## **Automotive Industries Pension Plan** Checklist Item #38

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

See section 7.08.

Yes. The required excerpts from the most recently filed Form 5500 are attached as Document No. 38.1.

## Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

 Complete all entries in accordance with the instructions to the Form 5500. OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

| Part I        | Annual Report Id   | entification Information  |                            | •  |                                     | •                                 |          |  |  |  |  |
|---------------|--|---|----------------------------|--|-------------------------------------|-----------------------------------|----------|--|--|--|--|
| For cale      | ndar plan year 2014 or fisc                                    | al plan year beginning 01/01/2014   |                            | and ending 12/31/201   | 4                                   |                                   |          |  |  |  |  |
| A This        | return/report is for:  | X a multiemployer plan;   |                            | ployer plan (Filers checking the<br>employer information in accord |                                     |                                   | ons); or |  |  |  |  |
|               |  | a single-employer plan;   | a DFE (speci               | ify)   |                                     |                                   |          |  |  |  |  |
| B This        | eturn/report is:   | the first return/report;  | the final return/report;   |  |                                     |                                   |          |  |  |  |  |
|               | очани орон не  | an amended return/report;   | a short plan               | year return/report (less than 1                                    | 2 months                            | months).                          |          |  |  |  |  |
| C If the      | plan is a collectively-barga                                   | nined plan, check here  |                            |  |                                     | ×                                 |          |  |  |  |  |
| <b>D</b> Chec | k box if filing under:   | X Form 5558;  | automatic ex               | tension;   | the DF                              | VC program;                       |          |  |  |  |  |
|               |  | special extension (enter description  | n)                         | _  | -                                   |                                   |          |  |  |  |  |
| Part          | Part II Basic Plan Information—enter all requested information |   |                            |  |                                     |                                   |          |  |  |  |  |
|               | ne of plan<br>OTIVE INDUSTRIES PEN                             | SION PLAN   |                            |  | 1b                                  | Three-digit plan<br>number (PN) ▶ | 001      |  |  |  |  |
|               |  | 1c  | Effective date of p        | an   |                                     |                                   |          |  |  |  |  |
| 2a Plan       | sponsor's name and addr  | 2b  | Employer Identifica        | ation  |                                     |                                   |          |  |  |  |  |
| BD. OF        | TRUSTEES OF AUTOMO   |   | Number (EIN)<br>94-1133245 |  |                                     |                                   |          |  |  |  |  |
|               |  | 2c  | Plan Sponsor's tel         | ephone   |                                     |                                   |          |  |  |  |  |
|               | OUTH LOOP ROAD<br>DA, CA 94502-7089                            |   | 510-337-3050               |  |                                     |                                   |          |  |  |  |  |
| ALAWIEL       | JA, CA 94302-7009  |   |                            |  | 2d Business code (see instructions) |                                   |          |  |  |  |  |
|               |  |   |                            |  |                                     | 811110                            |          |  |  |  |  |
|               |  |   |                            |  |                                     |                                   |          |  |  |  |  |
| Caution       | : A penalty for the late or                                    | incomplete filing of this return/repor  | rt will be assessed        | unless reasonable cause is   | establis                            | shed.                             |          |  |  |  |  |
| Under pe      | enalties of perjury and othe                                   | er penalties set forth in the instructions,<br>ell as the electronic version of this return | I declare that I have      | examined this return/report, in                                    | ncluding                            | accompanying sche                 |          |  |  |  |  |
|               |  |   |                            |  |                                     |                                   |          |  |  |  |  |
| SIGN<br>HERE  | Filed with authorized/valid                                    | electronic signature.   | 10/07/2015                 | DOUG CORNFORD  |                                     |                                   |          |  |  |  |  |
|               | Signature of plan admi   | nistrator   | Date                       | Enter name of individual sign                                      | ining as                            | plan administrator                |          |  |  |  |  |
| SIGN          | Filed with authorized/valid                                    | electronic signature.   | 10/08/2015                 | JAMES H. BENO  |                                     |                                   |          |  |  |  |  |
| HERE          | Signature of employer/   | plan sponsor  | Date                       | Enter name of individual sig                                       | ning as                             | employer or plan sp               | onsor    |  |  |  |  |
|               |  |   |                            |  |                                     |                                   |          |  |  |  |  |
| SIGN<br>HERE  |  |   |                            |  |                                     |                                   |          |  |  |  |  |
|               | Signature of DFE   |   | Date                       | Enter name of individual sign                                      |                                     |                                   |          |  |  |  |  |
| Preparer      | 's name (including firm na                                     | me, if applicable) and address (include i   | room or suite numbe        |  | eparer's t<br>stional)              | telephone number                  |          |  |  |  |  |
|               |  |   |                            |  | •                                   |                                   |          |  |  |  |  |
|               |  |   |                            |  |                                     |                                   |          |  |  |  |  |
|               |  |   |                            |  |                                     |                                   |          |  |  |  |  |
|               |  |   |                            |  |                                     |                                   |          |  |  |  |  |
|               |  |   |                            |  |                                     |                                   |          |  |  |  |  |

Form 5500 (2014) Page **2** 

| If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name.   A  | 3a  | Plan administrator's name and address XSame as Plan Sponsor                          |                  |                                   | <b>3b</b> Adminis | strator's EIN      |
|---|-----|--|------------------|-----------------------------------|-------------------|--------------------|
| 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.   |     |  |                  |                                   | 20. Adaminin      | tootoolo talaahaa  |
| Ell and the plan number from the last return/report:  a Sponsor's name  5   |     |  |                  |                                   |                   |                    |
| Ell and the plan number from the last return/report:  a Sponsor's name  5   |     |  |                  |                                   |                   |                    |
| Ell and the plan number from the last return/report:  a Sponsor's name  5   |     |  |                  |                                   |                   |                    |
| Ell and the plan number from the last return/report:  a Sponsor's name  5   | 4   | If the name and/or FIN of the plan sponsor has changed since the last return/        | report filed for | or this plan, enter the name      | 4b FIN            |                    |
| Total number of participants at the beginning 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  | -   | EIN and the plan number from the last return/report:                                 | roport mod it    | or the plant, order the hame,     |                   |                    |
| 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   | а   | Sponsor's name   |                  |                                   | 4C PN             |                    |
| a(1) Total number of active participants at the beginning of the plan year  |     | Total number of participants at the beginning of the plan year                       |                  |                                   | 5                 | 26120              |
| According to the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:    Page 1   Plan funding arrangement (check all that apply)   1   1   Insurance   2   2   Code section 412(e)(3) insurance contracts   3   2   Trust   (3)   X   Trust   (4)   Ceneral assets of the sponsor   4   MB (Multiemployer Defined Benefit Plan and Certain Money   Purchase Plan Actuarial Information)   4   Purchase Plan Actuarial Information   5   Enter Information   Circ Perulation (16)   Employer Polifored Benefit Plan and Certain Money   (2)   MB (Multiemployer Defined Benefit Plan and Certain Money   (2)   Code Set (Single-Employer Defined Benefit Plan and Cetain Information)   (4)   Cereprotingents in Information)   (4)   Cereprotingents of the plan Information)   (5)   Cereprotingents of the plan Information)   (6)   Cereprotingents of the plan Information)   (7)   (8)   Cereprotingents of the plan Information)   (8)   Cereprotingents of the plan Information)   (9)   Cereprotingents of the plan Information)   (1)   (2)   (3)   (4) | 6   |  | (welfare plan    | ns complete only lines 6a(1),     |                   |                    |
| b Retired or separated participants receiving benefits  | a(* | Total number of active participants at the beginning of the plan year                |                  |                                   | 6a(1)             | 3973               |
| C Other retired or separated participants entitled to future benefits   | a(2 | 2) Total number of active participants at the end of the plan year                   |                  |                                   | 6a(2)             | 4018               |
| d Subtotal. Add lines 6a(2), 6b, and 6c   | b   | Retired or separated participants receiving benefits                                 |                  |                                   | 6b                | 8845               |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.  6e 2397  f Total. Add lines 6d and 6e. 6f 26028  g Number of participants with account balances as of the end of the plan year (only defined contr bution plans complete this item)   | С   | Other retired or separated participants entitled to future benefits                  |                  |                                   | 6c                | 10768              |
| f Total. Add lines 6d and 6e  | d   | Subtotal. Add lines 6a(2), 6b, and 6c.   | 6d               | 23631                             |                   |                    |
| g Number of participants with account balances as of the end of the plan year (only defined contr bution plans complete this item)  | е   | Deceased participants whose beneficiaries are receiving or are entitled to receiving | eive benefits    | S                                 | 6e                | 2397               |
| b Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested  | f   | Total. Add lines 6d and 6e.  |                  |                                   | 6f                | 26028              |
| less than 100% vested   | g   |  |                  |                                   | 6g                |                    |
| Ba If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:    b   If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:    b   If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:    b   If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:    b   If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:    c   If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:    c   If the plan provides welfare benefits Plan and to Plan benefit arrangement (check all that apply)   (1)  | h   |  |                  |                                   | 6h                |                    |
| 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) (1)  | 7   | Enter the total number of employers obligated to contribute to the plan (only m      | nultiemploye     | r plans complete this item)       | 7                 | 149                |
| 9a Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (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 (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) B (Single-Employer Defined Benefit Plan Actuarial (5) D (DFE/Participating Plan Information)  9b Plan benefit arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor (4) General assets of the sponsor (4) R (Financial Information) (5) D (DFE/Participating Plan Information)  | 8a  |  | des from the     | List of Plan Characteristics Code | es in the instr   | uctions:           |
| 9a Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (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 (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) B (Single-Employer Defined Benefit Plan Actuarial (5) D (DFE/Participating Plan Information)  9b Plan benefit arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor (4) General assets of the sponsor (4) R (Financial Information) (5) D (DFE/Participating Plan Information)  | b   | If the plan provides welfare benefits, enter the applicable welfare feature code     | es from the L    | ist of Plan Characteristics Code  | s in the instru   | ctions:            |
| (1)   |     |  |                  |                                   |                   |                    |
| (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor (4) General assets of the sponsor (4) General assets of the sponsor (5) General assets of the sponsor (6) General assets of the sponsor (7) Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)  a Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (4) X General Schedules (1) R (Financial Information) (2) I (Financial Information – Small Plan) (3) A (Insurance Information) (4) X C (Service Provider Information) (6) D (DFE/Participating Plan Information)   | 9a  |  |                  |                                   | at apply)         |                    |
| (3) X Trust (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 (1) X R (Retirement Plan Information)  (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) X Trust General assets of the sponsor  b General Schedules (1) X H (Financial Information)  (1) X H (Financial Information – Small Plan)  — A (Insurance Information)  — C (Service Provider Information)  (3) X Trust 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)  H (Financial Information – Small Plan)  — A (Insurance Information)  C (Service Provider Information)  D (DFE/Participating Plan Information)   |     | `` H   |                  | <b>—</b>                          |                   |                    |
| (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 (1) R (Retirement Plan Information)  (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) SB (Single-Employer Defined Benefit Plan Actuarial  (4) General assets of the sponsor  (4) General assets of the sponsor  (4) General assets of the sponsor  (4) Financial Information - Small Plan (Information) - Small Plan)  (6) A (Insurance Information)  (7) C (Service Provider Information)  (8) C (Service Provider Information)  |     |  |                  | H _ ``^`^                         | insurance coi     | ntracts            |
| 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)  a Pension Schedules (1)   |     | H  |                  | <b>—</b>                          | oonsor            |                    |
| (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) SB (Single-Employer Defined Benefit Plan Actuarial (4) Financial Information - Small Plan (Insurance Information)  A (Insurance Information)  C (Service Provider Information)  D (DFE/Participating Plan Information)   | 10  |  |                  |                                   |                   | (See instructions) |
| (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) SB (Single-Employer Defined Benefit Plan Actuarial (4) Financial Information - Small Plan (Insurance Information)  A (Insurance Information)  C (Service Provider Information)  D (DFE/Participating Plan Information)   | а   | Pension Schedules  | b Gener          | ral Schedules                     |                   |                    |
| (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) A (Insurance Information) C (Service Provider Information)  BB (Single-Employer Defined Benefit Plan Actuarial  (5) D (DFE/Participating Plan Information)  | _   |  |                  |                                   | nation)           |                    |
| Purchase Plan Actuarial Information) - signed by the plan actuary  (3) A (Insurance Information)  C (Service Provider Information)  BB (Single-Employer Defined Benefit Plan Actuarial  (5) D (DFE/Participating Plan Information)  |     | (2) MD (Multiample) or Defined Benefit Blan and Contain M.                           |                  | · ·                               | ,                 | I Plan)            |
| actuary  (4) X  C (Service Provider Information)  (3) SB (Single-Employer Defined Benefit Plan Actuarial  (5) D (DFE/Participating Plan Information)  |     |  |                  | `                                 |                   | ı Fidil)           |
| (3) SB (Single-Employer Defined Benefit Plan Actuarial (5) D (DFE/Participating Plan Information)   |     |  |                  | H `                               | ,                 | n)                 |
| (e)   |     | (3) SB (Single-Employer Defined Benefit Plan Actuarial                               |                  |                                   |                   |                    |
|   |     |  |                  | <b>=</b>                          | _                 |                    |

## SCHEDULE MB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Multiemployer Defined Benefit Plan and Certain Money Purchase 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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2014

|          | rensi           | on Benefit Guaranty Corporation   | ▶ File                    | e as an attachment to l         | Form 5500 or 5500-SF.      |          |              |                         |             |            |
|----------|-----------------|---|---------------------------|---------------------------------|----------------------------|----------|--------------|-------------------------|-------------|------------|
| For      | caler           | ndar plan year 2014 or fiscal pl  | an year beginning         | 01/01/2014                      | an                         | id en    | ding 1       | 2/31/2014               |             |            |
|          | Roun            | nd off amounts to nearest do  | llar.                     |                                 |                            |          |              |                         |             |            |
| •        | Cauti           | ion: A penalty of \$1,000 will be   | e assessed for late fi    | iling of this report unless     | reasonable cause is est    | ablis    | hed.         |                         |             |            |
| A۱       | lame            | of plan   | NI DI ANI                 |                                 |                            | В        | Three-       | digit                   |             |            |
| AU       | TOM             | OTÍVE INDUSTRIES PENSIO   | N PLAN                    |                                 |                            |          | plan n       | umber (PN)              | •           | 001        |
|          |                 |   |                           |                                 |                            |          |              |                         |             |            |
| <u> </u> | lon o           | sponsor's name as shown on li   | no 20 of Form FEOO        | or FE00 CF                      |                            | <b>D</b> | Employ       | or Idontificati         | on Number   | /EINI)     |
|          |                 | TRUSTEES OF AUTOMOTIVI  |                           |                                 |                            | D        | 94-113       | er Identificati<br>3245 | on Number   | (EIIN)     |
|          |                 |   |                           |                                 |                            |          |              |                         |             |            |
| Ет       | ype c           | of plan: (1)  | Multiemployer Defir       | ned Benefit (2)                 | Money Purchase (see in     | nstrud   | ctions)      |                         |             |            |
| 1a       | Ent             | er the valuation date:  | Month 01                  | Day <u>01</u> Y                 | /ear _2014                 |          |              |                         |             |            |
| b        | Ass             | sets  |                           |                                 |                            |          |              |                         |             |            |
|          | (1)             | Current value of assets   |                           |                                 |                            |          | 1b(1         | 1)                      |             | 1327287980 |
|          | (2)             | Actuarial value of assets for f   | unding standard acc       | count                           |                            |          | 1b(2         | 2)                      |             | 1185912766 |
| С        | (1)             | Accrued liability for plan using  | g immediate gain me       | ethods                          |                            |          | 1c(1         | 1)                      |             | 1982679153 |
|          | (2)             | Information for plans using sp  | •                         |                                 |                            |          |              |                         |             |            |
|          |                 | (a) Unfunded liability for met  | hods with bases           |                                 |                            |          | 1c(2)        |                         |             |            |
|          |                 | (b) Accrued liability under en  | , ,                       |                                 |                            |          |              |                         |             |            |
|          |                 | (c) Normal cost under entry   | age normal method.        |                                 |                            |          |              |                         |             |            |
|          | ` '             | Accrued liability under unit cr   |                           |                                 |                            |          | . 1c(3       | 3)                      |             | 1954700784 |
| d        | Info            | ermation on current liabilities of  | the plan:                 |                                 |                            |          |              |                         |             |            |
|          | (1)             | Amount excluded from currer   | nt liability attributable | e to pre-participation serv     | vice (see instructions)    |          | . 1d(1       | 1)                      |             |            |
|          | (2)             | "RPA '94" information:  |                           |                                 |                            |          |              |                         |             |            |
|          |                 | (a) Current liability   |                           |                                 |                            |          | . 1d(2)      | (a)                     |             | 3086236967 |
|          |                 | (b) Expected increase in curr   | rent liability due to be  | enefits accruing during t       | he plan year               |          | . 1d(2)      | (b)                     |             | 12239463   |
|          |                 | (c) Expected release from "F  |                           | , ,                             |                            |          | <b>— `</b> ' | (c)                     |             | 137892673  |
| 24.4     |                 | Expected plan disbursements   | s for the plan year       |                                 |                            |          | . 1d(3       | 3)                      |             | 140892673  |
| ā        | To the baccorda | nt by Enrolled Actuary best of my knowledge, the information su ance with applicable law and regulations, ation, offer my best estimate of anticipate | In my opinion, each other | assumption is reasonable (takin |                            |          |              |                         |             |            |
|          | IGN<br>ERE      |   |                           |                                 |                            |          |              | 05/07/2015              |             |            |
|          |                 | S   | ignature of actuary       |                                 |                            |          |              | Date                    | е           |            |
| PA       | UL C            | . POON, ASA, MAAA   |                           |                                 |                            |          |              | 14-06069                |             |            |
|          |                 | Type  | or print name of actu     | uary                            |                            |          | Mos          | t recent enro           | llment numl | ber        |
| SE       | GAL             | CONSULTING  |                           |                                 |                            |          |              | 415-263-820             | 00          |            |
|          |                 |   | Firm name                 |                                 |                            | -        | Telephor     | ne number (ir           | cluding are | a code)    |
| 100      | ) MOI           | NTGOMERY STREET, SUITE  | •                         | SCO, CA 94104-4308              |                            |          |              |                         |             |            |
|          |                 |   | Address of the firm       |                                 |                            |          |              |                         |             |            |
| the      | actua           | ary has not fully reflected any i   | regulation or ruling p    | promulgated under the st        | atute in completing this s | sched    | dule che     | ck the box ar           | nd see      | П          |

| Schedule MI                 | B (Form 5500) 2014           |   |              | Pa                   | ige <b>2</b> | 1          |                       |          | _    |            |                    |                      |
|-----------------------------|------------------------------|---|--------------|----------------------|--------------|------------|-----------------------|----------|------|------------|--------------------|----------------------|
| 2 Operational informat      | tion as of beginning of thi  | s plan vear:  |              |                      |              |            |                       |          | _    |            |                    |                      |
|                             |                              | s)  |              |                      |              |            |                       | . 2a     |      |            | 133                | 33035467             |
| <b>b</b> "RPA '94" currer   | nt liability/participant cou | int breakdown:  |              |                      |              | (1)        | Number of parti       | cipants  | (    | 2) Curre   | nt liabilit        | у                    |
| (1) For retired             | participants and benefic     | iaries receiving payment                              | t            |                      |              |            |                       | 11377    |      |            | 170                | 1272706              |
|                             |                              |   |              |                      |              |            |                       | 10602    |      |            | 97                 | 6589188              |
| (3) For active p            |                              |   |              |                      |              |            |                       |          |      |            |                    | 47EE440              |
|                             |                              |   |              |                      |              |            |                       | -        |      |            |                    | 4755119              |
| . ,                         |                              |   |              |                      |              | _          |                       | 3979     |      |            |                    | )3619954<br>)8375073 |
|                             |                              |   |              |                      |              |            |                       | 25958    |      |            |                    | 36236967             |
|                             |                              | line 2a by line 2b(4), col                            |              |                      |              |            | r such                |          |      |            |                    | 00200001             |
|                             |                              | 25 by 1110 25(47), con                                |              |                      |              |            |                       | . 2c     |      |            | 4                  | 43.19 <b>%</b>       |
| 3 Contr butions made        | to the plan for the plan ye  | ear by employer(s) and em                             | nployees:    |                      |              |            |                       |          |      |            |                    |                      |
| (a) Date<br>(MM-DD-YYYY)    | (b) Amount paid by           |   |              | ( <b>a)</b><br>(MM-D | Date         |            | (b) Amount<br>employe |          |      | (c) Amou   | ınt paid<br>loyees | by                   |
| (IVIIVI-DD-1111)            | employer(s)<br>28305         | employees<br>650                                      | 0            | (IVIIVI-D            | J-11         | 11)        | employe               | 1(5)     | +    | епр        | oyees              |                      |
|                             | 25556                        |   |              |                      |              |            |                       |          | +    |            |                    |                      |
|                             |                              |   |              |                      |              |            |                       |          | 1    |            |                    |                      |
|                             |                              |   |              |                      |              |            |                       |          |      |            |                    |                      |
|                             |                              |   |              |                      |              |            |                       |          |      |            |                    |                      |
|                             |                              |   |              |                      |              |            |                       |          |      |            |                    |                      |
|                             |                              |   |              | Totals               | <b>•</b>     | 3(b)       |                       | 28305650 | 3(c) |            |                    | 0                    |
| <b>c</b> Is the plan making | the scheduled progress (     | status (line 1b(2) divided under any applicable fundi | ing improve  | ment or              | rehab        | ilitation  | plan?                 |          |      |            | Yes [              | 60.7 %  No           |
| d If the plan is in crit    | tical status, were any ac    | ljustable benefits reduce                             | ed?          |                      |              |            |                       |          |      | X          | Yes                | No                   |
|                             |                              | bility resulting from the re                          |              |                      |              |            |                       | 4e       |      |            |                    | 7021644              |
| f If the rehabilitation     | n plan projects emergen      | ce from critical status, er                           | nter the pla | ın year i            | n whic       | ch it is p | projected to          |          |      |            |                    |                      |
| emerge.                     |                              | talling possible insolvenc                            |              |                      |              |            |                       | 4f       |      |            |                    | 2030                 |
|                             |                              |   |              |                      |              |            |                       | "        |      |            |                    |                      |
| F                           |                              |   |              |                      |              |            |                       |          |      |            |                    |                      |
|                             | _                            | this plan year's funding s                            | standard ac  |                      | _            |            | -                     |          |      | П          |                    |                      |
| a ∐ Attained age            |                              | Entry age normal                                      |              | С                    | =            |            | d benefit (unit cr    | edit)    | a    | =          | ggregate           | 9                    |
| e Frozen initial            |                              | Individual level prem                                 | nium         | g                    | Ш            | Individu   | ıal aggregate         |          | n    | ∐ S        | hortfall           |                      |
| i Reorganizati              | on J                         | Other (specify):                                      |              |                      |              |            |                       |          |      |            |                    |                      |
| k If how his chacka         | d enter period of use o      | f shortfall method                                    |              |                      |              |            |                       | 5k       |      |            |                    |                      |
| _                           |                              | hod for this plan year?                               |              |                      |              |            |                       |          |      | П          | Yes                | No                   |
| _                           | _                            |   |              |                      |              |            |                       |          |      | 片          | -                  | ╡                    |
| -                           |                              | rsuant to Revenue Proce                               |              |                      |              |            |                       |          |      | ······     | Yes                | No                   |
|                             |                              | the date (MM-DD-YYYY)                                 |              |                      |              |            |                       | 5n       |      |            |                    |                      |
| 6 Checklist of certain a    |                              |   |              |                      |              |            |                       | 1        |      |            |                    |                      |
|                             |                              |   |              |                      |              |            |                       |          | Г    | 6a         |                    | 3.64 %               |
|                             | and a sure in monthly        |   | Γ            |                      |              |            | rement                |          |      | st-retirer | nent               |                      |
| <b>b</b> Rates specified in | insurance or annuity c       | ontracts  |              |                      | Ye           | es         | No X N/A              |          | Yes  | No         | X N//              | A                    |
| c Mortality table cod       | de for valuation purpose     | es:   | Ì            |                      |              |            | _                     |          |      |            |                    |                      |

|  | Schedule MB (Form 5500) 2014  |               | Page 3              | - 1         |            |        |           |             |                  |               |
|--|---|---------------|---------------------|-------------|------------|--------|-----------|-------------|------------------|---------------|
| (1)  | Males   | 6c(1)         |                     |             |            | Α      |           |             |                  | Α             |
| (2)  | Females   | 6c(2)         |                     |             |            | Α      |           |             |                  | Α             |
| <b>d</b> Va  | luation liability interest rate   | 6d            |                     |             | 7          | .25%   |           |             |                  | 7.25 %        |
| <b>e</b> Ex  | pense loading   | . 6e          | 8                   | 3.6%        |            | N/A    |           | %           |                  | X N/A         |
| <b>f</b> Sa  | lary scale  | . 6f          |                     | %           | X          | N/A    |           |             |                  |               |
| <b>g</b> Est   | timated investment return on actuarial value of assets for year   | ending on     | the valuation       | date        |            | 6g     |           |             |                  | 17.4 %        |
| <b>h</b> Est   | timated investment return on current value of assets for year e   | nding on th   | ne valuation d      | ate         |            | 6h     |           |             |                  | 19.8 <b>%</b> |
|  |   |               |                     |             |            |        |           |             |                  |               |
| 7 New  | amortization bases established in the current plan year:  |               |                     |             |            |        |           |             |                  |               |
|  | (1) Type of base  | 2) Initial ba |                     |             |            | (3     | ) Amortiz | ation Charg |                  |               |
|  | 1   | -1            | 05810767            |             |            |        |           |             | 103792           |               |
|  | 3   |               | -7794106<br>4354955 |             |            |        |           |             | 310548<br>352894 |               |
| 8 Misc   | rellaneous information:   |               | 4004000             |             |            |        |           |             | 102004           |               |
| a If   | a waiver of a funding deficiency has been approved for this pla<br>ling letter granting the approval  |               |                     |             |            |        | 8a        |             |                  |               |
|  | the plan required to provide a Schedule of Active Participant [   |               |                     |             |            |        | ule.      |             | X Yes            | s 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              | s X No        |
| <b>d</b> 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?   |   |               |                     |             |            |        |           |             |                  | s No          |
|  | <ol> <li>If line 8d(1) is "Yes," enter the number of years by which the</li> </ol>  |               |                     |             |            | Г      | 8d(2)     |             |                  |               |
|  | 3) Was an extension approved by the Internal Revenue Service  | e under se    | ction 412(e) (      | as in effec | t prior to | _      |           |             | ☐ Yes            |               |
| u  | 2008) or 431(d)(2) of the Code?   |               |                     |             |            |        |           |             |                  |               |
| (-   | the number of years in line (2))  |               |                     |             |            |        | 8d(4)     |             |                  |               |
|  | 5) If line 8d(3) is "Yes," enter the date of the ruling letter approx   |               |                     |             |            |        | 8d(5)     |             |                  |               |
| (6   | <ol> <li>If line 8d(3) is "Yes," is the amortization base eligible for amore 6621(b) of the Code for years beginning after 2007?</li> </ol> |               |                     |             |            |        |           |             | Yes              | s No          |
| e If   | box 5h is checked or line 8c is "Yes," enter the difference betw  |               |                     |             |            |        |           |             |                  |               |
| ye   | ear and the minimum that would have been required without us<br>mortization base(s)   | sing the sh   | ortfall method      | or extend   | ling the   |        | 8e        |             |                  |               |
| 9 Fund   | ding standard account statement for this plan year:   |               |                     |             |            |        |           |             |                  |               |
| Char   | rges to funding standard account:   |               |                     |             |            | _      |           |             |                  |               |
| <b>a</b> P   | rior year funding deficiency, if any  |               |                     |             |            |        | 9a        |             | 22               | 3742349       |
| <b>b</b> E   | mployer's normal cost for plan year as of valuation date  |               |                     |             |            |        | 9b        |             |                  | 6345213       |
|  | mortization charges as of valuation date:   |               |                     | Out         | standing b | alance | е         |             |                  |               |
| (1   | All bases except funding waivers and certain bases for which<br>amortization period has been extended                                       | n the         | 9c(1)               |             |            | 72     | 1367925   |             | 12               | 2965605       |
| (2   | 2) Funding waivers  |               |                     |             |            |        | 0         |             |                  | 0             |
|  | <ul> <li>B) Certain bases for which the amortization period has been ex</li> </ul>  |               |                     |             |            |        | 0         |             |                  | 0             |
|  | terest as applicable on lines 9a, 9b, and 9c  |               |                     |             |            | Т      | 9d        |             | 2                | 5596355       |
|  | otal charges. Add lines 9a through 9d   |               |                     |             |            |        | 9e        |             | 37               | 8649522       |
|  | redits to funding standard account:   |               |                     |             |            | L      |           |             |                  |               |
| _  | rior year credit balance, if any  |               |                     |             |            | Γ      | 9f        |             |                  | 0             |
|  | mployer contributions. Total from column (b) of line 3  |               |                     |             |            | _ F    | 9g        |             | 2                | 8305650       |
| a -  |   |               |                     |             | standing b |        |           |             |                  |               |
| h A  | mortization credits as of valuation date  |               | 9h                  | Out         |            |        | 8343887   |             | 1                | 5602828       |
|  | terest as applicable to end of plan year on lines 9f, 9g, and 9h  |               |                     |             |            |        | 9i        |             |                  | 2157284       |
| _  | ull funding limitation (FFL) and credits:   |               |                     |             |            | L      |           |             |                  | 2131204       |
| ·  | un runding infination (FFL) and credits.   ) ERISA FFL (accrued liability FFL)  |               | 9j(1)               |             |            | 96     | 1337191   |             |                  |               |
| (1   | J LINOTHIL (accided liability FFL)  |               | a)(1)               |             |            | 50     | 1001 101  |             |                  |               |

| Schedule MB (Fo               | m 5500) 2014   |                      | Page 4                    |          |           |  |
|-------------------------------|--|----------------------|---------------------------|----------|-----------|--|
| (2) "RPA '94" override        | e (90% current liability FFL)  | 9j(2)                | 163787                    | 1056     |           |  |
| (3) FFL credit                |  |                      |                           | 9j(3)    | 0         |  |
| k (1) Waived funding de       | eficiency  |                      |                           | 9k(1)    | 0         |  |
|                               |  |                      |                           | 9k(2)    | 0         |  |
| I Total credits. Add lines    | 91   | 46065762             |                           |          |           |  |
| m Credit balance: If line 9   | l is greater than line 9e, enter the difference                                |                      |                           | 9m       |           |  |
| n Funding deficiency: If li   | n Funding deficiency: If line 9e is greater than line 9l, enter the difference |                      |                           |          |           |  |
| 9 o Current year's accumulate | ed reconciliation account:   |                      | _                         |          |           |  |
| (1) Due to waived fundi       | ing deficiency accumulated prior to the 2014 p                                 | olan year            |                           | 90(1)    | 0         |  |
| (2) Due to amortization       | bases extended and amortized using the inte                                    | erest rate under sed | ction 6621(b) of the Code | e:       |           |  |
| (a) Reconciliation of         | utstanding balance as of valuation date  |                      |                           | 9o(2)(a) | 0         |  |
| (b) Reconciliation a          | mount (line 9c(3) balance minus line 9o(2)(a)                                  | )                    |                           | 9o(2)(b) | 0         |  |
| (3) Total as of valuation     | ı date   |                      |                           | 90(3)    | 0         |  |
| 10 Contr bution necessary to  | avoid an accumulated funding deficiency. (S                                    | See instructions.)   |                           | 10       | 332583760 |  |

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions......

X Yes No

# Attachment to 2014 Schedule MB (Form 5500) for Automotive Industries Pension Plan (94-1133245/001)

## FOOTNOTES TO SCHEDULE MB

| Line 1(b)(1) and Line 2(a)   | a dra       | The current value of assets used for the valuation as shown on line $1(b)(1)$ is based on a draft audit report provided by the plan auditor. The current value found in the final audit report is shown in line $2(a)$ and differs slightly from the draft amount.   |               |  |  |  |  |  |  |  |
|--|-------------|--|---------------|--|--|--|--|--|--|--|
| Line 3(b)  | barg        | tributions are paid periodically throughout the year pursuant to cogaining agreements. This number includes liquidated damages (\$3 drawal liability payments (\$6,788,280) and was obtained from a company of the company | 3,666) and    |  |  |  |  |  |  |  |
| Line 9(b) Per the cost method used by this plan, at year-end, the Normal Cost from the valis adjusted by the ratio of the actual negotiated contributions (excluding withdra liability payments and liquidated damages) received during the plan year to the expected contributions. The derivation of the adjusted Normal Cost is as follows: |             |  |               |  |  |  |  |  |  |  |
|  | 1)          | Normal Cost from January 1, 2014 actuarial valuation   | \$6,126,874   |  |  |  |  |  |  |  |
|  | 2)          | Administrative expense adjusted to the beginning of the year   | 2,888,977     |  |  |  |  |  |  |  |
|  | 3)          | 2014 actual negotiated contributions   | 21,483,704    |  |  |  |  |  |  |  |
|  | 4)          | 2014 expected contributions  | 20,126,527    |  |  |  |  |  |  |  |
|  | 5)          | Adjusted Normal Cost: $[((1) - (2)) \times ((3)/(4))] + (2)$   | 6,345,213     |  |  |  |  |  |  |  |
| Line 9(j)(1)   |             | ng the adjusted Normal Cost from line 9(b), the derivation of the F follows:   | ERISA FFL     |  |  |  |  |  |  |  |
|  | Full        | Funding Limitation (ERISA):  |               |  |  |  |  |  |  |  |
|  | (a)         | Full Funding Limitation from January 1, 2014 actuarial valuation   | \$861,103,022 |  |  |  |  |  |  |  |
|  | (b)         | Adjustment due to change in Normal Cost (with interest)  | 234,169       |  |  |  |  |  |  |  |
|  | 861,337,191 |  |               |  |  |  |  |  |  |  |
|  |             |  |               |  |  |  |  |  |  |  |

The valuation was based on the assumption that the plan was qualified for the year and on information supplied by the auditor with respect to contributions and assets and by the Fund Administrator with respect to the data required on employees and pensioners.

# \* Segal Consulting

March 31, 2014

Internal Revenue Service Employee Plans Compliance Unit Group 7602 (SE:TEGE:EP) Room 1700 - 17th Floor 230 S. Dearborn Street Chicago, IL 60604

To Whom It May Concern:

As required by ERISA Section 305 and the Internal Revenue Code (IRC) Section 432, we have completed the actuarial status certification as of January 1, 2014 for the following plan:

Name of Plan: Automotive Industries Pension Plan

Plan number: EIN 94-1133245/ PN 001

Plan sponsor: Board of Trustees, Automotive Industries Pension Plan Address: 1640 South Loop Road, Alameda, California 94502-7089

Phone number: 510.836.2484

As of January 1, 2014, the Plan is in critical status.

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on the annual standards of the rehabilitation plan.

If you have any questions on the attached certification, you may contact me at the following:

Segal Consulting 100 Montgomery Street, Suite 500 San Francisco, CA 94104 Phone number: 415,263,8200

Sincerely,

Redacted by the U.S. Department of the Treasury

Paul C. Poon, ASA, MAAA Associate Actuary Enrolled Actuary No. 11-06069

#### March 31, 2014

# Illustration Supporting Actuarial Certification of Status (Schedule MB, line 4a) ACTUARIAL STATUS CERTIFICATION AS OF JANUARY 1, 2014 UNDER IRC SECTION 432

This is to certify that Segal Consulting, a Member of The Segal Group, Inc. ("Segal") has prepared an actuarial status certification under Internal Revenue Code Section 432 for the Automotive Industries Pension Plan as of January 1, 2014 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

The measurements shown in this actuarial certification may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements; differences in statutory interpretation and changes in plan provisions or applicable law.

This certification is based on the January 1, 2013 actuarial valuation, dated May 30, 2013. Additional assumptions required for the projections and sources of financial information used are summarized in Exhibit V.

Segal Consulting does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretations on which this certification is based reflect Segal's understanding as an actuarial firm.

This certification was based on the assumption that the Plan was qualified as a multiemployer plan for the year.

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the Plan.



Associate Actuary Enrolled Actuary No. 11-06069



| Certificate Contents |  |
|----------------------|--|
| EXHIBIT I            | Status Determination as of January 1, 2014   |
| EXHIBIT II           | Summary of Actuarial Valuation Projections   |
| EXHIBIT III          | Funding Standard Account Projections   |
| EXHIBIT IV           | Funding Standard Account - Projected Bases Assumed Established After January 1, 2013 |
| EXHIBIT V            | Actuarial Assumptions and Methodology  |
| EXHIBIT VI           | Documentation Regarding Progress Under Rehabilitation Plan                           |



EXHIBIT I Status Determination as of January 1, 2014

|         | Status Condition   | Test Component<br>Result | Final<br>Result |
|---------|--|--------------------------|-----------------|
| ritical | Status   |                          |                 |
| 1.      | Funding deficiency projected in four years?  |                          | Yes             |
| 2.      | Funding deficiency projected in five years   | Yes                      |                 |
|         | AND present value of vested benefits for non-actives more than present value of vested benefits for actives                            | Yes                      |                 |
|         | AND normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) greater than contributions for current year? | Yes                      | Yes             |
| 3.      | Funding deficiency projected in five years   | Yes                      |                 |
|         | AND funded percentage less than 65%?   | Yes                      | Yes             |
| 4.      | Funded percentage less than 65%  | Yes                      |                 |
|         | AND assets plus contributions less than benefit payments and administrative expenses over seven years?                                 | No                       | No              |
| 5.      | Assets plus contributions less than benefit payments and administrative expenses over five years?                                      |                          | No              |
| 6.      | In critical status for immediately preceding plan year and funding deficiency projected within ten years?                              |                          | Yes             |
| In      | Critical Status?   |                          | Yes             |
| ndang   | gered Status   |                          |                 |
| 1.      | Funded percentage less than 80%  | N/A                      |                 |
|         | AND not in Critical Status?  | N/A                      | N/A             |
| 2.      | Funding deficiency projected in seven years  | N/A                      |                 |
|         | AND not in Critical Status?  | N/A                      | N/A             |
| In      | Endangered Status?   |                          | No              |
| In      | Seriously Endangered Status?   |                          | No              |
| either  | Critical Status Nor Endangered Status  |                          |                 |
| Ne      | ither Critical nor Endangered Status?  |                          | No              |

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on the annual standards of the rehabilitation plan.



## **EXHIBIT II**

## **Summary of Actuarial Valuation Projections**

The actuarial factors as of January 1, 2014 (based on projections from the January 1, 2013 valuation certificate):

|     |     |  |                         |                         | January 1, 2014 |
|-----|-----|--|-------------------------|-------------------------|-----------------|
| I.  | Ass | et and Contribution Information                              |                         |                         |                 |
|     | 1.  | Market value of assets                                       |                         |                         | \$1,328,275,314 |
|     | 2.  | Actuarial value of assets                                    |                         |                         | 1,186,250,516   |
|     | 3.  | Reasonably anticipated contributions                         |                         |                         |                 |
|     |     | a. Upcoming year   |                         |                         | 22,924,966      |
|     |     | b. Present value for the next five years                     |                         |                         | 95,663,586      |
|     |     | c. Present value for the next seven years                    |                         |                         | 123,723,016     |
| II. | Lia | bilities   |                         |                         |                 |
|     | 1.  | Present value of vested benefits for active participants     |                         |                         | 220,904,133     |
|     | 2.  | Present value of vested benefits for non-active participants |                         |                         | 1,742,587,573   |
|     | 3.  | Total unit credit accrued liability                          |                         |                         | 1,967,409,952   |
|     | 4.  | Present value of payments                                    | <b>Benefit Payments</b> | Administrative Expenses | Total           |
|     |     | a. Next five years   | \$590,252,047           | \$13,744,879            | \$603,996,926   |
|     |     | b. Next seven years  | 785,638,952             | 18,510,501              | 804,149,453     |
|     | 5.  | Unit credit normal cost plus expenses                        |                         |                         | 8,960,677       |
| III | Fu  | nded Percentage (I.2)/(II.3)                                 |                         |                         | 60.3%           |
| IV. | Fu  | nding Standard Account                                       |                         |                         |                 |
|     | 1.  | Credit Balance as of the end of prior year                   |                         |                         | -\$223,888,881  |
|     | 2.  | Years to projected funding deficiency, if within ten years   |                         |                         | 1               |



# **EXHIBIT III Funding Standard Account Projections**

The table below presents the Funding Standard Account Projections for the Plan Years beginning January 1, 2013 through 2023.

|   | Year Beginning January 1, |                |                |                |                |                |                |                  |  |  |
|---|---------------------------|----------------|----------------|----------------|----------------|----------------|----------------|------------------|--|--|
|   | 2013                      | 2014           | 2015           | 2016           | 2017           | 2018           | 2019           | 2020             |  |  |
| <ol> <li>Credit balance at beginning of year</li> </ol>                         | -\$110,466,227            | -\$223,888,881 | -\$337,784,822 | -\$454,941,225 | -\$577,614,160 | -\$704,223,588 | -\$836,445,649 | -\$978,068,974   |  |  |
| 2. Interest on (1)  | -8,008,801                | -16,231,944    | -24,489,400    | -32,983,239    | -41,877,027    | -51,056,210    | -60,642,310    | -70,910,001      |  |  |
| 3. Normal cost  | 3,691,966                 | 3,507,018      | 3,436,878      | 3,368,140      | 3,300,777      | 3,234,762      | 3,170,066      | 3,106,665        |  |  |
| 4. Administrative expenses  | 2,888,977                 | 2,975,646      | 3,064,916      | 3,156,863      | 3,251,569      | 3,349,116      | 3,449,590      | 3,553,077        |  |  |
| 5. Net amortization charges   | 119,341,445               | 106,729,451    | 102,322,011    | 99,081,632     | 94,028,970     | 90,276,914     | 89,681,625     | 69,347,290       |  |  |
| 6. Interest on (3), (4) and (5)   | 9,151,747                 | 8,207,878      | 7,889,726      | 7,656,481      | 7,292,145      | 7,022,407      | 6,981,843      | 5,510,510        |  |  |
| 7. Expected contributions   | 28,622,709                | 22,924,966     | 23,205,335     | 22,748,777     | 22,331,542     | 21,922,652     | 21,521,939     | 21,114,986       |  |  |
| 8. Interest on (7)  | 1,037,573                 | <u>831,030</u> | <u>841,193</u> | <u>824,643</u> | 809,518        | <u>794,696</u> | <u>780,170</u> | <u>765,418</u>   |  |  |
| 9. Credit balance at end of year: (1) + (2) - (3) - (4) - (5) - (6) + (7) + (8) | -\$223,888,881            | -\$337,784,822 | -\$454,941,225 | -\$577,614,160 | -\$704,223,588 | -\$836,445,649 | -\$978,068,974 | -\$1,108,616,113 |  |  |



**EXHIBIT III Funding Standard Account Projections (continued)** 

|   | Year Beginning January 1, |                  |                  |  |  |  |
|---|---------------------------|------------------|------------------|--|--|--|
|   | 2021                      | 2022             | 2023             |  |  |  |
| 1. Credit balance at beginning of year  | -\$1,108,616,113          | -\$1,148,035,837 | -\$1,190,779,022 |  |  |  |
| 2. Interest on (1)  | -80,374,668               | -83,232,598      | -86,331,479      |  |  |  |
| 3. Normal cost  | 3,044,532                 | 2,983,641        | 2,923,968        |  |  |  |
| 4. Administrative expenses  | 3,659,670                 | 3,769,460        | 3,882,543        |  |  |  |
| 5. Net amortization charges   | -24,983,233               | -25,085,299      | -25,121,231      |  |  |  |
| 6. Interest on (3), (4) and (5)   | -1,325,230                | -1,329,084       | -1,327,817       |  |  |  |
| 7. Expected contributions   | 20,603,795                | 20,099,523       | 19,175,973       |  |  |  |
| 8. Interest on (7)  | 746,888                   | <u>728,608</u>   | <u>695,129</u>   |  |  |  |
| 9. Credit balance at end of year: $(1) + (2) - (3) - (4) - (5) - (6) + (7) + (8)$ | -\$1,148,035,837          | -\$1,190,779,022 | -\$1,237,596,862 |  |  |  |



## **EXHIBIT IV**

Funding Standard Account – Projected Bases Assumed Established After January 1, 2013

## **Schedule of Funding Standard Account Bases**

| Type of Base           | Date Established | Base<br>Established | Amortization<br>Period | Amortization Payment |
|------------------------|------------------|---------------------|------------------------|----------------------|
| Experience Gain/(Loss) | 01/01/2014       | -\$107,741,595      | 15                     | -\$11,204,589        |
| Plan Amendment         | 01/01/2014       | -7,598,276          | 15                     | -790,183             |
| Experience Gain/(Loss) | 01/01/2015       | -42,381,262         | 15                     | -4,407,440           |
| Experience Gain/(Loss) | 01/01/2016       | -31,158,986         | 15                     | -3,240,379           |
| Experience Gain/(Loss) | 01/01/2017       | -48,585,617         | 15                     | -5,052,662           |
| Experience Gain/(Loss) | 01/01/2018       | -36,079,195         | 15                     | -3,752,056           |
| Experience Gain/(Loss) | 01/01/2019       | -5,724,207          | 15                     | -595,289             |
| Experience Gain/(Loss) | 01/01/2020       | -3,762,237          | 15                     | -391,254             |
| Experience Gain/(Loss) | 01/01/2021       | -2,218,600          | 15                     | -230,661             |
| Experience Gain/(Loss) | 01/01/2022       | -981,452            | 15                     | -102,066             |
| Experience Gain/(Loss) | 01/01/2023       | -345,513            | 15                     | -35,932              |



#### **EXHIBIT V**

### **Actuarial Assumptions and Methodology**

The actuarial assumptions and plan of benefits are as used in the January 1, 2013 actuarial valuation certificate, dated May 30, 2013, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

Plan of Benefits: All active employees in the January 1, 2013 actuarial valuation not covered under the Default

Schedule are assumed to become covered on January 1, 2014.

Contributions: The Default Schedule of the Rehabilitation Plan calls for seven annual 5% contribution rate increases, beginning January 1, 2013. We have assumed two increases, on average, have been

negotiated into the existing CBAs for 2014 and 2015.

The projected contributions also include the following anticipated withdrawal liability payments by year.

| Year | Amount (In Millions) |
|------|----------------------|
| 2014 | \$2.2                |
| 2015 | \$1.9                |
| 2016 | \$1.9                |
| 2017 | \$1.9                |
| 2018 | \$1.9                |
| 2019 | \$1.9                |
| 2020 | \$1.9                |
| 2021 | \$1.7                |
| 2022 | \$1.6                |
| 2023 | \$1.1                |
| 2024 | \$0.2                |



**Asset Information:** The financial information as of December 31, 2013 was based on an unaudited financial

statement provided by the Fund Administrator.

For projections after that date, the assumed administrative expenses were increased by 3% per year and the benefit payments were projected based on the January 1, 2013 actuarial valuation. The projected net investment return was assumed to be 7.25% of the average market value of assets for the 2014 - 2023 Plan Years. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding

Standard Account.

**Projected Industry Activity:** As required by Internal Revenue Code Section 432, assumptions with respect to projected

industry activity are based on information provided by the plan sponsor. Based on this

information, the total number of contributory months is expected to decline by 2% per year.

**Future Normal Costs:** Based on the assumption that replacement employees will have the same entry age as employees

leaving the work force, the Entry Age Normal Cost method used in the valuation results in level Normal Costs per active. Therefore, we have assumed that the normal cost in future years will be that for the 2013 plan year, after the year-end adjustment for actual versus expected contributions

for 2013, and further adjusted for the projected industry activity above.

#### Actuarial Status Certification as of January 1, 2014 under IRC Section 432 for the Automotive Industries Pension Plan

EIN 94-1133245/ PN 001

#### **EXHIBIT VI**

## **Documentation Regarding Progress Under Rehabilitation Plan**

Based on the Rehabilitation Plan in effect as of December 31, 2013, the applicable standard for January 1, 2014 was for no projected insolvency until after December 31, 2020, using the plan provisions, assumptions/methods, and contribution levels that form the basis of this certification.

Our projections based on this certification indicate the plan will become insolvent during the 2030 Plan Year. Therefore, the annual standard is met.

5303378v2/01149.027



SECTION 4: Certificate of Actuarial Valuation as of January 1, 2014 for the Automotive Industries Pension Plan

EXHIBIT III

Schedule of Active Participant Data
(Schedule MB, line 8b)

The participant data is for the year ended December 31, 2013.

|           | Years of Credited Service |     |     |       |         |         |         |         |         |           |
|-----------|---------------------------|-----|-----|-------|---------|---------|---------|---------|---------|-----------|
| Age       | Total                     | 1-4 | 5-9 | 10-14 | 15 - 19 | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40 & over |
| Under 25  | 120                       | 113 | 7   |       |         |         |         |         |         |           |
| 25 - 29   | 329                       | 196 | 128 | 5     |         |         |         |         |         |           |
| 30 - 34   | 407                       | 162 | 157 | 85    | 3       |         |         |         |         |           |
| 35 - 39   | 439                       | 115 | 130 | 137   | 53      | 4       |         |         |         |           |
| 40 - 44   | 483                       | 86  | 106 | 162   | 91      | 34      | 4       |         |         |           |
| 45 - 49   | 592                       | 76  | 114 | 164   | 110     | 78      | 46      | 4       |         |           |
| 50 - 54   | 737                       | 65  | 85  | 158   | 133     | 139     | 112     | 42      | 3       |           |
| 55 - 59   | 511                       | 23  | 74  | 88    | 87      | 82      | 85      | 48      | 23      | 1         |
| 60 - 64   | 264                       | 7   | 23  | 47    | 58      | 52      | 41      | 14      | 19      | 3         |
| 65 - 69   | 70                        | 6   | 7   | 13    | 10      | 5       | 14      | 5       | 1       | 9         |
| 70 & over | 3                         |     |     | 2     | 1       |         |         |         |         |           |
| Unknown   | 24                        | 22  | 2   |       |         |         |         |         |         |           |
| Total     | 3,979                     | 871 | 833 | 861   | 546     | 394     | 302     | 113     | 46      | 13        |



## SECTION 4: Certificate of Actuarial Valuation as of January 1, 2014 for the Automotive Industries Pension Plan

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## **EXHIBIT IV (continued)**

**Funding Standard Account** 

## Schedule of Funding Standard Account Bases (Charges) (Schedule MB, line 9c)

| Type of Base          | Date Established | Amortization<br>Amount | Years<br>Remaining | Outstanding<br>Balance |
|-----------------------|------------------|------------------------|--------------------|------------------------|
| Combined Base         | 01/01/2012       | \$114,042,943          | 6.82               | \$640,358,948          |
| Plan Amendment        | 01/01/2012       | 71,720                 | 13                 | 633,859                |
| Experience Loss       | 01/01/2012       | 3,929,675              | 13                 | 34,730,190             |
| Experience Loss       | 01/01/2013       | 4,468,373              | 14                 | 41,289,973             |
| Change in Assumptions | 01/01/2014       | 452,894                | 15                 | 4,354,955              |
| Total                 |                  | \$122,965,605          |                    | \$721,367,925          |



## SECTION 4: Certificate of Actuarial Valuation as of January 1, 2014 for the Automotive Industries Pension Plan

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## **EXHIBIT IV (continued)**

**Funding Standard Account** 

## Schedule of Funding Standard Account Bases (Credits) (Schedule MB, line 9h)

|                  | Amortization                           | Years   | Outstanding  |
|------------------|--|---|--|
| Date Established | Amount                                 | Remaining   | Balance  |
| 07/01/2012       | \$2,549,656                            | 13.5  | \$23,055,862   |
| 01/01/2013       | 4,388                                  | 14  | 40,550   |
| 07/01/2013       | 1,234,444                              | 14.5  | 11,642,602   |
| 01/01/2014       | 810,548                                | 15  | 7,794,106  |
| 01/01/2014       | 11,003,792                             | 15  | 105,810,767  |
|                  | \$15,602,828                           |   | \$148,343,887  |
|                  | 01/01/2013<br>07/01/2013<br>01/01/2014 | 07/01/2012       \$2,549,656         01/01/2013       4,388         07/01/2013       1,234,444         01/01/2014       810,548         01/01/2014       11,003,792 | 07/01/2012       \$2,549,656       13.5         01/01/2013       4,388       14         07/01/2013       1,234,444       14.5         01/01/2014       810,548       15         01/01/2014       11,003,792       15 |



#### **EXHIBIT VII**

## Statement of Actuarial Assumptions/Methods (Schedule MB, line 6)

#### **Mortality Rates:**

Healthy: RP-2000 Combined Healthy Mortality Tables, set back 1 year

Disabled: RP-2000 Combined Healthy Mortality Tables, set forward 3 years.

The above RP-2000 mortality tables (set back 1 year for healthy lives and set forward 2 years for disabled lives) reasonably anticipates the projected mortality experience of the Plan as of the measurement date. The additional 1-year setback is a provision made for future mortality improvement.

## **Termination Rates before Retirement:**

Rate (%)

| _   | Mortality |        | _          |             |
|-----|-----------|--------|------------|-------------|
| Age | Male      | Female | Disability | Withdrawal* |
| 20  | 0.03      | 0.02   | 0.05       | 21.20       |
| 25  | 0.04      | 0.02   | 0.06       | 15.80       |
| 30  | 0.04      | 0.02   | 0.08       | 11.60       |
| 35  | 0.07      | 0.04   | 0.11       | 8.40        |
| 40  | 0.10      | 0.06   | 0.17       | 6.20        |
| 45  | 0.14      | 0.10   | 0.27       | 4.20        |
| 50  | 0.20      | 0.16   | 0.45       | 2.60        |
| 55  | 0.32      | 0.24   | 0.76       | 1.00        |
| 60  | 0.59      | 0.44   | 1.22       | 0.00        |

<sup>\*</sup> Withdrawal rates under age 55 are increased by 6 percentage points for the first 5 years of service. Withdrawal rates do not apply at retirement eligibility.



#### **Retirement Rates:**

| Age     | <b>Retirement Rates</b> |
|---------|-------------------------|
| 55 – 60 | 5%                      |
| 61      | 15                      |
| 62      | 35                      |
| 63      | 25                      |
| 64      | 25                      |
| 65      | 50                      |
| 66      | 30                      |
| 67      | 100                     |

## **Description of Weighted Average Retirement Age:**

Age 62.2, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in this actuarial valuation.

## **Retirement Age for Inactive**

85%

| Vested Participants:                      | Age 65  |
|---|---|
| Future Benefit Accruals:                  | Work-year of 11.2 months of contributions per active participant.   |
| Unknown Data for Participants:            | Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.                          |
| <b>Definition of Active Participants:</b> | Active participants are defined as those with at least five months in the most recent Plan Year, excluding those who have retired as of the valuation date. |
| Evolucion of Inactive Vestads             | Inactive participants over age 70 evaluded from the valuation   |

**Exclusion of Inactive Vesteds:** 

Inactive participants over age 70 excluded from the valuation.

**Percent Married:** 



## SECTION 4: Certificate of Actuarial Valuation as of January 1, 2014 for the Automotive Industries Pension Plan

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| Age of Spouse:                         | Females 4 years younger than males.   |
|--|---|
| <b>Benefit Election:</b>               | All future pensioners are assumed to elect the Life Option at retirement.   |
| Net Investment Return:                 | 7.25%   |
| <b>Annual Administrative Expenses:</b> | \$3,000,000, payable monthly (equivalent to \$2,888,977 payable at the beginning of the year).  |
| Actuarial Value of Assets:             | The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the expected return on the actuarial value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.  |
| Actuarial Cost Method:                 | Entry Age Normal Actuarial Cost Method. Entry Age is the current age minus Credited Service. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rates have always been in place. Normal Cost is adjusted by the ratio of the actual contributions credited for benefit accruals received during the plan year to the expected contribution. For 2014, the expected contributions are \$20,126,527. |
| Benefits Valued:                       | Unless otherwise indicated, includes all benefits summarized in Exhibit VIII.   |
| <b>Current Liability Assumptions:</b>  |   |
| Interest                               | 3.64%, within the permissible range prescribed under IRC Section 431(c)(6)(E)   |
| Mortality                              | Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1: RP-2000 tables projected forward to the valuation year plus seven years for annuitants and 15 years for nonannuitants   |



## Justification for Change in Actuarial Assumptions (Schedule MB, line 11):

For purposes of determining current liability, the current liability interest rate was changed due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2014:

➤ Mortality for disabled lives, previously RP-2000 Combined Healthy Mortality tables, set forward 5 years.

#### **Estimated Rate of Investment Return:**

On actuarial value of assets

(Schedule MB, line 6g): 17.4%, for the Plan Year ending December 31, 2013

On current (market) value of assets

(Schedule MB, line 6h): 19.8%, for the Plan Year ending December 31, 2013

## Funding Standard Account Contribution Timing (Schedule MB, line 3(a)):

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the Funding Standard Account is therefore assumed to be equivalent to a July 1<sup>st</sup> contribution date.



#### SECTION 4: Certificate of Actuarial Valuation as of January 1, 2014 for the Automotive Industries Pension Plan

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#### **EXHIBIT VIII**

Summary of Plan Provisions (Schedule MB, line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Year: January 1 through December 31

Pension Credit Year: January 1 through December 31

**Plan Status:** Ongoing plan

#### **Normal Pension:**

Age and Service requirements

Amount

65 and 5 years of Credited Service (including 24 months of Future Service).

The monthly amount is the sum of (a), (b), (c), (d) and (e).

- a. \$10.00 for each year of Past Service.
- b. \$5.00 for each \$100 of the contributions made on the participant's behalf from his Contribution Date through June 30, 2003.
- c. \$3.00 for each \$100 of the contributions made on the participant's behalf from July 1, 2003 through December 31, 2004.
- d. 0.5% for the first \$250 of monthly contributions, 1.0% for the next \$250 of monthly contributions, and 2.0% of monthly contributions in excess of \$500 made on the participant's behalf on or after January 1, 2005.
- e. 1.0% of monthly contributions made on the participant's behalf on or after July 1, 2008.

Contribution increases under the Rehabilitation Plan do not count for benefit accruals.



| <b>Early Retirement Pension:</b> |  |
|----------------------------------|--|
| Age and Service requirements     | 55 and 60 months of Credited Future Service.   |
| Amount                           | Accrued Normal Pension amount to which the participant would be entitled, reduced by 3 for each year that the retiring employee is younger than 62 (no reduction is applied between ages 62 and 65 for the Unreduced Early Pension, or if participants age and service total at least 85 for the Unreduced Rule of 85 Pension). For participants subject to the Rehabilitation Plan benefit reductions, all Early Retirement Pensions are reduced from age 65, using the plan's actuarial equivalence basis. This benefit is not available to those who retire from inactive status. |
| <b>Disability Pension:</b>       |  |
| Age and Service requirements     | Any age and 5 years of Credited Service (including 24 months of Future Service).   |
| Other requirements               | Eligible for a Social Security disability benefit.   |
| Amount                           | Accrued Normal Pension amount to which the participant would be entitled (on his date of disability) without any reduction. For participants subject to the Rehabilitation Plan benefit reductions, the Disability Pension is not available and those who become disabled are eligible only for the Vested Benefit described below.  |
| Vested Benefit:                  |  |
| Age and Service requirements     | Any age and 5 years of Credited Service (including 24 months of Future Service).   |
| Amount                           | Accrued Normal Pension, payable commencing at Normal Retirement Age, or, if available (on a reduced basis), as early as age 55.  |
| Normal Retirement Age            | The later of age 65 and the fifth anniversary of participation.  |
| Spouse's Benefit:                |  |
| Age and Service requirements     | Any age and 5 years of Credited Service (including 24 months of Future Service).   |
| Amount                           | 50% of the benefit that the participant would have received had he or she retired the day before death on a Joint and Survivor Annuity. If the participant is not eligible to retire at the time of death, payments will be deferred until the participant's earliest retirement age.  |



## **Pre-Retirement Death Benefit:** Age and Service requirements Any age and 5 years of Credited Service (including 24 months of Future Service). Return of the total contributions made on account of the participant's employment or, if greater, Amount the participant's unreduced pension at time of death payable for 36 months. This benefit is not payable if benefits are due under the Spouse's Benefit or for participants subject to the Rehabilitation Plan benefit reductions. Joint and Survivor Annuity: All retirements are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. The benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If the spouse predeceases the participant, the benefit "pops-up" to the amount is payable before the reduction. If this type of pension is rejected, benefits are payable for the life of the participant without reduction (with a minimum guarantee of 36 monthly payments) or in any other available optional form elected by the participant. For participants subject to the Rehabilitation Plan benefit reductions, the "pop-up" feature and the 36-month guarantee are not available, and the joint and survivor reduction factors are based on the plan's actuarial equivalence basis. **Optional Forms of Benefit Payment:** > 50% Joint and Survivor Option ("QJSA") 75% Joint and Survivor Option ("QOSA") Life with 36-Month Guarantee Option Life with 120-Month Guarantee Option Full 100% Joint and Survivor Option Aside from a life only annuity, QJSA and QOSA, these options are not available for participants

subject to the Rehabilitation Plan benefit reductions.



SECTION 4: Certificate of Actuarial Valuation as of January 1, 2014 for the Automotive Industries Pension Plan

|  | EIN | 94 - 1 | 133245/ | PN | 001 |
|--|-----|--------|---------|----|-----|
|--|-----|--------|---------|----|-----|

| <b>Contribution Rate:</b>  | The average benefit contribution rate on January 1, 2014 was \$398.95 per month.   |
|----------------------------|--|
| Participation Rule:        | An employee becomes a "Participant" the first day of the first month for which an employer contribution was made.  |
| Permanent Break            | A non-vested participant incurs a Permanent Break in Service if the number of consecutive One-Year Breaks in Service is at least 5 and it equals or exceeds the number of years of Credited Service which the employee had previously accumulated. At this time, the non-vested portion of the participant's service and benefits accrued are canceled.                                  |
| One-Year Break             | A participant incurs a One-Year Break in Service if he or she fails to complete five months of service or 501 hours of service in a Plan Year.   |
| Break-in-Service Rules:    |  |
|                            | Past Service is credited for service prior to the Contribution Date up to a maximum of 20 years for members who became participants prior to January 1, 1975 and 10 years for members who entered the Plan after January 1, 1975. For participants who joined the Plan after 1978, the amount of Credited Past Service can not exceed the Credited Future Service earned under the Plan. |
| Credited Service Schedule: | Commencing January 1, 1976 a year of Future Service is credited during any Plan Year in which the participant completes at least 5 months of covered service. (No fractional credit is granted.) Prior to January 1, 1976, Future Service was granted at the rate of one-twelfth of a year for each month of contribution payments.  |



#### SECTION 4: Certificate of Actuarial Valuation as of January 1, 2014 for the Automotive Industries Pension Plan

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#### **Plan Amendments:**

The level of benefits payable is directly proportional to the negotiated contribution rate recognized for benefit accruals; any change in this rate for continuing active employees results in an automatic benefit change and, therefore, in a plan amendment.

The Trustees implemented a Rehabilitation Plan with a schedule that reduce Plan benefits as described in Section 4, Exhibit VIII. This year's valuation recognizes the benefit reductions for all members not previously covered under this schedule.

5313555v1/01149.001

## SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Department of Labor

## **Retirement Plan Information**

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

|      | Pension Benefit Guaranty Corporation  |             |                              |           |                 |            |
|------|---|-------------|------------------------------|-----------|-----------------|------------|
| For  | calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and et   | nding       | 12/31/2                      | 014       |                 |            |
|      | lame of plan<br>OMOTIVE INDUSTRIES PENSION PLAN   | pla         | ree-digit<br>an numbe<br>'N) | er<br>•   | 001             |            |
|      |   |             |                              |           |                 |            |
|      | Plan sponsor's name as shown on line 2a of Form 5500 OF TRUSTEES OF AUTOMOTIVE INDUSTRIES PENSION PLAN  |             | ployer Ide<br>1133245        | entificat | ion Number (El  | N)         |
|      | rt I Distributions  |             |                              |           |                 |            |
| Allı | 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 duri payors who paid the greatest dollar amounts of benefits):  | ng the ye   | ar (if mor                   | e than t  | wo, enter EINs  | of the two |
|      | 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 year  | •           | 3                            |           |                 | 0          |
| Pa   | Funding Information (If the plan is not subject to the minimum funding requirements of ERISA section 302, skip this Part)   | f section   | of 412 of                    | the Inte  | ernal Revenue ( | Code or    |
| 4    | Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?   |             | . П                          | Yes       | X No            | N/A        |
|      | If the plan is a defined benefit plan, go to line 8.  |             | _                            |           | _               | _          |
| 5    |   |             |                              |           |                 |            |
| 6    | a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).  |             |                              |           |                 |            |
|      | <b>b</b> Enter the amount contr buted 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 o authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or administrator agree with the change? | plan        |                              | Yes       | ☐ No            | ⊠ N/A      |
| Pa   | art 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.   | ase         | Decre                        | ase       | Both            | X No       |
| Pai  | rt IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(a skip this Part.  | e)(7) of th | e Interna                    | Reven     | ue Code,        |            |
| 10   | Were unallocated employer securities or proceeds from the sale of unallocated securities used to repa   | y any exe   | empt loan                    | ?         | Yes             | No         |
| 11   |   |             |                              | No        |                 |            |
|      | h If the ESOP has an outstanding exampt loan with the amployer as lander is such loan part of a "back to back" loan?  |             |                              | ☐ No      |                 |            |
| 12   | Does the ESOP hold any stock that is not readily tradable on an established securities market?  |             |                              |           | Yes             | No         |

| _   |    | • |  |
|-----|----|---|--|
| Pac | 10 | Z |  |
|     |    |   |  |

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Schedule R (Form 5500) 2014

| Part | Part V Additional Information for Multiemployer Defined Benefit Pension Plans   |  |  |  |  |
|------|---|--|--|--|--|
|      | nter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in collars). See instructions. Complete as many entries as needed to report all applicable employers.  |  |  |  |  |
| a    | Name of contr buting employer GILLIG CORPORATION  |  |  |  |  |
| b    | EIN 26-3085364 C Dollar amount contributed by employer 2480508  |  |  |  |  |
| 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 12 Day 31 Year 2016   |  |  |  |  |
| e    | Contr bution 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) Contr bution rate (in dollars and cents) 460.85  (2) Base unit measure: Hourly Weekly Unit of production X Other (specify):MONTHLY  |  |  |  |  |
| а    | Name of contr buting employer UNITED PARCEL SERVICE   |  |  |  |  |
| b    | EIN 36-2407381 C Dollar amount contributed by employer 3277896  |  |  |  |  |
| 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 07 Day 31 Year 2019   |  |  |  |  |
| e    | Contr bution 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) Contr bution rate (in dollars and cents) 771.75  (2) Base unit measure: Hourly Weekly Unit of production Otherwise, or complete lines 13e(1) and 13e(2).)  (3) Other (specify): SEE ATTACHED |  |  |  |  |
| а    | Name of contr buting employer SSA TERMINALS   |  |  |  |  |
| b    | EIN 91-1983909 C Dollar amount contributed by employer 2027900  |  |  |  |  |
| 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 06 Day 30 Year 2015   |  |  |  |  |
| e    | Contr bution rate information (If more than one rate applies, check this box X and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).) (1) Contr bution rate (in dollars and cents) 700.00 (2) Base unit measure: Hourly Weekly Unit of production X Other (specify): SEE ATTACHED  |  |  |  |  |
| а    | Name of contr buting 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    | Contr bution 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) Contr bution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):  |  |  |  |  |
| а    | Name of contr buting 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    | Contr bution 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) Contr bution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):  |  |  |  |  |
| а    | Name of contr buting 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  |  |  |  |  |
| е    | Contr bution 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) Contr bution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):  |  |  |  |  |

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| participant for:   |                                      |                    |  |  |
|--|--------------------------------------|--------------------|--|--|
| a The current year   | 14a                                  | 121                |  |  |
| b The plan year immediately preceding the current plan year  | 14b                                  | 66                 |  |  |
| C The second preceding plan year   | 14c                                  | 84                 |  |  |
| 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                                  | 0.99               |  |  |
| b The corresponding number for the second preceding plan year  | 15b                                  | 0.98               |  |  |
| 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                                  | 4                  |  |  |
| <b>b</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                                  | 5775857            |  |  |
| 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.  |                                      |                    |  |  |
| art VI Additional Information for Single-Employer and Multiemployer Defined Benefit  | t Pensio                             | on Plans           |  |  |
| 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   |                                      |                    |  |  |
| 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: 57.0% Investment-Grade Debt: 18.0% High-Yield Debt: 6.0% Real Estate: 6.0% Other: 13.0%  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): |                                      |                    |  |  |
|  | participant for:  a The current year | a The current year |  |  |

## Schedule R, Line 13e - Information on Contribution Rates and Base Units

Plan Name: Automotive Industries Pension Plan

Plan Sponsor: Board of Trustees of Automotive Industries Pension

**Employer Identification Number:** 94-1133245

Plan Number: 001

FYE: December 31, 2014

Name of contributing employer: United Parcel Service

| Contribution rate | Base unit measure |  |  |
|-------------------|-------------------|--|--|
| \$771.75          | Monthly           |  |  |
| \$4.00            | Hourly            |  |  |

Name of contributing employer: SSA Terminals

| Contribution rate | Base unit measure |  |  |
|-------------------|-------------------|--|--|
| \$700.00          | Monthly           |  |  |
| \$771.75          | Monthly           |  |  |

Plan Name: Automotive Industries Pension Plan

Plan Sponsor: Board of Trustees of the Automotive Industries Pension Trust Fund

Employer Identification Number: 94-1133245 Plan Number: 001

## SCHEDULE R, SUMMARY OF REHABILITATION PLAN FOR 2014 PLAN YEAR

## **Subsequent ACTIONS THROUGH DECEMBER 31, 2014**

- As permitted under Section 204 of the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA), on March 5, 2009, the Board of Trustees voted to temporarily freeze the plan's 2009 funded status to be the same as that of the 2008 plan year. As a result, the Plan was not required to update its Rehabilitation Plan for 2009.
- ➤ On April 21, 2009, the Plan provided notice of actions taken under both Sections 204 and 205 of WRERA to the Internal Revenue Service.

## **Automotive Industries Pension Fund**

Administered by: Associated Third Party Administrators

1640 SOUTH LOOP RD • ALAMEDA, CA 94502 • TELEPHONE (510) 836-2484 Or (800) 635-3105

Mailing Address: POSTOFFICE BOX 23120 • OAKLAND, CA 94623-0120

Website: www.aitrustfunds.org

#### AUTOMOTIVE INDUSTRIES PENSION TRUST FUND

# REVISED REHABILITATION PLAN <u>Effective July 9,2012</u>

#### Introduction

The Pension Protection Act of 2006 ("PPA"), as amended by the Worker, Retiree, and Employer Act of 2008 ("WRERA"), requires the Trustees of a multiemployer pension fund that has been certified by its actuary as being in Critical Status (also known as the "Red Zone") to develop a Rehabilitation Plan. The Rehabilitation Plan should enable the fund to cease to be in Critical Status by the end of the rehabilitation period. However, if the Trustees determine, based upon the exhaustion of all reasonable measures, that the fund can not reasonably be expected to emerge by the end of the rehabilitation period, the Rehabilitation Plan should be designed to enable the fund to cease to be in Critical Status at a later date, or if not reasonable, to forestall possible insolvency.

On March 28, 2008, the Automotive Industries Pension Trust Plan ("Plan") was certified by its actuary to be in critical status for the plan year beginning January 1, 2008. Ithas continued to be certified to be in critical status for subsequent plan years, including the current plan year beginning January 1, 2012. An initial Rehabilitation Plan was adopted on March 21, 2008. Under PPA, the Trustees are required to annually review and update the Rehabilitation Plan and its Schedules as necessary.

#### This Rehabilitation Plan:

- 1. specifies the rehabilitation period;
- 2. describes alternatives the Trustees considered when preparing the Rehabilitation Plan;
- 3. explains why the Trustees concluded that there are no reasonable measures that would enable the Fund to emerge from Critical Status by the end of the rehabilitation period;
- 4. includes one schedule (Default) of benefit and contribution changes that wiJI be provided to the bargaining parties, which must be implemented as part of future collective bargaining agreements between local unions and contributing employers entered into or renewed after the adoption of this Rehabilitation Plan;
- 5. describes how the Default Schedule will be automatically implemented if there is no agreement between the bargaining parties in a timely manner; and
- 6. provides annual standards for meeting the requirements of the Rehabilitation Plan and describes how the Rehabilitation Plan will be updated from time to time.

.Tuly 2012

#### Rehabilitation Period

The initial rehabilitation period was the I0-year period from January 1,2011 through December 31, 2020. The Trustees elected to extend this period by 3 years to December 31, 2023 under WRERA.

#### Rehabilitation Plan Standard

PPA generally provides a 10-year rehabilitation period to emerge from Critical Status. Pursuant to Section 205 of WRERA, the Trustees could elect to extend the I0-year rehabilitation period to a 13-year rehabilitation period. However, PPA also specifically provides for a plan to emerge from Critical Status later, if possible, or to forestall insolvency if the plan cannot reasonably be expected to emerge by the end of the rehabilitation period, or at all, as determined by its Trustees.

The original Default Schedule of benefit cuts and contribution increases was designed to enable the plan to emerge by the end of the original rehabilitation period on December 31, 2020. After reflecting actual experience through January 1,2011 and the 3-year extension of the rehabilitation period, the supplemental contributions required in the original Default Schedule would need to increase from 12.5% to 35.8% per year for 7 years beginning January 1,2013, based on reasonable assumptions, to emerge by December 31, 2023. For example, the average contribution rate would have to grow from \$394 to \$3,356 per month.

The Board of Trustees concluded that such changes in contribution rate to emerge from the Critical Status by the end of the rehabilitation period were unreasonable and involved considerable risk to the Fund and Fund participants. Inreaching this conclusion the Board considered (1) information concerning the decline in the automotive industry in general, (2) the rapid decline of contributing employers and of active participants in the Fund, and (3) information concerning the remaining larger contributing employers to the fund, the risk of further substantial withdrawals in the future and the potential adverse impact of such withdrawals. The Board concluded that the continued existence of the Fund and the Trustees' ability to discourage bargaining withdrawals and maintain or improve the Fund's funded status would be jeopardized by any attempt to emerge from Critical Status by the end of the rehabilitation period.

The Board of Trustees concluded that annual contribution rate increases in excess of those called for under the attached Default Schedule could trigger mass withdrawals and significant losses to the Fund and participants. The Trustees further concluded that contributions required to emerge from critical status "at a later date" would be unreasonable and therefore the Rehabilitation Plan could not be expected to do any more than forestall insolvency.

The Board of Trustees considered several actions, options, and alternatives that would enable the Fund to emerge from Critical Status either by the end of the rehabilitation period or as soon as reasonably possible after the period. The Trustees have determined the remedies considered to emerge from Critical Status were unreasonable measures that would be untenable or counterproductive and adverse to the Fund and Fund participants. The various remedies and alternative schedules considered included the following:

- 1. Seek the assistance of the Pension Benefit Guaranty Corporation CPBGC) to improve the funding position of the Fund: The Trustees have considered various possible approaches with the PBGC. The concepts of PBGC assisted merger and PBGC approved managed mass withdrawal were determined to be unachievable after considerable discussion. The approach of partitioning the Fund's liability related to benefits earned by participants through service with employers who became, or will become, bankrupt into a new pension plan that will receive assistance was also considered by the Trustees but was determined not to be viable due to the relatively small amount of plan liability that would be eligible for assistance.
- 2. Secure a merger with another fund: Various standard mergers (not PBGC-assisted) were considered and/or explored during and before the Fund entered critical status. In each case, the Trustees of the proposed merger partner were found to be unwilling or unable to effectuate a merger.

#### Trustee Approved Rehabilitation Plan Remedies

Having considered all reasonable measures to emerge from critical status, the Trustees have concluded that the Fund cannot reasonably be expected to emerge from critical status by the end of the rehabilitation period or at a later date. Based on this, they have adopted the following reasonable measures to forestall insolvency of the Fund:

#### **L.** Eliminate Early Retirement Benefits for Inactive Vested Participants

The Trustees amended the pension plan so as to eliminate early retirement benefits (i.e., benefits commencing prior to the Plan's age 65 normal retirement age) for inactive vested participants, effective February 1,2011. Previously, these benefits were available on an actuarial equivalence basis.

#### 2. Default Schedule

Under this schedule, all non-protected and adjustable benefits for participants who retired on or after July 1,2008 are eliminated effective July 1,2008, or if later, the date the Default Schedule is adopted pursuant to collective bargaining, or imposed automatically by the Trustees. Attachment A describes the non-protected and adjustable benefits that are being eliminated and the supplemental employer contributions.

## Annual Standards for Meeting the Rehabilitation Requirements

Based on reasonable assumptions, the Fund is projected to become insolvent. The year of projected insolvency will vary each year as actual experience differs from the assumptions. The Trustees recognize the possibility that actual experience could be less favorable than the reasonable assumptions used for the Rehabilitation Plan and the need to update the Rehabilitation Plan on an annual basis. Consequently, the annual standard for meeting the requirements of this Rehabilitation Plan is for updated actuarial projections each year to show, based on reasonable assumptions, that under the Rehabilitation Plan (as amended from time to time) the projected insolvency will occur after 2020.

#### **Annual Updating of Rehabilitation Plan**

Each year the Fund's actuary will review and certify the status of the Fund under PPA funding rules and whether the Fund is making the scheduled progress in meeting the requirements of the Rehabilitation Plan. If the Trustees determine that it is necessary in light of updated information, they will revise the Rehabilitation Plan and present updated schedules to the bargaining parties. Notwithstanding subsequent changes in benefit and contribution schedules, a schedule provided by the Trustees and relied upon by the bargaining parties in negotiating a collective bargaining agreement shall remain in effect for the duration of that collective bargaining agreement.

#### **DEFAULT SCHEDULE**

#### **Benefit Changes**

Remove early retirement subsidies – instead of the Rule of 85 or the 3% per year reductions from age 62, reductions will be based on actuarial equivalence from normal retirement age (65).

Eliminate the Early Retirement Pension for inactive vested participants.

Eliminate future Disability Pension awards.

):>- Eliminate 36-payment pre -retirement death benefit awards.

Eliminate Automatic Joint and Survivor Benefit subsidies on all future pensioner awards; reductions will be based on actuarial equivalence.

Eliminate all optional forms of payments on pension awards; single participants will receive a single life annuity with no death benefits and married participants will receive the reduced QJSA or QOSA.

## Supplemental Contributions

Supplemental Contributions will be payable based on the following schedule:

Contribution increases under all agreements as follows (all increases are "off-benefit", i.e., will not count toward benefit accruals):

| Effective Date                     | Increase in monthly rate | Cumulative increase |
|------------------------------------|--------------------------|---------------------|
| March 28, 2008 – December 31, 2012 | 0.0%                     | 0.0%                |
| January I,2013                     | 5.0%                     | 5.0%                |
| January 1, 2014                    | 5.0%                     | 10.3%               |
| January 1, 2015                    | 5.0%                     | 15.8%               |
| January 1, 2016                    | 5.0%                     | 21.6%               |
| January 1, 2017                    | 5.0%                     | 27.6%               |
| January 1, 2018                    | 5.0%                     | 34.0%               |
| January 1, 2019                    | 5.0%                     | 40.7%               |

#### **Implementation**

Benefit reductions for active participants become effective when their employer's collective bargaining agreement is renewed on or after April 27, 2008 – but no later than 180 days following the expiration date of the prior collective bargaining agreement.

An active participant's employer will be the participant's most recent employer prior to retirement. Once an employer is determined, the Plan will search its records to determine when that employer's collective bargaining agreement expired and the benefit reductions for its employees became effective.

For a non-collectively bargained active participant (e.g., owner-operator, alumni, etc.) that has had contributions made to the Plan under the terms of a subscription agreement, the effective date will be July 1, 2009. Other categories of active participants who are automatically covered by the July 1, 2009 effective date include:

Non-bargained participants covered under the Plan by working in "related non-covered employment.

Participants working in covered positions in the jurisdiction of a "related plan."

Participants working in "recognized unrelated service."

Participants whose employer ceased to be a contributing employer prior to July 2008.

Participants currently under a Plan "grace period" due to (I) incapacity based on a disability that prevents them from working in covered service, (2) serving in the Armed Forces of the United States, or (3) engaged in this industry in an ineligible classification.

Participants receiving workers' compensation benefits.

The benefits of Pensioners, surviving spouses and Alternate Payees who commenced receipt of benefits prior to April 27,2008 or, if applicable, the benefit reduction effective date (see above) are not subject to reduction under the Default Schedule except to the extent provided under the terms of the Pension Plan and/or to the extent permitted by law or regulation.