      | Mid Cap Value Fund                                                                                               |                | 10,484,036           |
|     | JP Morgan                                                    | Small Cap Equity Fund                                                                                            |                | 1,820,028            |
|     | Pimco                                                        | Total Return Fund                                                                                                |                | 3,015,263            |
|     | Pioneer                                                      | Cullen Value Fund                                                                                                |                | 812,516              |
|     | Pioneer                                                      | IBBOTSON Moderate Allocation Fund                                                                                |                | 871,487              |
|     | Pioneer                                                      | Bond Fund                                                                                                        |                | 23,082,831           |
| *   | Wells Fargo                                                  | Stable Return Fund                                                                                               |                | 37,578,364           |
|     | Vanguard                                                     | S & P 500 Index Fund                                                                                             |                | 5,897,797            |
| *   | Participant Loans                                            | Interest rates of 5.25% to 10.25%,<br>maturities up to 10 years                                                  | -0-            | 1,256,659            |

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

\*\* Cost information has not been disclosed as all investments are participant directed.