

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold; text-align: center;">2011</p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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<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>03/31/2012</u>			
<b>A</b>	This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <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; <input type="checkbox"/> an amended return/report; <input 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; <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 <u>CAS HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN</u>	<b>1b</b>	Three-digit plan number (PN) ▶ <u>002</u>
		<b>1c</b>	Effective date of plan <u>01/01/1997</u>
<b>2a</b>	Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)  <u>CAS HOLDINGS, INC.</u>  <u>P.O. BOX 479 KELSO, WA 98626</u>	<b>2b</b>	Employer Identification Number (EIN) <u>91-1342590</u>
	<u>1317 S. 13TH AVENUE KELSO, WA 98626</u>	<b>2c</b>	Sponsor's telephone number <u>360-577-7222</u>
		<b>2d</b>	Business code (see instructions) <u>541700</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>	<u>Filed with authorized/valid electronic signature.</u>	<u>01/01/2013</u>	<u>JAMES CARLSON</u>
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") CAS HOLDINGS, INC.  P.O. BOX 479 KELSO, WA 98626	<b>3b</b> Administrator's EIN 91-1342590  <b>3c</b> Administrator's telephone number 360-577-7222
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<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:  <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	443
<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>	286
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	185
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	471
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	471
<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>	471
<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>	0
<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:  
 2P

**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) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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<p align="center"><b>SCHEDULE C</b> <b>(Form 5500)</b></p> <p align="center">Department of the Treasury Internal Revenue Service</p> <hr/> <p align="center">Department of Labor Employee Benefits Security Administration</p> <hr/> <p align="center">Pension Benefit Guaranty Corporation</p>	<p><b>Service Provider Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2011</b></p> <hr/> <p><b>This Form is Open to Public Inspection.</b></p>
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For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 03/31/2012

<p><b>A</b> Name of plan <u>CAS HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN</u></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><u>002</u></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CAS HOLDINGS, INC.</u></p>	<p><b>D</b> Employer Identification Number (EIN) <u>91-1342590</u></p>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

<u>RELIANCE TRUST COMPANY</u>	<u>1100 ABERNATHY ROAD NE, SUITE 400</u> <u>ATLANTA, GA 30328</u>
<u>58-1428634</u>	

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

<u>SEI TRUST COMPANY</u>	<u>1 FREEDOM VALLEY DRIVE</u> <u>PO BOX 1100</u> <u>OAKS, PA 19456</u>
<u>06-1271230</u>	

**(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

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

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

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

NORTHWEST PLAN SERVICES, INC. 5446 CALIFORNIA AVE SW, SUITE 200  
SUITE 200  
SEATTLE, WA 98136

91-2090931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16	NONE	38183	Yes <input type="checkbox"/> No <input checked="" 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)

JUDIE SCHOLES 3582 P STREET  
WASHOUGAL, WA 98671

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	6608	Yes <input type="checkbox"/> No <input checked="" 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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input 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)

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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:

**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 03/31/2012

<b>A</b> Name of plan <u>CAS HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>002</u>
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<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CAS HOLDINGS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>91-1342590</u>
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**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**  
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: USFS SHORT TERM INVESTMENT FUND

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

<b>c</b> EIN-PN <u>26-0500433-018</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>4500000</u>
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**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)
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**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)
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**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)
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**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)
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**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)
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**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)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 03/31/2012

<b>A</b> Name of plan <u>CAS HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CAS HOLDINGS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>91-1342590</u>

**Part I Asset and Liability Statement**

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	47027	296705
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....		
<b>(2)</b> Participant contributions .....		
<b>(3)</b> Other.....	24277	43970
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....		1000000
<b>(2)</b> U.S. Government securities.....		1168768
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....		3269466
<b>(B)</b> All other.....		
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....		
<b>(B)</b> Common .....		
<b>(5)</b> Partnership/joint venture interests .....		
<b>(6)</b> Real estate (other than employer real property) .....		
<b>(7)</b> Loans (other than to participants) .....		
<b>(8)</b> Participant loans .....		
<b>(9)</b> Value of interest in common/collective trusts.....		4500000
<b>(10)</b> Value of interest in pooled separate accounts.....		
<b>(11)</b> Value of interest in master trust investment accounts .....		
<b>(12)</b> Value of interest in 103-12 investment entities .....		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	20334	112683
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....		
<b>(15)</b> Other .....		

		(a) Beginning of Year	(b) End of Year
<b>1d</b>	Employer-related investments:		
(1)	Employer securities .....	15783453	0
(2)	Employer real property .....		
<b>e</b>	Buildings and other property used in plan operation.....		
<b>f</b>	Total assets (add all amounts in lines 1a through 1e) .....	15875091	10391592
<b>Liabilities</b>			
<b>g</b>	Benefit claims payable .....	4373	248475
<b>h</b>	Operating payables .....	0	0
<b>i</b>	Acquisition indebtedness .....		
<b>j</b>	Other liabilities.....	223	0
<b>k</b>	Total liabilities (add all amounts in lines 1g through 1j) .....	4596	248475
<b>Net Assets</b>			
<b>l</b>	Net assets (subtract line 1k from line 1f).....	15870495	10143117

**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.

		(a) Amount	(b) Total
<b>Income</b>			
<b>a</b>	<b>Contributions:</b>		
(1)	Received or receivable in cash from: <b>(A)</b> Employers.....	39499	
	<b>(B)</b> Participants .....		
	<b>(C)</b> Others (including rollovers).....		
(2)	Noncash contributions .....		
(3)	Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....		39499
<b>b</b>	<b>Earnings on investments:</b>		
(1)	Interest:		
(A)	Interest-bearing cash (including money market accounts and certificates of deposit).....	1968	
(B)	U.S. Government securities .....	934	
(C)	Corporate debt instruments .....	11586	
(D)	Loans (other than to participants) .....		
(E)	Participant loans .....		
(F)	Other .....		
(G)	Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....		
(2)	Dividends: <b>(A)</b> Preferred stock.....		
	<b>(B)</b> Common stock .....		
	<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	236	
	<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....		
(3)	Rents.....		
(4)	Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	26360949	
	<b>(B)</b> Aggregate carrying amount (see instructions) .....	16281871	
	<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....		

		(a) Amount	(b) Total
<b>2b</b> (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0
<b>(6)</b> Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		7948
<b>(7)</b> Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
<b>(8)</b> Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
<b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
<b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		
<b>c</b> Other income.....	<b>2c</b>		226
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		10141475

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
<b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	15823373	
<b>(2)</b> To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
<b>(3)</b> Other .....	<b>2e(3)</b>		
<b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		15823373
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<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: <b>(1)</b> Professional fees .....	<b>2i(1)</b>		
<b>(2)</b> Contract administrator fees .....	<b>2i(2)</b>		
<b>(3)</b> Investment advisory and management fees .....	<b>2i(3)</b>		
<b>(4)</b> Other .....	<b>2i(4)</b>	45480	
<b>(5)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		45480
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		15868853

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-5727378
<b>l</b> Transfers of assets:			
<b>(1)</b> To this plan.....	<b>2l(1)</b>		
<b>(2)</b> 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: CLARK NUBER, P.S.

**(2)** EIN: 91-1194016

**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>4a</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>4b</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>4c</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>4d</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>4e</b> Was this plan covered by a fidelity bond?.....	X		1000000
<b>4f</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>4g</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>4h</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>4i</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>4j</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>4k</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>4l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>4m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>4n</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. ....			

**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: 0

**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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2011</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 03/31/2012

<b>A</b> Name of plan <u>CAS HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CAS HOLDINGS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>91-1342590</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1	0
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 91-1823198

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

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

3	
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<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)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<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.**

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

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

<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 HOLDINGS, INC.***  
***EMPLOYEE STOCK OWNERSHIP PLAN***

Financial Statements

For the Year Ended March 31, 2012

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***Independent Auditors' Report******To the Plan Trustees  
CAS Holdings, Inc. Employee Stock Ownership Plan  
Kelso, Washington***Certified Public  
Accountants  
and Consultants

We were engaged to audit the accompanying statement of net assets available for benefits of CAS Holdings, Inc. Employee Stock Ownership Plan (the Plan) as of March 31, 2012, and the related statement of changes in net assets available for benefits for the year ended March 31, 2012, and the supplemental schedules of assets held and reportable transactions as of or for the year ended March 31, 2012. These financial statements and supplementary information are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Reliance Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplementary information. The plan administrator has informed us 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 period from November 1, 2011 through March 31, 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information in the Plan's 2012 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary information for the year ended March 31, 2012. The supplementary information is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplementary information, 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.

We have audited the statement of net assets available for benefits of the Plan as of March 31, 2011, and in our report dated October 24, 2011, we expressed our opinion that such financial statement presented fairly, in all material respects, the financial status of the Plan as of March 31, 2011, in conformity with accounting principles generally accepted in the United States of America.

Certified Public Accountants  
December 10, 2012

**CAS HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN**

**Statements of Net Assets Available for Benefits  
March 31, 2012 and 2011**

---

	<u>2012</u>	<u>2011</u>
<b>Assets:</b>		
Noninterest-bearing cash	\$ 48,230	\$ 47,027
Investments, at fair value-		
Corporate bonds	3,269,466	
U.S. government obligations	1,168,768	
Certificates of deposit	1,000,000	
Collective trust fund	4,500,000	
Money market fund	112,683	20,334
Investment in CAS Holdings, Inc. common stock		15,783,453
	<hr/>	<hr/>
Total investments, at fair value	10,050,917	15,803,787
Receivables-		
Escrowed sales proceeds, net	2,484,240	
Accrued investment income	43,970	
Contributions receivable		24,277
	<hr/>	<hr/>
Total receivables	2,528,210	24,277
	<hr/>	<hr/>
<b>Total Assets</b>	<b>12,627,357</b>	<b>15,875,091</b>
<b>Liabilities:</b>		
Claims payable and other liabilities		4,596
	<hr/>	<hr/>
<b>Total Liabilities</b>		<b>4,596</b>
	<hr/>	<hr/>
<b>Net Assets Available for Benefits</b>	<b><u>\$ 12,627,357</u></b>	<b><u>\$ 15,870,495</u></b>

See accompanying notes.

**CAS HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN**

**Statement of Changes in Net Assets Available for Benefits  
For the Year Ended March 31, 2012**

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**Additions to Net Assets:**

Employer contributions	\$ 39,499
Investment income (loss)-	
Gain on redemption of CAS Holdings, Inc. common stock	12,562,732
Interest and dividends	57,760
Net depreciation in fair value of investments	<u>(34,276)</u>
Net investment income	<u>12,586,216</u>
<b>Total Additions to Net Assets</b>	<b>12,625,715</b>

**Deductions from Net Assets:**

Distributions to participants	15,823,373
Administrative expenses	<u>45,480</u>
<b>Total Deductions from Net Assets</b>	<b><u>15,868,853</u></b>

**Net Decrease in Net Assets Available for Benefits** **(3,243,138)**

**Net Assets Available for Benefits:**

Beginning of year	<u>15,870,495</u>
<b>End of Year</b>	<b><u><u>\$ 12,627,357</u></u></b>

*See accompanying notes.*



## ***CAS HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN***

### ***Notes to Financial Statements For the Year Ended March 31, 2012***

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#### ***Note 1 - Description of Plan***

**General** - CAS Holdings, Inc. (the Company) established the CAS Holdings, Inc. Employee Stock Ownership Plan (the Plan) effective January 1, 1997 as a leveraged employee stock ownership plan (ESOP). The Plan is designed to comply with Section 4975(e)(7) and the regulations of the Internal Revenue Code of 1986 (the IRC), as amended, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

On April 3, 1997, the Company issued \$5,000,000 in notes and loaned the proceeds to the Plan which purchased 4,000,000 shares of the Company's outstanding Class A Super Common Stock. The Company was to be repaid over a period of ten years by fully deductible company contributions to the trust fund. As the Plan made each payment of principal, an appropriate percentage of stock was allocated to eligible employees' accounts in accordance with applicable regulations under the IRC.

On March 31, 2004, the Class A Super Common Stock was converted into Class A Common Stock as the Plan's loan from the Company was repaid in full. The shares were converted on a one-to-one basis in accordance with the Super Common Stock conversion provisions.

On October 31, 2011, the Company was sold to CBL Campbell Brothers, USA, Inc. (CBL) and at that time all outstanding shares of Class A Common Stock were redeemed. At the time of the sale, the Plan held 4,396,505 shares, representing 75.2832% of the shares sold on a fully diluted basis. The share price was \$6.45 representing an aggregate value to the Plan and its participants of \$28,346,185. The sales and purchase agreement called for \$3,300,000 of the sales proceeds to be deposited to an escrow fund, which would be released to the seller in the future subject to any future claims of CBL. The net cash proceeds from the sale of the Class A Common Stock were allocated to participants in accordance with their holdings as of October 31, 2011. Upon sale of the Company, the Plan was converted to a profit sharing plan under IRC 401(a). Effective October 31, 2011, the Plan was frozen to new participants and no new contributions could be made to the Plan.

Effective April of 2012, the Board of Directors of the Company appointed one employee to serve as a co-Trustee along with Reliance Trust Company who is an independent trust company. The Plan's Trustees are responsible for the management and control of the Plan's assets and have responsibility for the investment of such assets.

**Participant Accounts** - Separate individual accounts are established for each participant of the Plan. Each participant's account is credited as of the last day of each plan year with an allocation of contributions, forfeitures of terminated participants' nonvested accounts as well as their proportionate share of investment income or loss.

**Distributions to Participants** - The Board of Directors of the Company took appropriate action on October 31, 2011, to terminate the Plan. Prior to that date, no distributions from the Plan could be made until retirement, disability, death, or termination. Distributions were made in accordance with the Plan's distribution policy. After October 31, 2011, a distribution could be made to all participants at any time. Distributions may be made in the form of lump sum payments, installment payments, or a combination of lump-sum and installment payments.

## ***CAS HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN***

### ***Notes to Financial Statements For the Year Ended March 31, 2012***

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#### ***Note 1 - Continued***

**Vesting** - Participants vest in their account balances according to the following schedule:

<u><i>Years of Service</i></u>	<u><i>Percentage Vested</i></u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

**Put Option** - Under federal income tax regulations, the Company stock that is held by the Plan and its participants that is not readily tradable on an established market, or is subject to trading limitations includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to the participant for which there is no market. The put price is representative of the fair market value of the stock. The Company can pay for the purchase with interest over a period of seven years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash. All outstanding common stock in the Plan were sold during 2011 and proceeds of the sale were allocated to the accounts of eligible participants.

**Administrative Expenses** - Administrative expenses of the Plan are paid by the Plan, as provided in the plan document.

**Nonparticipant Directed Investments** - All investments held by the Plan are nonparticipant directed investments and are invested under the direction of the trustee.

**Subsequent Events** - The Plan's management has evaluated subsequent events through December 10, 2012, the date on which the Plan's financial statements were available to be issued.

#### ***Note 2 - Significant Accounting Policies***

**Basis of Accounting** - The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

**Use of Estimates** - The preparation of the financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition** - The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in the fair value of investments represents the change in fair value of assets from one period to the next and includes realized gains and losses on investments.

## ***CAS HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN***

### ***Notes to Financial Statements For the Year Ended March 31, 2012***

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#### ***Note 2 - Continued***

**Forfeitures** - Forfeitures are first used to restore account for participants who terminate employment from the Company but return to service before incurring five consecutive one-year breaks-in-service and then they are allocated among active participants in the ratio that each participant's compensation for the plan year bears to the total compensation of all active participants for the plan year. At March 31, 2012 and 2011, there were \$0 and \$27,485, respectively, of unallocated forfeitures. For the year ended March 31, 2012, \$27,485 of forfeitures were reinstated to participants who had terminated employment with the Company but had not incurred a five year break-in-service prior to the effective date the plan was terminated.

**Payment of Benefits** - Benefit payments to participants are recorded upon distribution.

#### ***Note 3 - Fair Value Measurements and Plan Investments***

U.S. GAAP provides 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) and the lowest priority to unobservable inputs (Level 3).

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

Level 1 - Unadjusted quoted prices available in active markets for identical assets or liabilities;

Level 2 - Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or

Level 3 - Unobservable inputs that are significant to the fair value measurement.

A financial instrument's level within the fair value hierarchy is based upon the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2012 and 2011.

Corporate Bonds and U.S. Government Obligations, - Corporate bonds and U.S. Government Obligations are valued at the closing price reported in the active market in which the bond is traded. Certain corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Certificates of Deposit - 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.

**CAS HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN**

**Notes to Financial Statements  
For the Year Ended March 31, 2012**

**Note 3 - Continued**

Collective Trust Fund - Valued using the Net Asset Value (NAV) provided by the fund's trustee. The NAV is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding at the valuation date. The fund is traded on a private market that is not active; however, the unit price is based primarily on observable market data of the fund's underlying assets.

Money Market Fund - Valued at cost plus accrued interest, which approximates fair value.

Investment in CAS Holdings, Inc. Common Stock - Independent appraisal of the fair value of the Company's common stock was obtained as of March 31, 2011. The appraisal was based upon a weighted average using the income approach and market approach. The appraisal indicated an estimated fair value of \$3.59 per share as of March 31, 2011. The Plan trustees also received a fairness opinion with respect to the October 31, 2011, sale of the Company's stock (see note 1).

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2012 and 2011:

	<i>Fair Value Measurements as of March 31, 2012</i>			
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Corporate bonds	\$ -	\$ 3,269,466	\$ -	\$ 3,269,466
U.S. government obligations		1,168,768		1,168,768
Certificates of deposit		1,000,000		1,000,000
Collective trust fund		4,500,000		4,500,000
Money market fund	112,683			112,683
	<b>\$ 112,683</b>	<b>\$ 9,938,234</b>	<b>\$ -</b>	<b>\$ 10,050,917</b>

	<i>Fair Value Measurements as of March 31, 2011</i>			
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Money market fund	\$ 20,334	\$ -	\$ -	\$ 20,334
CAS Holdings, Inc. common stock			15,783,453	15,783,453
	<b>\$ 20,334</b>	<b>\$ -</b>	<b>\$ 15,783,453</b>	<b>\$ 15,803,787</b>

**CAS HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN**

**Notes to Financial Statements  
For the Year Ended March 31, 2012**

**Note 3 - Continued**

A reconciliation of the beginning and ending balances of the CAS Holdings, Inc. common stock, for fair value measurements made using significant unobservable inputs (Level 3) is as follows:

	<u>Shares</u>	<u>Cost</u>	<u>Fair Value</u>
Balance as of March 31, 2011	4,396,505	\$ 6,637,566	\$ 15,783,453
Net appreciation in fair value of CAS Holdings, Inc. common stock			12,562,732
Sale of CAS Holdings, Inc. common stock	<u>(4,396,505)</u>	<u>(6,637,566)</u>	<u>(28,346,185)</u>
<b>Balance as of March 31, 2012</b>	<u><u>-</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>

The following table provides redemption information and additional disclosures of the Plan's investments, whose fair value is estimated using NAV (or its equivalent), as of March 31:

	<u>3/31/2012 Fair Value</u>	<u>3/31/2011 Fair Value</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
USFS Short Term Investment Fund	\$ 4,500,000	\$ -	Daily	None

- (a) The USFS Short Term Investment Fund is a collective trust fund that provides for the collective investment of assets of tax-qualified pension and profit sharing plans and related trusts, and governmental plans. The investment objective of the Trust is to maximize current income to the extent consistent with the preservation of capital and maintenance of liquidity.

**Note 4 - Investments**

As of March 31, 2012 and 2011, individual investments representing 5% or more of the Plan's net assets were as follows:

	<u>2011</u>	<u>2010</u>
USFS Short Term Investment Fund	\$ 4,500,000	*
Federal National Mortgage Association Note	701,887	*
CAS Holdings, Inc. common stock	*	\$ 15,783,453

\* Does not represent 5% of the Plan's net assets for the respective plan year.

## ***CAS HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN***

### ***Notes to Financial Statements For the Year Ended March 31, 2012***

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#### ***Note 5 - Information Certified by the Custodian***

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosing under ERISA. Accordingly, Reliance Trust Company certified that the following information included in the financial statements and supplementary information is complete and accurate.

- Fair value of investments as of March 31, 2012;
- Investment income earned and losses incurred for the period November 1, 2011 through March 31, 2012; and
- Investment transactions for the period November 1, 2011 through March 31, 2012.

#### ***Note 6 - Tax Status***

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated February 13, 2003, that the Plan is qualified and the trust established under the Plan is tax-exempt under the appropriate sections of the IRC. Although the Plan has been amended and restated 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. Therefore, they believe that the Plan is qualified and the related trust is tax-exempt as of the financial statement date.

The Plan is subject to audits by the IRS for certain tax periods based on applicable laws and regulations; however, there are currently no audits for any tax periods in progress.

#### ***Note 7 - Party-In-Interest Transactions***

Investments held in the Plan at March 31, 2011, included shares of Company common stock. The shares held were sold during the year. Transactions related to the Company stock qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

#### ***Note 8 - Plan Termination***

The Company has the right to terminate the Plan subject to the provisions of ERISA. Effective October 31, 2011, the Board of Directors has taken appropriate action as of October 31, 2011, to terminate the Plan.

#### ***Note 9 - Funds Held in Escrow***

As part of the purchase of the Company, CBL deposited \$3,300,000 in an escrow account to secure the Company's obligation to CBL. If no claims arise related to the sale of the Company to CBL, then the funds held in escrow will be released to the Company as follows: May 1, 2013 - \$2,450,000; June 1, 2013 - \$500,000 and January 1, 2018, - \$350,000. Upon release, the escrowed funds will be allocated in the same proportion as the cash received in connection with the sale of CAS Holdings, Inc. common stock. Management is not aware of any claims that have arisen against the escrowed amount as of December 10, 2012.

The allocable portion of the escrowed funds (\$2,484,240) has been reflected as a plan asset as of March 31, 2012, and included in the gain on redemption of CAS Holding, Inc. common stock in the accompanying financial statements.

**CAS HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN**

**Notes to Financial Statements  
For the Year Ended March 31, 2012**

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**Note 10 - Reconciliation to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of March 31:

	<u>2012</u>	<u>2011</u>
Net assets available for benefits per the financial statements	\$ 12,627,357	\$ 15,870,495
Less: Escrowed sales proceeds, net	<u>(2,484,240)</u>	<u>                    </u>
<b>Net Assets per the Form 5500</b>	<b><u>\$ 10,143,117</u></b>	<b><u>\$ 15,870,495</u></b>

The following is a reconciliation of the net decrease in net assets available for benefits per the financial statement to the Form 5500 for the year ended March 31, 2011:

Net decrease in net assets per the financial statements	\$ (3,243,138)
Escrowed sales proceeds, net	<u>(2,484,240)</u>
<b>Net Income (Loss) per the Form 5500</b>	<b><u>\$ (5,727,378)</u></b>

***SUPPLEMENTARY INFORMATION***



**CAS HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN**

**Attachment to Form 5500, Schedule H, Line 4(i)  
Schedule of Assets Held as of March 31, 2012**

**Employer:** CAS Holdings, Inc.

**EIN:** 91-1342590

**Plan No.:** 002

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
<b>Corporate Bonds:</b>				
	Abbot Laboratories	Interest rate of 5.150%, maturing 11/30/2012	\$ 370,480	\$ 365,767
	Bank of New York Mellon	Interest rate of 4.950%, maturing 11/01/2012	207,736	205,138
	Bank of New York Mellon	Interest rate of 4.500%, maturing 04/01/2012	261,333	259,675
	General Electric	Interest rate of 5.000%, maturing 02/01/2013	470,277	466,394
	General Electric	Interest rate of 2.125%, maturing 12/21/2012	34,573	34,465
	General Electric	Interest rate of 2.625%, maturing 12/28/2012	34,754	34,602
	J.P. Morgan Chase	Interest rate of 5.375%, maturing 10/01/2012	466,898	460,625
	Private Export Funding Corporation	Interest rate of 3.550%, maturing 04/15/2013	254,812	253,156
	Wells Fargo & Co.	Interest rate of 4.375%, maturing 01/31/2013	455,382	453,543
	Wyeth Sr.	Interest rate of 5.500%, maturing 03/15/2013	294,712	291,405
	Astrazeneca PLC Senior Note	Interest rate of 5.400%, maturing 09/15/2012	451,162	444,696
	Total Corporate Bonds		3,302,119	3,269,466
<b>U.S Government Obligations:</b>				
	Federal Home Loan Bank Bonds	Interest rate of 4.875%, maturing 12/14/2012	52,204	51,607
	Federal Home Loan Bank Cons. Bond	Interest rate of 1.950%, maturing 11/15/2012	30,414	30,325
	Federal Home Loan Bank Cons. Bond	Interest rate of 1.700%, maturing 10/30/2012	50,536	50,436
	Federal National Mortgage Assn. Note	Interest rate of 5.250%, maturing 08/01/2012	87,612	86,355
	Federal National Mortgage Assn. Note	Interest rate of 0.375%, maturing 12/28/2012	701,227	701,218
	U.S. Treasury Note	Interest rate of 0.250%, maturing 09/15/2014	249,209	248,827
	Total U.S. Government Obligations		1,171,202	1,168,768
<b>Certificates of Deposit:</b>				
	OneWest Bank	Interest rate of 0.550%, maturing 12/07/2012	500,000	500,000
	Transportation Alliance Bank	Interest rate of 0.660%, maturing 12/07/2012	500,000	500,000
	Total Certificates of Deposit		1,000,000	1,000,000
<b>Other:</b>				
	SEI Trust Company	USFS Short Term Investment Fund	4,500,000	4,500,000
	Fidelity	Portfolio Class 1	112,683	112,683
			<b>\$ 10,086,004</b>	<b>\$ 10,050,917</b>

See independent auditors' report.

**CAS HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN**

**Attachment to Form 5500, Schedule H, Line 4(j)**

**Schedule of Reportable Transactions for the Year Ended March 31, 2012**

**Employer:** CAS Holdings, Inc.

**EIN:** 91-1342590

**Plan No.:** 002

<i>(a) Identity of Party Involved</i>	<i>(b) Description of Asset</i>	<i>Number of Transactions</i>	<i>(c) Purchase Price</i>	<i>(d) Selling Price</i>	<i>(g) Cost of Asset</i>	<i>(h) Current Value of Asset on Transaction Date</i>	<i>(i) Net Gain (Loss)</i>
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Category (i) - Single transactions in excess of 5% of Plan Assets.

CAS Holdings	Common Stock			\$ 28,346,185	\$ 15,783,453	\$ 28,346,185	\$ 12,562,732
Fidelity	Portfolio Class 1			1,275,829	1,275,829	1,275,829	
Fidelity	Portfolio Class 1			3,750,822	3,750,822	3,750,822	
Fidelity	Portfolio Class 1			2,604,875	2,604,875	2,604,875	
Fidelity	Portfolio Class 1			4,553,879	4,553,879	4,553,879	
Fidelity	Portfolio Class 1			1,214,452	1,214,452	1,214,452	

Category (iii) - Series of transactions in excess of 5% of Plan Assets.

SEI Trust Company	USFS Short Term Investment Fund	2	\$ 5,000,000	\$ 500,000	\$ 5,500,000	\$ 5,500,000	\$ -
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There were no Category (ii) or (iv) reportable transactions during the year ended March 31, 2012.

Columns (e) and (f) have not been presented because this information is not applicable.

See independent auditors' report.



