

|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500-SF</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Short Form Annual Return/Report of Small Employee Benefit Plan</b><br><br>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2013</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 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u> |                                                                                                                                                                                                                                             |
| <b>A</b> This return/report is for:                                                                      | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) <input type="checkbox"/> a one-participant plan                                                            |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months) |
| <b>C</b> Check box if filing under:                                                                      | <input type="checkbox"/> Form 5558<br><input type="checkbox"/> automatic extension<br><input type="checkbox"/> 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>CARDAY ASSOCIATES, INC. HOURLY EMPLOYEE PENSION PLAN</u>                                                                                                                                             | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1972</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u>                                 | <b>1c</b> Effective date of plan<br><u>01/01/1972</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                          | <u>001</u>                                                                                                                                                                                                                                                              |                                          |                                            |                                                       |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1972</u>                                                                                                                                                                             |                                                                                                                                                                                                                                                                         |                                          |                                            |                                                       |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>CARDAY ASSOCIATES, INC.</u><br><br><u>7130 COLUMBIA GATEWAY DRIVE, STE A</u><br><u>COLUMBIA, MD 21046</u> | <b>2b</b> Employer Identification Number (EIN) <u>53-0257019</u>                                                                                                                                                                                                        |                                          |                                            |                                                       |  |
|                                                                                                                                                                                                                                   | <b>2c</b> Sponsor's telephone number<br><u>410-872-9500</u>                                                                                                                                                                                                             |                                          |                                            |                                                       |  |
|                                                                                                                                                                                                                                   | <b>2d</b> Business code (see instructions)<br><u>561490</u>                                                                                                                                                                                                             |                                          |                                            |                                                       |  |
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                               | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>3b</b> Administrator's EIN</td> </tr> <tr> <td><b>3c</b> Administrator's telephone number</td> </tr> </table>                                                                            | <b>3b</b> Administrator's EIN            | <b>3c</b> Administrator's telephone number |                                                       |  |
| <b>3b</b> Administrator's EIN                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                         |                                          |                                            |                                                       |  |
| <b>3c</b> Administrator's telephone number                                                                                                                                                                                        |                                                                                                                                                                                                                                                                         |                                          |                                            |                                                       |  |
| <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>4b</b> EIN                                                                                                                                                                                                                                                           |                                          |                                            |                                                       |  |
| <b>a</b> Sponsor's name                                                                                                                                                                                                           | <b>4c</b> PN                                                                                                                                                                                                                                                            |                                          |                                            |                                                       |  |
| <b>5a</b> Total number of participants at the beginning of the plan year .....                                                                                                                                                    | <b>5a</b> <u>83</u>                                                                                                                                                                                                                                                     |                                          |                                            |                                                       |  |
| <b>b</b> Total number of participants at the end of the plan year .....                                                                                                                                                           | <b>5b</b> <u>83</u>                                                                                                                                                                                                                                                     |                                          |                                            |                                                       |  |
| <b>c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....                                                                                       | <b>5c</b>                                                                                                                                                                                                                                                               |                                          |                                            |                                                       |  |
| <b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).....                                                                                                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                     |                                          |                                            |                                                       |  |
| <b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                     |                                          |                                            |                                                       |  |
| <b>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</b>                                                                                                        |                                                                                                                                                                                                                                                                         |                                          |                                            |                                                       |  |
| <b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....                                                                                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined                                                                                                                                                             |                                          |                                            |                                                       |  |

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. | 07/29/2014 | CHRIS BRECHT                                                 |
|                                                                                                           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                          | Filed with authorized/valid electronic signature. | 07/29/2014 | CHRIS BRECHT                                                 |
|                                                                                                           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) |                                                   |            | Preparer's telephone number (optional)                       |
|                                                                                                           |                                                   |            |                                                              |

**Part III Financial Information**

| 7 Plan Assets and Liabilities                                                                 |       | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------|-------|-----------------------|-----------------|
| a Total plan assets .....                                                                     | 7a    | 1589258               | 1844722         |
| b Total plan liabilities .....                                                                | 7b    |                       |                 |
| c Net plan assets (subtract line 7b from line 7a) .....                                       | 7c    | 1589258               | 1844722         |
| 8 Income, Expenses, and Transfers for this Plan Year                                          |       | (a) Amount            | (b) Total       |
| a Contributions received or receivable from:                                                  |       |                       |                 |
| (1) Employers .....                                                                           | 8a(1) | 85958                 |                 |
| (2) Participants .....                                                                        | 8a(2) |                       |                 |
| (3) Others (including rollovers) .....                                                        | 8a(3) |                       |                 |
| b Other income (loss) .....                                                                   | 8b    | 294851                |                 |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                  | 8c    |                       | 380809          |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... | 8d    | 91758                 |                 |
| e Certain deemed and/or corrective distributions (see instructions) ....                      | 8e    |                       |                 |
| f Administrative service providers (salaries, fees, commissions) .....                        | 8f    |                       |                 |
| g Other expenses .....                                                                        | 8g    | 33587                 |                 |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) .....                                         | 8h    |                       | 125345          |
| i Net income (loss) (subtract line 8h from line 8c) .....                                     | 8i    |                       | 255464          |
| j Transfers to (from) the plan (see instructions) .....                                       | 8j    |                       |                 |

**Part IV Plan Characteristics**

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
1B

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

**Part V Compliance Questions**

| 10 During the plan year:                                                                                                                                                                                                           | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....                       | 10a | X  |        |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....                                                                                                      | 10b | X  |        |
| c Was the plan covered by a fidelity bond? .....                                                                                                                                                                                   | 10c | X  | 510000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                   | 10d | X  |        |
| e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) ..... | 10e | X  |        |
| f Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                        | 10f | X  |        |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....                                                                                                                                          | 10g | X  |        |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                              | 10h |    |        |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....                                                       | 10i |    |        |

**Part VI Pension Funding Compliance**

|                                                                                                                                                                                                                           |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>11</b> Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) .....                                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>11a</b> Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 .....                                                                                                     | 11a                                                                 |
| <b>12</b> Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..                                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)                                                                                                                                       |                                                                     |
| a 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 letter ruling granting the waiver. .... Month _____ Day _____ Year _____ |                                                                     |
| <b>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</b>                                                                                                            |                                                                     |
| <b>b</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                 | 12b                                                                 |

|                                                                                                                                                   |                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--|
| <b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                        | <b>12c</b>                                                                            |  |
| <b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)..... | <b>12d</b>                                                                            |  |
| <b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline? .....                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |  |

**Part VII Plan Terminations and Transfers of Assets**

|                                                                                                                                                                                                            |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year .....                                                                                                                | <b>13a</b>                                                          |
| <b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>c</b> 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.) |                                                                     |
| <b>13c(1)</b> Name of plan(s):                                                                                                                                                                             | <b>13c(2)</b> EIN(s)                                                |
|                                                                                                                                                                                                            |                                                                     |
|                                                                                                                                                                                                            | <b>13c(3)</b> PN(s)                                                 |
|                                                                                                                                                                                                            |                                                                     |

**Part VIII Trust Information (optional)**

|                          |                        |
|--------------------------|------------------------|
| <b>14a</b> Name of trust | <b>14b</b> Trust's EIN |
|                          |                        |

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<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</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013                                         |                                                                                                                                                  |
| ▶ Round off amounts to nearest dollar.                                                                                             |                                                                                                                                                  |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                  |
| A Name of plan<br>CARDAY ASSOCIATES, INC. HOURLY EMPLOYEE PENSION PLAN                                                             | B Three-digit plan number (PN) ▶ 001                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>CARDAY ASSOCIATES, INC.                                       | D Employer Identification Number (EIN)<br>53-0257019                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                    |                                               |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Part I | Basic Information                                                                                                                                                                                  |                                               |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2013                                                                                                                                                |                                               |
| 2      | Assets:                                                                                                                                                                                            |                                               |
|        | a Market value                                                                                                                                                                                     | 2a 1590782                                    |
|        | b Actuarial value                                                                                                                                                                                  | 2b 1578980                                    |
| 3      | Funding target/participant count breakdown:                                                                                                                                                        | (1) Number of participants (2) Funding Target |
|        | a For retired participants and beneficiaries receiving payment                                                                                                                                     | 3a 19 768750                                  |
|        | b For terminated vested participants                                                                                                                                                               | 3b 47 656261                                  |
|        | c For active participants:                                                                                                                                                                         |                                               |
|        | (1) Non-vested benefits                                                                                                                                                                            | 3c(1) 10705                                   |
|        | (2) Vested benefits                                                                                                                                                                                | 3c(2) 317864                                  |
|        | (3) Total active                                                                                                                                                                                   | 3c(3) 17 328569                               |
|        | d Total                                                                                                                                                                                            | 3d 83 1753580                                 |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                            |                                               |
|        | a Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                                            |
|        | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                                            |
| 5      | Effective interest rate                                                                                                                                                                            | 5 6.83 %                                      |
| 6      | Target normal cost                                                                                                                                                                                 | 6 40000                                       |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                          |                                                                                                                                                                                                                                                              |                                                                                                                                                                              |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>STEPHEN A. KING, FSA</div> <div>Type or print name of actuary</div> <div>BOLTON PARTNERS, INC.</div> <div>Firm name</div> <div>100 LIGHT STREET, 9TH FLOOR<br/>BALTIMORE, MD 21202</div> <div>Address of the firm</div> | <div>06/17/2014</div> <div>Date</div> <div>14-04373</div> <div>Most recent enrollment number</div> <div>410-547-0500</div> <div>Telephone number (including area code)</div> |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                         |                       |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                            | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                   | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                      | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>11.21</u> % .....                                                      |                       |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                             |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 17510                  |
| <b>b</b> Interest on (a) using prior year's effective interest rate of <u>7.10</u> % except as otherwise provided (see instructions) ..... |                       | 1243                   |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 18753                  |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                            |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                          | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                               | 0                     | 0                      |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 90.04 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 90.04 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 96.07 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/04/2013                                                                               | 12300                             |                                 |                          |                                   |                                 |
| 07/02/2013                                                                               | 12300                             |                                 |                          |                                   |                                 |
| 09/30/2013                                                                               | 12300                             |                                 |                          |                                   |                                 |
| 12/30/2013                                                                               | 49058                             |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 85958                           |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                                                                             |            |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                        |            |       |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                                                                        | <b>19a</b> | 0     |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                          | <b>19b</b> | 0     |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                                     | <b>19c</b> | 81911 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                                 |            |       |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              |            |       |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |       |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                                                                             |            |       |

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                                                                                                                                                              |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.94% | 2nd segment:<br>6.15% | 3rd segment:<br>6.76 %                              |
|                                                                                                                                                                                              |                       |                       | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            |                   | <b>31a</b>          | 40000         |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>          | 0             |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 |                   | 174600              | 40317         |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   | 0                   | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                   | <b>33</b>           |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            |                   | <b>34</b>           | 80317         |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                 | 0                   | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>         |                     | 80317         |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>         |                     | 81911         |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |                   | <b>38a</b>          | 1594          |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>          | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                   | <b>39</b>           | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                   | <b>40</b>           | 0             |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |           |                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |           |                                                                                                                                    |  |
| <b>a</b> Schedule elected .....                                                                |           | <input type="checkbox"/> 2 plus 7 years <input checked="" type="checkbox"/> 15 years                                               |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               |           | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011 |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b> | 0                                                                                                                                  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b> | 0                                                                                                                                  |  |

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

**2013****This Form Is Open to Public  
Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

► Round off amounts to nearest dollar.

► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                                                                                                                                                                                                     |  |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>Carday Associates, Inc Hourly Employees Pension Plan                                                                                                                                                                                                                                   |  | <b>B</b> Three-digit plan number (PN) ►<br><br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>Carday Associates, Inc.                                                                                                                                                                                                             |  | <b>D</b> Employer Identification Number (EIN)<br><br>53-0257019 |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |  |                                                                 |

**Part I Basic Information**

|                                                                                                                                                                                                          |              |                            |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2013</u>                                                                                                                          |              |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                         |              |                            |                    |
| a Market value .....                                                                                                                                                                                     |              | <b>2a</b>                  | 1,590,782          |
| b Actuarial value .....                                                                                                                                                                                  |              | <b>2b</b>                  | 1,578,980          |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                     |              |                            |                    |
|                                                                                                                                                                                                          |              | (1) Number of participants | (2) Funding Target |
| a For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <b>3a</b>    | 19                         | 768,750            |
| b For terminated vested participants .....                                                                                                                                                               | <b>3b</b>    | 47                         | 656,261            |
| <b>c</b> For active participants:                                                                                                                                                                        |              |                            |                    |
| (1) Non-vested benefits .....                                                                                                                                                                            | <b>3c(1)</b> |                            | 10,705             |
| (2) Vested benefits .....                                                                                                                                                                                | <b>3c(2)</b> |                            | 317,864            |
| (3) Total active .....                                                                                                                                                                                   | <b>3c(3)</b> | 17                         | 328,569            |
| d Total .....                                                                                                                                                                                            | <b>3d</b>    | 83                         | 1,753,580          |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                    |              |                            |                    |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       |              | <b>4a</b>                  |                    |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... |              | <b>4b</b>                  |                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                   |              | <b>5</b>                   | 6.38 %             |
| <b>6</b> Target normal cost .....                                                                                                                                                                        |              | <b>6</b>                   | 40,000             |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN  
HERE**

Signature of actuary

Date

Stephen A. King, FSA

14-04373

Type or print name of actuary

Most recent enrollment number

Bolton Partners, Inc.

(410) 547-0500

Firm name

Telephone number (including area code)

100 Light Street, 9th Floor

Baltimore

MD 21202

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2013  
v. 130118

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                            | (a) Carryover balance | (b) Prefunding balance |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                   | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                      | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>11.21</u> % .....                                                      | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                             |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 17,510                 |
| <b>b</b> Interest on (a) using prior year's effective interest rate of <u>7.10</u> % except as otherwise provided (see instructions) ..... |                       | 1,243                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 18,753                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                            |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                          | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....                                               | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 90.04 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 90.04 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 96.07 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls**

| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/04/2013                                                                               | 12,300                            |                                 |                          |                                   |                                 |
| 07/02/2013                                                                               | 12,300                            |                                 |                          |                                   |                                 |
| 09/30/2013                                                                               | 12,300                            |                                 |                          |                                   |                                 |
| 12/30/2013                                                                               | 49,058                            |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 85,958                            | <b>18(c)</b> 0                  |

|                                                                                                                                      |                   |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>19</b> Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year: |                   |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | <b>19a</b> 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b> 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> 81,911 |

|                                                                                                                         |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                             |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                         |                                                                     |

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21 Discount rate:****a Segment rates:**1st segment:  
4.94 %2nd segment:  
6.15 %3rd segment:  
6.76 %☐ N/A, full yield curve used**b Applicable month (enter code):****21b**

4

**22 Weighted average retirement age****22**

65

**23 Mortality table(s) (see instructions)**☒

Prescribed - combined

☐

Prescribed - separate

☐

Substitute

**Part VI Miscellaneous Items****24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.**☐

Yes

☒

No

**25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.**☐

Yes

☒

No

**26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.**☒

Yes

☐

No

**27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.****27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28 Unpaid minimum required contributions for all prior years****28**

0

**29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)****29**

0

**30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)****30**

0

**Part VIII Minimum Required Contribution For Current Year****31 Target normal cost and excess assets (see instructions):****a Target normal cost (line 6)****31a**

40,000

**b Excess assets, if applicable, but not greater than line 31a****31b**

0

**32 Amortization installments:**

## Outstanding Balance

## Installment

**a Net shortfall amortization installment**

174,600

40,317

**b Waiver amortization installment**

0

0

**33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount****33****34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)****34**

80,317

## Carryover balance

## Prefunding balance

## Total balance

**35 Balances elected for use to offset funding requirement**

0

0

0

**36 Additional cash requirement (line 34 minus line 35)****36**

80,317

**37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)****37**

81,911

**38 Present value of excess contributions for current year (see instructions)****a Total (excess, if any, of line 37 over line 36)****38a**

1,594

**b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances****38b**

0

**39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)****39**

0

**40 Unpaid minimum required contributions for all years****40**

0

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41 If an election was made to use PRA 2010 funding relief for this plan:****a Schedule elected**☐

2 plus 7 years

☒

15 years

**b Eligible plan year(s) for which the election in line 41a was made**☐

2008

☐

2009

☐

2010

☒

2011

**42 Amount of acceleration adjustment****42**

0

**43 Excess installment acceleration amount to be carried over to future plan years****43**

0

**Schedule SB, Part V – Statement of Actuarial Methods and Assumptions**

**Interest:**

*For Minimum Required*

*Contribution and AFTAP:*

September 2012 adjusted 24-month average segment rates as specified by IRS Notice 2013-11 (4.94%, 6.15%, 6.76%). The effective interest rate for 2013 is 6.38%. For the 2012 valuation, September 2011 adjusted 24-month average segment rates as specified by IRS Notice 2012-55 (5.54%, 6.85%, 7.52%). The effective interest rate for 2012 was 7.10%.

*For all other valuation  
calculations:*

September 2012 three-segment interest rates (1.75%, 4.62%, 5.72%). The effective interest rate for 2013 is 5.06%. For the 2012 valuation, September 2011 three-segment interest rates (2.06%, 5.25%, 6.32%). The effective interest rate for 2012 was 5.67%.

The interest assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor.

**Mortality:**

IRS 2013 Combined Static Mortality Table. For 2012 valuation, the IRS 2012 Combined Static Mortality Table.

The mortality assumption for valuation purposes is prescribed by the Pension Protection Act of 2006. No mortality improvement is assumed beyond any improvements already included in the underlying assumption.

**Future Increases in Maximum  
Benefits and Plan Compensation  
Limitations:**

It is assumed that maximum benefit and plan compensation limitations under the Internal Revenue Code will not increase in the future.

**Assumed Cost-of-Living Adjustments:**

None.

**Retirement:**

It is assumed that participants will retire upon becoming eligible for normal retirement.

---

**Schedule SB, Part V – Statement of Actuarial Methods and Assumptions**  
***(continued)***

|                          |                     |             |               |
|--------------------------|---------------------|-------------|---------------|
| <b>Disability Rates:</b> | <u>Attained Age</u> | <u>Male</u> | <u>Female</u> |
|                          | 20                  | 0.03        | 0.04          |
|                          | 40                  | 0.08        | 0.13          |
|                          | 50                  | 0.33        | 0.40          |
|                          | 55                  | 0.69        | 0.64          |
|                          | 60                  | 1.15        | 0.90          |
|                          | 65                  | 1.64        | 1.09          |

**Representative Termination Rates  
(per 100 employees) not due to  
disability, retirement or mortality:**

|                     |             |               |
|---------------------|-------------|---------------|
| <u>Attained Age</u> | <u>Male</u> | <u>Female</u> |
| 20                  | 14.7        | 21.6          |
| 25                  | 7.4         | 11.6          |
| 30                  | 4.3         | 6.7           |
| 35                  | 3.1         | 5.1           |
| 40                  | 2.0         | 3.9           |
| 45                  | 1.3         | 2.8           |
| 50                  | 0.7         | 1.4           |

**Cost Method:** Traditional Unit Credit Cost Method.

**Plan-Related Expenses:** Plan-related expenses expected to be paid from plan assets in 2013 (\$40,000) were added to the normal cost.

**Asset Method:** The two-year smoothing method described in Internal Revenue Code section 430(g)(3)(B), using annual determination dates ending on the valuation date, with an assumed investment return of 7.5% (not to exceed the third segment rate under Code section 430 (h)(2)(c)(iii) as specified by IRS Notice 2009-22).

The asset valuation method for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor.

---

**Schedule SB, Part V – Statement of Actuarial Methods and Assumptions**  
*(continued)*

|                               |                                                                                                                                                                                                                                                                             |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form of Payment:</b>       | Participants are assumed to elect the normal form.                                                                                                                                                                                                                          |
| <b>Marriage:</b>              | 80% of all employees are assumed to be married, with males 3 years older than their spouses.                                                                                                                                                                                |
| <b>Amortization Schedule:</b> | The plan sponsor has elected the fifteen-year alternative amortization schedule allowed under the Pension Relief Act of 2010 and described in IRS Notice 2011-3, for the 2011 plan year. An alternative amortization schedule has not been elected for any prior plan year. |

**Schedule SB, Part V - Summary of Plan Provisions**

**Plan Sponsor:**

Carday Associates, Inc.

**Participation:**

All persons who were participants in the plan as of January 1, 1985, or all hourly employees covered under the collective bargaining agreement who completed 1,000 hours of continuous service. The plan was frozen to new participants effective January 1, 2006.

**Normal Retirement:**

*Eligibility:*

Age 65.

*Benefit:*

Monthly benefit equal to \$30.00 multiplied by years of Credited Service. Plan benefits were frozen effective January 1, 2006.

**Early Retirement:**

*Eligibility:*

Age 55 and ten years of Continuous Service.

*Benefit:*

The accrued normal retirement benefit reduced 1/180 for each month that benefit payments commence prior to the normal retirement date but after age 60 and 1/360 for each month prior to age 60.

**Deferred Vested Retirement:**

*Eligibility:*

Five years of Continuous Service.

*Benefit:*

The accrued early retirement benefit based on Credited Service and the benefit multiplier at time of termination.

**Disability Retirement:**

*Eligibility:*

Ten years of Continuous Service.

*Benefit:*

The accrued normal retirement benefit payable immediately based on Credited Service and the benefit multiplier at time of disability.

---

**Schedule SB, Part V - Summary of Plan Provisions**  
***(continued)***

**Preretirement Surviving Spouse's  
Benefit:**

*Eligibility:*

Five years of Continuous Service and married for at least one year.

*Benefit:*

Fifty percent of the participant's accrued normal retirement benefit calculated as though the participant had retired on the date of death, had survived to the earliest retirement age, and had begun receiving benefits, reduced for early retirement, the 50% joint-and-survivor spouse option, and preretirement protection elections in effect.

**Continuous Service:**

One year for every Plan Year with at least 1,000 hours worked.

**Credited Service:**

One year for every Plan Year with at least 1,700 hours worked plus 1/10 of a year for every 170 hours worked in Plan Years with less than 1,700 hours worked.

**Normal Form of Annuity:**

Married participants: 50% joint-and-survivor annuity.

Unmarried participants: life annuity.

**Optional Forms of Annuity:**

Life annuity, ten-year certain and life annuity, joint and survivor annuity with 50%, 66 2/3%, 75% or 100% to the survivor. Optional forms are the actuarial equivalent of the single life annuity, based on the 1951 Group Annuity Mortality Table, weighted 50 percent male and 50 percent female, and 8% interest.

*Carday Associates, Inc.*  
*Hourly Employees Pension Plan*  
*EIN/PN: 53-0257019/001*

---

**Schedule SB, line 22 – Description of Weighted Average Retirement Age**

All participants are assumed to retire upon attainment of age 65, the plan's normal retirement age. The weighted average retirement age is 65.

*Carday Associates, Inc.*  
*Hourly Employees Pension Plan*  
*EIN/PN: 53-0257019/001*

**Schedule SB, line 26 - Schedule of Active Participant Data**

[illegible]

**Schedule SB, line 32 - Schedule of Shortfall Amortization Bases**

| <u>Date Established</u> | <u>Present Value</u> | <u>Payment</u> | <u>Years Remaining</u> |
|-------------------------|----------------------|----------------|------------------------|
| 1/1/2008                | 100,369              | 51,395         | 2                      |
| 1/1/2009                | (57,600)             | (20,133)       | 3                      |
| 1/1/2010                | 1,617                | 434            | 4                      |
| 1/1/2011*               | 159,522              | 16,947         | 13                     |
| 1/1/2012                | (155,844)            | (29,444)       | 6                      |
| 1/1/2013                | <u>126,536</u>       | <u>21,118</u>  | 7                      |
| Total                   | \$174,600            | \$40,317       |                        |

*\* 2011 base is being amortized over fifteen years, pursuant to the plan sponsor's election of such alternative amortization schedule for the 2011 plan year, under IRS Notice 2011-3.*