International Association of Machinists Motor City Pension Fund
EIN/Plan #: 38-6237143/001
Checklist Item #38 – 7.08 Recent Annual Return (Form 5500)

Does the application include the required excerpts from the most recently filed Form 5500.

See section 7.08.

Document 38.1 provides pages 1 and 2 of the Form 5500, without attachments or schedules. Document 38.2 provides the Form 5500 Schedule MB, including attachments. Document 38.3 provides the Form 5500 Schedule R, including attachments.

Document 38.1

Page 1 and 2 of the Current Form 5500

See the following pages.

Form **5558**
(Rev. August 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Information about Form 5558 and its instructions is at *www.irs.gov/form5558*

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
Intl' Assoc' Machin Motor City Pens

Number, street, and room or suite no. (If a P.O. box, see instructions)
700 Tower Drive Suite 300

City or town, state, and ZIP code
Troy MI 48098-2808

B Filer's identifying number (see instructions)
Employer identification number (EIN) (9 digits XX-XXXXXXX)
38-6237143

Social security number (SSN) (9 digits XXX-XX-XXXX)

C

Plan name	Plan number	Plan year ending— MM	DD	YYYY
I.A. of M. Motor City Pension Fund	0 0 1	6	30	2015

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.

2 I request an extension of time until 4 / 15 / 2016 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until 4 / 15 / 2016 to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

4 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . ► a

b Enter the payment amount attached . . . . ► b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ► c

5 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ► Date ►

MGA

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). › Complete all entries in accordance with the instructions to the Form 5500.	**2014** This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A This return/report is for:
- ☒ a multiemployer plan;
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- ☐ a single-employer plan;
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report;
- ☐ the final return/report;
- ☐ an amended return/report;
- ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . . . › ☒

D Check box if filing under:
- ☒ Form 5558;
- ☐ automatic extension;
- ☐ the DFVC program;
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan I.A. of M. Motor City Pension Fund	**1b** Three-digit plan number (PN) › 001 **1c** Effective date of plan 06/01/1955
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Intl' Assoc' Machin Motor City Pens 700 Tower Drive Suite 300 Troy MI 48098-2808	**2b** Employer Identification Number (EIN) 38-6237143 **2c** Plan Sponsor's telephone number (248) 813-9800 **2d** Business code (see instructions) 484110

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

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

SIGN HERE	Redacted by the U.S. Department of the Treasury Signature of plan administrator	12/4/15 Date	Raymond Buratto Enter name of individual signing as plan administrator
SIGN HERE	Redacted by the U.S. Department of the Treasury Signature of employer/plan sponsor	12/4/15 Date	Sean McDonald Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)	Preparer's telephone number (optional)

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

Form 5500 (2014)
v. 140124

3a Plan administrator's name and address ☒ Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	1,313
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1)**, **6a(2)**, **6b**, **6c**, and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	221
a(2) Total number of active participants at the end of the plan year	**6a(2)**	216
b Retired or separated participants receiving benefits	**6b**	636
c Other retired or separated participants entitled to future benefits	**6c**	312
d Subtotal. Add lines 6a(2), 6b, and 6c.	**6d**	1,164
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	130
f Total. Add lines 6d and 6e.	**6f**	1,294
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	16

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B

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

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules	**b General Schedules**
(1) ☒ **R** (Retirement Plan Information)	(1) ☒ **H** (Financial Information)
(2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ **I** (Financial Information – Small Plan)
	(3) ☐ ___ **A** (Insurance Information)
	(4) ☒ **C** (Service Provider Information)
(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) ☒ **D** (DFE/Participating Plan Information)
	(6) ☐ **G** (Financial Transaction Schedules)

International Association of Machinists Motor City Pension Fund
EIN/Plan #: 38-6237143/001
Checklist Item #38 – 7.08 Recent Annual Return (Form 5500)

Document 38.2

Form 5500 Schedule MB with Attachments and Schedules

See the following pages.

SCHEDULE MB (Form 5500)	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2014** **This Form is Open to Public Inspection**

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

▶ **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 IAM MOTOR CITY 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 BOARD OF TRUSTEES IAM MOTOR CITY	**D** Employer Identification Number (EIN) 38-6237143

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 7 Day 1 Year 2014

b Assets		
(1) Current value of assets	**1b(1)**	57,103,528
(2) Actuarial value of assets for funding standard account	**1b(2)**	60,050,741
c (1) Accrued liability for plan using immediate gain methods	**1c(1)**	95,773,822
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	**1c(2)(a)**	
(b) Accrued liability under entry age normal method	**1c(2)(b)**	
(c) Normal cost under entry age normal method	**1c(2)(c)**	
(3) Accrued liability under unit credit cost method	**1c(3)**	95,773,822
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2) "RPA '94" information:		
(a) Current liability	**1d(2)(a)**	158,183,777
(b) Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	633,556
(c) Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	9,045,879
(3) Expected plan disbursements for the plan year	**1d(3)**	9,208,253

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 Redacted by the U.S. Department of the Treasury [redacted] — 12/22/2015

Signature of actuary — Date

Paul Bullock, ASA, EA, MAAA — Redacted by the [redacted]

Type or print name of actuary — Most recent enrollment number

United Actuarial Services, Inc. — (317) 580-8652

Firm name — Telephone number (including area code)

11590 N. Meridian Street, Suite 610
Carmel IN 46032-4529

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 Form 5500-SF. **Schedule MB (Form 5500) 2014**
v. 140124

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions) **2a** 57,103,528

b "RPA '94" current liability/participant count breakdown:	**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment	649	115,096,299
(2) For terminated vested participants	329	25,784,175
(3) For active participants:		
(a) Non-vested benefits		2,766,220
(b) Vested benefits		14,537,083
(c) Total active	219	17,303,303
(4) Total	1,197	158,183,777

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage **2c** 36.10%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees
06/30/2015	2,971,865				
			Totals ► **3(b)**	2,971,865	**3(c)** 0

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5. **4a** C

b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) **4b** 62.7 %

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☒ Yes ☐ No

d If the plan is in critical status, were any adjustable benefits reduced? ☐ Yes ☒ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date **4e**

f If the rehabilitation plan projects emergence from critical status, enter the plan year in which it is projected to emerge.
If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☒ **4f** 2027

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate
e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall
i ☒ Reorganization **j** ☐ Other (specify):

k If box h is checked, enter period of use of shortfall method **5k**

l Has a change been made in funding method for this plan year? ☐ Yes ☒ No

m If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

n If line l is "Yes," and line m is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method **5n**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability **6a** 3.59%

	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		

A

(1) Males	6c(1)	A		A	
(2) Females	6c(2)	A		A	
d Valuation liability interest rate	6d	8.00 %		8.00 %	
e Expense loading	6e	58.6 %	☐ N/A	%	☒ N/A
f Salary scale	6f	%	☒ N/A		

g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	17.4 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-623,213	-67,416
4	938,147	101,485

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule.		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

		Outstanding balance	
a Prior year funding deficiency, if any	9a		4,879,063
b Employer's normal cost for plan year as of valuation date	9b		393,849
c Amortization charges as of valuation date:			
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	55,984,486	8,702,177
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c	9d		1,118,010
e Total charges. Add lines 9a through 9d	9e		15,093,099

Credits to funding standard account:

		Outstanding balance	
f Prior year credit balance, if any	9f		0
g Employer contributions. Total from column (b) of line 3	9g		2,971,865
h Amortization credits as of valuation date	9h	25,140,468	5,531,469
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		561,392
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1)	42,189,275	

0

(2) "RPA '94" override (90% current liability FFL)	9j(2)	84,352,585
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	9,064,726
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	6,028,373
9 o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2014 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	6,028,373
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		☒ Yes ☐ No

INTERNATIONAL ASSOCIATION OF MACHINISTS MOTOR CITY PENSION PLAN

EIN: 38-6237143/PN: 001

ATTACHMENT TO 2014 SCHEDULE MB: LINE 3

STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 3 - Employer Contributions

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan year.

INTERNATIONAL ASSOCIATION OF MACHINISTS MOTOR CITY PENSION PLAN

EIN: 38-6237143/PN: 001

ATTACHMENT TO 2014 SCHEDULE MB: LINE 4

STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 4a - Illustration Supporting Actuarial Certification of Status

The plan was certified in Critical status as of July 1, 2014. Refer to the attached PPA certification dated September 26, 2014. This result is based on a projected funding deficiency at the end of the 2014-15 plan year (at the end of the current plan year) as shown in the table below:

Plan Year End	*Credit Balance/ (Funding Deficiency)*
2014	(4,797,000)
2015	(6,427,000)

Schedule MB, line 4c - Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan

The Plan has made the scheduled progress as outlined in the 2008 rehabilitation plan as of July 1, 2015. This is based on the data, plan provisions, assumptions and methods as described in the attached PPA certification dated September 28, 2015.

This rehabilitation plan includes the use of the "exhaustion of all reasonable measures" clause at IRC 432(e)(3)(A)(ii). Without any guidance, scheduled progress under this clause is interpreted to mean continuing to use all reasonable measures to forestall insolvency. Scheduled progress was satisfied because consideration that all reasonable measures continue to be employed was undertaken in the past year.

Schedule MB, line 4f – Assumptions Used to Project Plan Year in which Insolvency is Expected

The projected insolvency is in the plan year beginning July 1, 2027. The assumptions used to project insolvency are the same as those used in the attached PPA certification dated September 28, 2015.

United Actuarial
Services, Inc.
Actuaries and Consultants

September 26, 2014

Board of Trustees
International Association of Machinists Motor City Pension Fund
Troy, Michigan

Re: 2014 Actuarial Certification Under the Pension Protection Act

Dear Trustee:

The following information is intended to comply with the annual certification requirements of IRC section 432, with respect to the funded status of the International Association of Machinists Motor City Pension Fund.

Identifying Information

Plan Name: International Association of Machinists Motor City Pension Fund
EIN/Plan #: 38-6237143/001
Plan year of Certification: year beginning July 1, 2014
Plan Sponsor: Board of Trustees of I. A. of M. Motor City Pension Fund
Sponsor Address: 700 Tower Drive, Suite 300, Troy, Michigan 48098-2835
Sponsor Telephone: (248) 813-9800
Enrolled Actuary Name: Paul Bullock
Enrollment Number: [redacted]
Actuary Address: 11590 N. Meridian St., Suite 610, Carmel, IN 46032
Actuary Telephone: (317) 580-8652

Certification of Plan Status

I certify that the above-named Plan is in Critical status as of July 1, 2014. This is based on a projected funding deficiency within the current or next 9 plan years. The first projected funding deficiency occurs at the end of the 2014-15 plan year.

Certification of Scheduled Progress

I certify that the above-named Plan **has** made the scheduled progress as outlined in the 2008 rehabilitation plan as of July 1, 2014. Projections indicate that the Plan is not projected to emerge from Critical at the end of the rehabilitation plan period as specified in the 2008 rehabilitation plan. This rehabilitation plan, however, includes the use of the "exhaustion of all reasonable measures" clause at IRC 432(e)(3)(A)(ii). Therefore, we interpret scheduled progress for this Plan to mean continuing to use all reasonable measures to forestall insolvency and such consideration was made in the past year.

These certifications are intended to be in good faith compliance with the necessary disclosures for certification and represent my best estimate of the Plan's funded position.

Basis for Result

The certifications utilize the assumptions, methods, plan provisions and demographic data as disclosed in the July 1, 2013 actuarial valuation report with the following exceptions:

- Based on the June 30, 2014 unaudited financial statements provided by the plan administrator, the asset return for the 2013-14 plan year is assumed to be 17.38%. We also updated the contributions, benefit payments, and expenses for the 2013-14 plan year based on these financial statements.
- We have added the anticipated withdrawal liability payments from Bill Wink Chevrolet beginning July 1, 2014 of $13,477 per quarter for 64 quarters.
- We have added the anticipated withdrawal liability payments from Edward C. Levy Company beginning July 1, 2014 of $84,226 for 44 quarters, then a $54,600 final payment.
- We have added the anticipated withdrawal liability payments from Superior Materials beginning July 1, 2014 of $30,081 for 23 quarters, then $19,868 for 1 quarter, then $14,652 for 3 quarters then a $13,475 final payment.
- We have added the anticipated withdrawal liability payments from Doan Construction beginning July 1, 2014 of $4,250 for 76 quarters, then a $2,263 final payment.
- Consistent with our projections of future industry activity, 8,946 weeks were assumed for the plan year beginning in 2014, and for each plan year thereafter. For the 2013-14 plan year, our projections used 8,946 weeks as well.

I am a member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. We will have a full update of the Plan's funded position with the next valuation report.

Sincerely,

[redacted]

Paul Bullock, ASA, EA, MAAA
Vice President
Enrollment Number: [redacted]

Date of Signature: 9/26/2014

cc: Mr. Duane Menter, Administrator
Mr. Michael Mills, Fund Counsel
Mr. Douglas Wesley, Auditor

m:\docs\iam motor city\db 28485\valuations\20140701\ppa\20140701 ppa certification.docx

United Actuarial Services, Inc.
Actuaries and Consultants

September 28, 2015

Board of Trustees
International Association of Machinists Motor City Pension Fund
Troy, Michigan

Re: 2015 Actuarial Certification Under the Pension Protection Act

Dear Trustees:

The following information is intended to comply with the annual certification requirements of IRC section 432, with respect to the funded status of the International Association of Machinists Motor City Pension Fund.

Identifying Information

Plan Name: International Association of Machinists Motor City Pension Fund
EIN/Plan #: 38-6237143/001
Plan year of Certification: year beginning July 1, 2015
Plan Sponsor: Board of Trustees of I. A. of M. Motor City Pension Fund
Sponsor Address: 700 Tower Drive, Suite 300, Troy, Michigan 48098-2835
Sponsor Telephone: (248) 813-9800
Enrolled Actuary Name: Paul Bullock
Enrollment Number: [redacted]
Actuary Address: 11590 N. Meridian St., Suite 610, Carmel, IN 46032
Actuary Telephone: (317) 580-8652

Certification of Plan Status

I certify that the above-named Plan is in the following status(es) as of July 1, 2015 (all that apply are checked):

Safe--Neither Endangered nor Critical Status	
Safe Due to Special Rule	
Endangered Status	
Seriously Endangered Status	
Projected to be in Critical Status within 5 years	
Critical Status	
Critical and Declining Status	X

This certification is based on the following results:

Projected funded ratio as of July 1, 2015:	61.2%
Previously emerged from critical status using IRC Section 432(e)(4)(B)(2) special emergence rule:	No
First projected deficiency:	June 30, 2016
At least 8 year of benefit payments in plan assets:	Yes
Date of projected insolvency:	2027-28 plan year
Ratio of inactive to active participants:	4.47

Certification of Scheduled Progress

I certify that the above-named Plan **has** made the scheduled progress as outlined in the 2008 rehabilitation plan as of July 1, 2015. Projections indicate that the Plan is not projected to emerge from Critical at the end of the rehabilitation plan period as specified in the 2008 rehabilitation plan. This rehabilitation plan, however, includes the use of the "exhaustion of all reasonable measures" clause of IRC 432(e)(3)(A)(ii). Therefore, we interpret scheduled progress for this Plan to mean continuing to use all reasonable measures to forestall insolvency and such consideration was made in the past year.

These certifications are intended to be in good faith compliance with the necessary disclosures for certification and represent my best estimate of the Plan's funded position.

Basis for Result

The certifications utilize the assumptions, methods, plan provisions and demographic data as disclosed in the July 1, 2014 actuarial valuation report with the following exceptions:

- Based on the June 30, 2015 unaudited financial statements provided by the plan administrator, the asset return for the 2014-15 plan year is assumed to be -0.40%. We also updated the contributions, benefit payments, and expenses for the 2014-15 plan year based on these financial statements.
- We have added the anticipated withdrawal liability payments from Bill Wink Chevrolet beginning July 1, 2015 of $13,477 per quarter for 60 quarters.

- We have added the anticipated withdrawal liability payments from Edward C. Levy Company beginning July 1, 2015 of \$84,226 for 40 quarters, then a \$54,600 final payment.
- We have added the anticipated withdrawal liability payments from Superior Materials beginning July 1, 2015 of \$53,943 for 9 quarters, then \$32,590 for 1 quarter, then \$30,081 for 8 quarters, then \$19,868 for 1 quarter, then \$14,652 for 3 quarters, and then a \$13,475 final payment.
- We have added the anticipated withdrawal liability payments from Doan Construction beginning July 1, 2015 of \$4,250 for 72 quarters, then a \$2,263 final payment.
- We have added the anticipated withdrawal liability payment from Ryder of \$6,989,840 payable on July 31, 2015.
- Consistent with our projections of future industry activity, 5,826 weeks were assumed for the plan year beginning in 2015, and for each plan year thereafter. For the 2014-15 plan year, our projections used 5,826 weeks as well.

I am a member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. We will have a full update of the Plan's funded position with the next valuation report.

Sincerely,

Redacted by the U.S. Department of the Treasury

Paul Bullock, ASA, EA, MAAA
Vice President
Enrollment Number: Redacted by

Date of Signature: 9/28/2015

cc: Secretary of the Treasury
Mr. Duane Menter, Administrator
Mr. Michael Mills, Fund Counsel
Mr. Douglas Wesley, Auditor
Ms. Shawn Quail, Plan Associate

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INTERNATIONAL ASSOCIATION OF MACHINISTS MOTOR CITY PENSION PLAN

EIN: 38-6237143/PN: 001

ATTACHMENT TO 2014 SCHEDULE MB: LINE 5

STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 5 – Reorganization Status Explanation

The reorganization index is calculated according to the "current valuation" option described in ERISA Section 4241(b)(4)(A)(i)(II).

Value of vested benefits in pay status as of June 30, 2015	81,113,698
Value of all vested benefits as of June 30,2015	103,136,327
Assets as of June 30, 2015*	50,999,106
Unfunded vested benefits in pay status	30,114,592
10 year amortization	4,081,184
Unfunded vested benefits not in pay status	22,022,629
25 year amortization	1,837,828
Vested benefits charge (10 year amort.+ 25 year amort.)	5,919,012
Net charge to the FSA as of June 30, 2015	
Total normal cost	393,849
Charges to the FSA	8,702,177
less: credits to the FSA	5,531,469
	3,564,557
Reorganization index (vested benefits charge less charge to FSA)	2,354,455
Plan in reorganization for plan year ending June 30, 2015?	YES

*Market value of assets

International Association of Machinists Motor City Pension Plan

EIN: 38-6237143/PN: 001

Attachment to 2014 Schedule MB: Line 5

Statement by Enrolled Actuary

Schedule MB, line 5 – Reorganization Status Worksheet

1a. Amounts Contributed by Employers:	$	2,971,865
1b. Amounts Contributed adjusted to the end of the year:	$	3,090,740

2. No amount waived by the IRS
3. Development of the minimum contribution requirement under reorganization

Vested benefits charge	$	5,919,012
less: Overburden credit*		1,245,303
Min. Required contribution before contribution base adjustment	$	4,673,709
Maximum minimum required contribution under reorganization**	$	3,935,150
Min. required contribution before contribution base adjustment (lesser of above)	$	3,935,150
times: Contribution Base Adjustment [8,106 current units (2014-15 work weeks)/10,693 base year units (2010-11 work weeks)]		0.758
Minimum Required Contribution Under Reorganization	$	2,982,843
Minimum Required Contribution	$	2,982,843

Additional Adjustments are not required for contribution bases, cash flow amounts or amendments.

4. No resulting accumulated funding deficiency as employer contributions as of the end of the plan year exceeded the minimum required contribution.

*Estimated

**The greater 107% of last year's maximum minimum required contribution under reorganization and the funding standard requirement for the current plan year.

INTERNATIONAL ASSOCIATION OF MACHINISTS MOTOR CITY PENSION PLAN

EIN: 38-6237143/PN: 001

ATTACHMENT TO 2014 SCHEDULE MB: LINE 6

STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 6 - Summary of Plan Provisions
Attached is a summary of the plan provisions valued. The plan provisions are the same as those valued in the preceding year.

Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods
Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.

PLAN HISTORY

Origins/Purpose

The International Association of Machinists Motor City Pension Plan was established effective June 1, 1955. Its purpose is to provide retirement income to covered employees. Payments of retirement income under the Plan are made from the International Association of Machinists Motor City Trust Fund. The Pension Plan is administered in accordance with the Taft-Hartley Act by a Board of Trustees.

Employer Contributions

The Pension Plan is financed entirely by contributions from the employers as specified in the Collective Bargaining Agreement. Following is a listing of weekly pension contribution rates by employer.

Employer Number	*Employer*	*Weekly Contribution Rate* Credited	*Weekly Contribution Rate* Non-Credited	*Effective Date*
2700	Doan Construction	$134.70	$114.74	06/04/2012
		$134.70	$140.43	06/06/2013
3003	Faygo Trucking Co.	$121.55	$ 58.27	11/01/2011
		$121.55	$ 76.80	11/01/2012
1150	Johnson, George P.	$ 21.60	$ 13.38	02/01/2012
		$ 21.60	$ 16.98	02/01/2013
4600	Koenig Fuel & Supply Co.	$134.70	$114.74	06/07/2012
		$134.70	$140.43	06/07/2013
5700	Motor City Electric	$302.70	$130.34	11/01/2011
		$302.70	$174.94	11/01/2012
6050	Penske Truck Leasing Co.	$106.60	$126.94	11/01/2013
		$106.60	$150.99	11/01/2014
7103	Ryder Transportation	$ 80.00	$ 43.46	09/15/2011
	Saunder-Taylor	$ 80.00	$ 56.17	09/15/2012
7104	Ryder Transportation	$ 70.00	$ 52.44	12/01/2012
	Highland Park	$ 70.00	$ 65.05	12/01/2013
7300	Ryder Transportation	$ 80.00	$ 56.17	04/01/2012
	Truck Lease Division	$ 80.00	$ 70.20	04/01/2013
7313	Ryder Transportation Sherwood	$ 60.00	$ 61.44	02/01/2012
		$ 60.00	$ 73.95	02/01/2013
7655	Superior Materials LLC	$111.00	$ 79.61	06/01/2012
		$111.00	$ 99.24	06/01/2013
3900, 6900	YRC Trucking Inc.	$173.00	$144.27	05/01/2011
	(Roadway and USF Holland)	$173.00	$176.95	05/01/2012
7800	YRC Trucking Inc.	$164.70	$152.57	05/01/2011
	(Yellow Freight)	$164.70	$185.25	05/01/2012

SUMMARY OF PLAN PROVISIONS

Participation

Satisfaction of requirements in the collective bargaining agreement

Credited service

Beginning 7-1-1990, based on weeks of contributions in a plan year according to the following schedule:

Weeks of contribution in a plan year	Credited service
0-5	0
6-15	¼
16-25	½
26-35	¾
36 or more	1

Vesting service

1 year of vesting service for each plan year during which the employee earns at least ½ of a year of credited service.

Break in service

Plan year in which participant earns less than ¼ of a year of credited service.

Normal retirement benefit

Eligibility

Age 65

Monthly amount

3.50% of employer contributions prior to July 1, 2004 plus 2.00% of employer contributions made on or after July 1, 2004 to June 30, 2006, plus 0.50% of credited employer contributions made on or after July 1, 2006. Payable for life. Retirees prior to January 1, 2009 are guaranteed a minimum of 60 payments.*

Early retirement benefit

Eligibility

Age 52 and 5 years of credited service

Monthly amount

Retirements on or after January 1, 2009:
Normal reduced 5/9% for each full month which payments begin prior to age 65 for 72 months and 3/10% for each full month thereafter. Payable same as normal.

Retirements prior to January 1, 2009 and grandfathered retirements on or after January 1, 2009:
Normal reduced 5/9% for each full month which payments begin prior to age 62 for 24 months and 1/3% for each full month thereafter. Payable same as normal.

* If retiree dies before 60 payments are made, the surviving spouse or named beneficiary in the absence of a surviving spouse will receive payments for the balance of the 60 months.

SUMMARY OF PLAN PROVISIONS (CONT.)

Disability benefit	
Eligibility	5 years of credited service.
Monthly amount	Normal. Payable until age 65, recovery or death. This benefit is eliminated effective January 1, 2009.
Vested benefit	
Eligibility	5 years of service, termination of employment
Monthly amount	Accrued benefit payable at normal retirement age or after age 52 with benefit reduced 5/9% for each of the first 96 months and by 5/18% for each of the next 60 months by which payments begin prior to age 65. Payable same as normal.
Optional forms of payment	• 50% joint and survivor with pop-up* • 75% joint and survivor with pop-up* • Social security leveler • Life and 5 years certain *Subsidy removed January 1, 2009
Pre-retirement death benefit	
Eligibility	Death of vested participant with surviving spouse
Monthly amount	75% of participant's qualified joint and 75% survivor annuity payable to spouse over spouse's lifetime commencing at participant's earliest retirement date, or deferred to normal if spouse elects. Spouse may also elect a reduced actuarial equivalent immediate benefit or an actuarial equivalent lump sum. Effective January 1, 2009, this benefit is only available if participants pay for coverage with a reduction in their accrued benefit.
Lump sum death benefit	
Eligibility	Death of participant with at least 5 years of credited service with contributions after July 1, 2000 and no spouse. This benefit is eliminated effective January 1, 2009.
Lump sum amount	100% of employer contributions. If eligible to commence benefits, the lump sum amount will be an actuarial equivalent of 60 months of retirement benefit commencing at date of death.

SUMMARY OF PLAN PROVISIONS (CONT.)

Post-retirement death benefit

Eligibility

Death after retirement (except from vested benefit), and contributions after 1/1/1980. This benefit is eliminated effective January 1, 2009.

Lump sum amount

Based on the following schedule

Credited service	Lump sum amount
0 – 9	$ 0
10 – 19	$3,000
20 – 24	$4,500
25+	$6,000

ACTUARIAL ASSUMPTIONS

The following assumptions are used throughout this report except as specifically noted herein.

Valuation date

July 1, 2014

Interest rates

ERISA rate of return used to value liabilities

8.00% per year after investment expenses

Current liability

3.59% (in accordance with Section 431(c)(6) of the Internal Revenue Code) In the opinion of the actuary, this assumption is appropriate for a settlement measurement but is not an appropriate long term interest rate for measuring liabilities under ERISA.

Operational expenses

$240,000 per year excluding investment expenses

Pop-up load

Liabilities for retirees and disabled participants with joint and survivor option who retired before January 1, 2009 with contributions after May 1, 1998 are loaded 1.5%.

Mortality

Assumed plan mortality

RP-2000 Combined Healthy Generational Mortality Table with blue collar adjustment, set forward 2 years for males and females - specimen rates shown below for a participant born in 1970:

	Mortality Rate for:	
Age	Males	Females
25	.0004	.0002
35	.0012	.0006
45	.0016	.0012
55	.0035	.0030
65	.0120	.0110
75	.0285	.0265
85	.0984	.0815
95	.2622	.2013

Post-disablement mortality

RP-2000 Disabled Retiree Generational Mortality Table set forward 2 years for males and females

Current liability

Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as prescribed by Section 431(c)(6) of the Internal Revenue Code.

ACTUARIAL ASSUMPTIONS (CONT.)

Withdrawal

Specimen rates shown below:

	Withdrawal Rate	
Age	Male	Female
25	.099	.149
30	.069	.099
35	.049	.069
40	.028	.049
45	.017	.028
50	.004	.017

Disability

80% of Disability Incidence under 1977 estimated rates from Social Security Study #75.

	Disability Rate	
Age	Male	Female
25	.0017	.0010
30	.0022	.0017
35	.0030	.0027
40	.0044	.0040
45	.0066	.0060
50	.0109	.0094
55	.0188	.0152

ACTUARIAL ASSUMPTIONS (CONT.)

Future retirement rates

Active lives

According to the following schedule:

Age	Participants not Grandfathered	Grandfathered with 25 years of credited service as of June 30, 2009*
46-51	.00	.08
52-60	.01	.08
61	.15	.15
62	.40	.40
63-64	.25	.25
65	.85	.85
66	.42	.42
67	.71	.71
68	.80	.80
69	.90	.90
70	1.00	1.00

*First year eligible with 25 years of service assumes at least a 50% retirement rate.

Resulting in an average expected retirement age of 62.9

Inactive vested lives

Age 60, or current age if older (earliest unreduced retirement age if grandfathered)

Future annual weeks

Same number of weeks as previous plan year.

Future weekly contribution rate

Average negotiated weekly rate for current plan year.

Age of participants with unrecorded birth dates

Based on average entry age of participants with recorded birth dates and same vesting status.

Marriage assumptions

80% assumed married with the male spouse 3 years older than his wife

ACTUARIAL ASSUMPTIONS (CONT.)

Inactive vested lives over age 70	Continuing inactive vested participants over age 70 are assumed deceased and are not valued.
QDRO benefits	Benefits to alternate payee included with participant's benefit until payment commences
Section 415 limit assumptions	
Dollar limit	$210,000 per year
Assumed form of payment for those limited by Section 415	Qualified joint and 75% survivor annuity
Benefits not valued	None

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS

The non prescribed actuarial assumptions were selected to provide a reasonable long term estimate of developing experience. The assumptions are reviewed annually, including a comparison to actual experience. The following describes our rationale for the selection of each non-prescribed assumption that has a significant effect on the valuation results.

ERISA rate of return used to value liabilities	Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2014 survey of investment consultants. Based on this analysis, we selected a final assumed rate of 8.00%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities.
Mortality	The RP 2000 fully generational, combined healthy mortality table was chosen as the base table for this population. Projected mortality improvement was determined using Scale AA. The RP 2000 Disabled Retiree generational mortality table was chosen as the base table for those participants who are disabled. Based on the industry of plan participants, the blue collar adjustment was applied. Finally, a 2-year set forward was applied in order to more closely match projected deaths for the coming plan year to extrapolated deaths derived from a study of retiree deaths between 2006 and 2011.
Retirement	Actual rates of retirement by age were last studied for this plan for the period 2011 to 2014. The assumed future rates of retirement were selected based on the results of this study.
Future weeks worked	Based on review of recent plan experience adjusted for anticipated future changes in workforce.

ACTUARIAL METHODS

Funding method	
ERISA funding	Traditional Unit Credit method (effective July 1, 2007)
Funding period	Individual Entry Age Normal with costs spread as a level dollar amount over service.
Population valued	
Actives	Eligible employees with at least one week worked during the preceding plan year.
Inactive vested	Vested participants with no weeks reported during the preceding plan year.
Retirees	Participants and beneficiaries in pay status as of the valuation date.
Asset valuation method	
Actuarial value	Smoothed market value without phase-in effective July 1, 2006. Gains and Losses are amortized over a period of 5 years. The actuarial value is limited to not less than 80% and not more than 120% of the actual market value of assets in any plan year.
Unfunded vested benefits	For the rolling-5 method, market value is used.
Pension Relief Act of 2010	• 10-year smoothing was elected with respect to the loss incurred during the plan year ended in 2009. • The 130% cap on actuarial value of assets was elected for the plan years beginning in 2009 and 2010.

INTERNATIONAL ASSOCIATION OF MACHINISTS MOTOR CITY PENSION PLAN

EIN: 38-6237143/PN: 001

ATTACHMENT TO 2014 SCHEDULE MB: LINE 8

STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 8b - Schedule of Active Participant Data
Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.

	Years of Service									
Attained age	**Under 1**	**1 to 4**	**5 to 9**	**10 to 14**	**15 to 19**	**20 to 24**	**25 to 29**	**30 to 34**	**35 to 39**	**40 & up**
Under 25	0	17	0	0	0	0	0	0	0	0
25 to 29	2	16	1	0	0	0	0	0	0	0
30 to 34	3	7	3	10	3	0	0	0	0	0
35 to 39	1	5	3	5	6	0	0	0	0	0
40 to 44	0	5	2	8	6	3	2	0	0	0
45 to 49	0	7	3	6	3	3	2	1	0	0
50 to 54	0	2	1	14	3	2	6	4	1	0
55 to 59	1	3	5	5	4	7	8	3	7	0
60 to 64	0	0	0	4	0	2	0	0	0	3
65 to 69	0	0	0	0	0	0	0	1	0	0
70 & up	0	0	0	0	0	0	0	0	0	0

May contain values based on estimated data

INTERNATIONAL ASSOCIATION OF MACHINISTS MOTOR CITY PENSION PLAN

EIN: 38-6237143/PN: 001

ATTACHMENT TO 2014 SCHEDULE MB: LINE 9

STATEMENT BY ENROLLED ACTUARY

Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases

Attached is a schedule of minimum funding amortization bases maintained pursuant to IRC Section 431.

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period Years	Remaining Period Months	7/1/2014 Outstanding Balance	7/1/2014 Amortization Payment
Charges							
1/1/1989	Amendment	4,603,500	30	4	6	1,496,293	378,641
1/1/1990	Amendment	645,000	30	5	6	247,475	53,114
1/1/1990	Amendment	2,152,100	30	5	6	825,415	177,162
6/30/1991	Amendment	640,667	29	5	11	243,614	48,790
6/30/1992	Amendment	308,404	29	6	11	132,044	23,487
6/30/1993	Amendment	428,714	29	7	11	202,625	32,649
6/30/1994	Amendment	2,080,046	29	8	11	1,068,729	158,406
6/30/1995	Amendment	1,715,262	29	9	11	946,646	130,626
6/30/1996	Amendment	703,466	29	10	11	413,031	53,573
7/1/1996	Amendment	713,576	30	12	0	477,677	58,690
7/1/1997	Amendment	3,757,051	30	13	0	2,637,701	309,009
7/1/1998	Amendment	4,432,443	30	14	0	3,245,931	364,558
7/1/1999	Amendment	3,124,741	30	15	0	2,375,779	257,003
7/1/2000	Amendment	2,049,736	30	16	0	1,611,589	168,586
7/1/2001	Amendment	229,637	30	17	0	186,067	18,887
7/1/2001	Amendment	1,367,712	30	17	0	1,108,199	112,491
7/1/2001	Experience Loss	316,241	15	2	0	65,870	34,210
7/1/2002	Amendment	2,031,517	30	18	0	1,691,208	167,087
7/1/2002	Amendment	1,044,545	30	18	0	869,568	85,911
7/1/2002	Experience Loss	3,349,162	15	3	0	1,008,370	362,297
7/1/2003	Amendment	354,406	30	19	0	302,330	29,149
7/1/2003	Assumptions	551,321	30	19	0	470,302	45,345
7/1/2003	Experience Loss	4,633,054	15	4	0	1,792,776	501,183
7/1/2004	Amendment	72,126	30	20	0	62,898	5,932
7/1/2004	Experience Loss	3,012,006	15	5	0	1,405,003	325,825
7/1/2005	Assumptions	6,239,179	30	21	0	5,551,405	513,158
7/1/2005	Experience Loss	1,588,635	15	6	0	858,010	171,851
7/1/2006	Assumptions	696,852	30	22	0	631,428	57,314
7/1/2006	Experience Loss	3,023,311	15	7	0	1,838,955	327,048
7/1/2006	Method	7,467,360	10	2	0	1,984,517	1,030,423
7/1/2007	Method	584,386	10	3	0	224,439	80,640
7/1/2009	Experience Loss	17,168,384	15	10	0	13,458,907	1,857,199
7/1/2011	Assumptions	139,773	15	12	0	123,060	15,120
7/1/2011	Experience Loss	1,366,458	15	12	0	1,203,083	147,817
7/1/2012	Assumptions	84,203	15	13	0	77,751	9,109

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		7/1/2014 Outstanding Balance	7/1/2014 Amortization Payment
				Years	Months		
7/1/2012	Experience Loss	3,544,308	15	13	0	3,272,795	383,407
7/1/2013	Experience Loss	970,596	15	14	0	934,849	104,995
7/1/2014	Assumptions	938,147	15	15	0	938,147	101,485
				Total Charges:		**55,984,486**	**8,702,177**

Credits

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Years	Months	7/1/2014 Outstanding Balance	7/1/2014 Amortization Payment
7/1/2008	Combined Credits	25,183,056	10	4	0	12,430,471	3,475,017
1/1/2009	Amendment	8,798,427	15	9	6	6,687,310	951,774
7/1/2009	Method (Relief)	5,540,594	10	5	0	3,296,827	764,548
7/1/2010	Assumptions	405,265	15	11	0	338,008	43,840
7/1/2010	Experience Gain	2,115,767	15	11	0	1,764,639	228,874
7/1/2014	Experience Gain	623,213	15	15	0	623,213	67,416
				Total Credits:		**25,140,468**	**5,531,469**
				Net Charges:		**30,844,018**	**3,170,708**
				Less Credit Balance:		-4,879,063	
				Less Reconciliation Balance:		0	
				Unfunded Actuarial Liability:		**35,723,081**	

International Association of Machinists Motor City Pension Plan

EIN: 38-6237143/PN: 001

Attachment to 2014 Schedule MB: Line 10

Statement by Enrolled Actuary

Schedule MB, line 10- Accumulated Funding Deficiency
Pursuant to IRC Section 4971(g)(1), the excise tax related to the accumulated funding deficiency that would otherwise be assessed under IRC Section 4971(a) and/or (b) is not assessed because:

- The Plan is in critical status for the plan year ended June 30, 2015.
- The Plan has not received certifications under IRC Section 432(b)(3)(A)(ii) for 3 consecutive plan years that it is not meeting its requirements under the rehabilitation plan.

INTERNATIONAL ASSOCIATION OF MACHINISTS MOTOR CITY PENSION PLAN

EIN: 38-6237143/PN: 001

ATTACHMENT TO 2014 SCHEDULE MB: LINE 11

STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 11 - Justification for Change in Actuarial Assumptions

The assumptions and methods differ from those used the preceding year in the following respects:

- We updated the assumed contribution rates to those shown in Appendix A.
- We changed assumed retirement rates according to the schedule in Appendix B to represent our best estimate of future retirement patterns based on recent plan experience.
- We changed the current liability interest rate from 3.61% to 3.59%. The new rate is within established statutory guidelines.

Actuary's Statement of Reliance

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the plan administrator.

International Association of Machinists Motor City Pension Fund
EIN/Plan #: 38-6237143/001
Checklist Item #38 – 7.08 Recent Annual Return (Form 5500)

Document 38.3

Form 5500 Schedule R with Attachments and Schedules

See the following pages.

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	2014 This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan
I.A. of M. Motor City Pension Fund

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
Intl' Assoc' Machin Motor City Pens

D Employer Identification Number (EIN)
38-6237143

Part I Distributions

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

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

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

EIN(s): ____________ ____________

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

3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month ________ Day ________ Year ________

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b	Enter the amount contributed by the employer to the plan for this plan year	6b	
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

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

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

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer Penske Truck Leasing Co
b EIN 23-2518618 **c** Dollar amount contributed by employer 911,021
d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 11 Day 1 Year 2016
e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 233.54
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer Ryder Transportation
b EIN 59-0747035 **c** Dollar amount contributed by employer 715,303
d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 3 Day 31 Year 2016
e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 165.65
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer USF Holland
b EIN 38-0655940 **c** Dollar amount contributed by employer 285,559
d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 4 Day 30 Year 2016
e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 349.95
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer Faygo Beverages
b EIN 38-1862352 **c** Dollar amount contributed by employer 169,742
d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 10 Day 31 Year 2016
e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 198.35
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer Roadway Express
b EIN 34-0492670 **c** Dollar amount contributed by employer 150,129
d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 4 Day 30 Year 2016
e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 343.54
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer
b EIN **c** Dollar amount contributed by employer
d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month Day Year
e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	**14a**	
	b The plan year immediately preceding the current plan year	**14b**	
	c The second preceding plan year	**14c**	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
	b The corresponding number for the second preceding plan year	**15b**	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	**16a**	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 74% Investment-Grade Debt: 12% High-Yield Debt: 11% Real Estate: 0% Other: 3%

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

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