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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WOLVERINE SALARIED PENSION PLAN

1b Three-digit plan number (PN) ▶ 015

1c Effective date of plan 12/01/2006

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

WOLVERINE ADVANCED MATERIALS, LLC

5850 MERCURY DRIVE, SUITE 250
DEARBORN, MI 48126

2b Employer Identification Number (EIN)
20-4605777

2c Sponsor's telephone number
313-749-6100

2d Business code (see instructions)
339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2015	MARIA LONG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	216
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	40
b	Retired or separated participants receiving benefits	**6b**	85
c	Other retired or separated participants entitled to future benefits	**6c**	78
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	203
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12
f	Total. Add lines **6d** and **6e**.	**6f**	215
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1C 3H

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)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

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] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
WOLVERINE SALARIED PENSION PLAN

B Three-digit plan number (PN) ▶ 015

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WOLVERINE ADVANCED MATERIALS, LLC

D Employer Identification Number (EIN)
20-4605777

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 01 Year 2013

2 Assets:

a Market value	**2a**	11981981
b Actuarial value	**2b**	12090616

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	**3a**	90	6709695
b For terminated vested participants	**3b**	83	2629389
c For active participants:			
(1) Non-vested benefits	**3c(1)**		29432
(2) Vested benefits	**3c(2)**		2926001
(3) Total active	**3c(3)**	43	2955433
d Total	**3d**	216	12294517

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.61 %
6 Target normal cost	**6**	172405

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/14/2015
Date

SCOTT LANHAM
Type or print name of actuary

14-06847
Most recent enrollment number

BUCK CONSULTANTS, LLC
Firm name

513-784-0005
Telephone number (including area code)

720 EAST PETE ROSE WAY, SUITE 300
CINCINNATI, OH 45202
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 2.06 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of 6.96 % except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	98.34 %
15	Adjusted funding target attainment percentage	15	98.34 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.07 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/13/2014	99577	0			
06/17/2014	99577	0			
09/15/2014	99577	0			
12/15/2014	99577	0			
03/13/2015	85600	0			
06/15/2015	85600	0			
			Totals ► 18(b)	569508	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	538274

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.23%	6.51%	7.16 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	172405
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	203901	169993
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	342398

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	342398
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	538274

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	195876
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☒ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☒ 2011

42 Amount of acceleration adjustment	**42**	0
43 Excess installment acceleration amount to be carried over to future plan years	**43**	0

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

A Name of plan WOLVERINE SALARIED PENSION PLAN	**B** Three-digit plan number (PN) ▶ 015
C Plan sponsor's name as shown on line 2a of Form 5500 WOLVERINE ADVANCED MATERIALS, LLC	**D** Employer Identification Number (EIN) 20-4605777

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BUCK CONSULTANTS

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13 50	ADMINISTRATOR	95033	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COMERICA BANK

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 18 19 21 28 37 38 49 50 59 62 64 72 99	TRUSTEE	10603	Yes [X] No [ ]	Yes [X] No [ ]	949	Yes [ ] No [X]

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

BANK OF NEW YORK MELLON

25-6078093

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51 52	INVESTMENT MGR	8286	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

INDEPENDENT FINANCIAL

3030 NORTH ROCKY POINT DRIVE WEST
SUITE 700
TAMPA, FL 33607

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	8375	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GILMORE JASION MAHLER, LTD

34-1827159

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	6051	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

A Name of plan
WOLVERINE SALARIED PENSION PLAN

B Three-digit plan number (PN) ▶ 015

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WOLVERINE ADVANCED MATERIALS, LLC

D Employer Identification Number (EIN)
20-4605777

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: EB LONG TERM GOVT CREDIT BOND

b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-000	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

A Name of plan
WOLVERINE SALARIED PENSION PLAN

B Three-digit plan number (PN) ▶ 015

C Plan sponsor's name as shown on line 2a of Form 5500
WOLVERINE ADVANCED MATERIALS, LLC

D Employer Identification Number (EIN)
20-4605777

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		3
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	128466	270777
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	160107	333833
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	6588909	
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5389990	12239410
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	72159	

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12339631	12844023
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	283805	
k Total liabilities (add all amounts in lines 1g through1j)	1k	283805	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	12055826	12844023

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	569508	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		569508
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	119	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		119
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	126880	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		126880
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		847344
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		412586
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1956437
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	996684	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		996684
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	102334	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	16661	
(4) Other	2i(4)	52561	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		171556
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1168240
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		788197
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GILMORE JASION MAHLER, LTD **(2)** EIN: 34-1827159

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

A Name of plan
WOLVERINE SALARIED PENSION PLAN

B Three-digit plan number (PN) ▶ 015

C Plan sponsor's name as shown on line 2a of Form 5500
WOLVERINE ADVANCED MATERIALS, LLC

D Employer Identification Number (EIN)
20-4605777

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 42-1741646

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

WOLVERINE SALARIED PENSION PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES
WITH INDEPENDENT AUDITOR'S REPORT

NOVEMBER 30, 2014 AND 2013

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INDEPENDENT AUDITOR'S REPORT

Retirement Committee
Wolverine Salaried Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Wolverine Salaried Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of November 30, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Comerica Bank, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of November 30, 2014 and 2013, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

GJM GILMORE JASION MAHLER, LTD
INNOVATIVE IDEAS. TRUSTED ADVICE.

Other Matter

The supplemental schedule H, line 4(i) – schedule of assets (held at end of year) and schedule H, line 4(j) – schedule of reportable transactions as of or for the year ended November 30, 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Gilmore Jasion Mahler, LTD

Maumee, Ohio
September 14, 2015

WOLVERINE SALARIED PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
November 30, 2014 and 2013

	2014	2013
Assets		
Investments, at fair value:		
Collective trust funds	$ 0	$ 6,588,909
Mutual funds	12,239,410	5,389,990
Money market	333,833	160,107
Total investments, at fair value	12,573,243	12,139,006
Cash and cash equivalents	3	0
Receivables - Employer contributions	270,777	128,466
Prepaid benefits paid directly to participants	0	72,159
Total assets	12,844,023	12,339,631
Liabilities		
Pending trades payable	0	283,805
Total liabilities	0	283,805
Net assets available for benefits	$ 12,844,023	$ 12,055,826

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

WOLVERINE SALARIED PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended November 30, 2014 and 2013

	2014	2013
Interest and dividends	$ 126,999	$ 280,398
Employer contributions	569,508	418,437
Appreciation (depreciation) of investments at fair value	1,259,930	(23,595)
Benefits paid directly to participants	(996,684)	(982,864)
Administrative expenses	(171,556)	(174,131)
Net increase (decrease)	788,197	(481,755)
Net assets available for benefits		
Beginning of year	12,055,826	12,537,581
End of year	$ 12,844,023	$ 12,055,826

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

WOLVERINE SALARIED PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2014 and 2013

Note 1–Description of the plan

The following description of the Wolverine Salaried Pension Plan (the Plan) provides only general information. Participants should refer to the individual Plan documents for more complete information.

General

The Plan is a defined benefit plan covering eligible employees of Wolverine Advanced Materials, LLC (Plan Sponsor), a former subsidiary of EP Management Corporation (fka EaglePicher Corporation) (the Former Plan Sponsor). In 2010, Wolverine Advanced Materials, LLC, became the Plan Sponsor. The Plan covers the active salary employees of Wolverine Advanced Materials, LLC, as well as the former employees and retirees of Wolverine Gasket Division of EaglePicher Inc and Wolverine Gasket and Manufacturing Co.

Eligibility

Beginning December 1, 2006, certain employees, as outlined in the plan document, began participating on the date the employee first performed an hour of service. Employees hired on or after January 1, 2007 are not eligible to participate in the Plan.

Vesting

Prior to December 1, 2008, participants in the Plan became vested upon completion of 5 years of vesting service or reaching normal retirement age (age 65). Effective December 1, 2008, in accordance with the provisions of the Pension Protection Act, participants that are receiving benefits in the Plan under a cash balance formula become vested upon completion of 3 years of vesting service.

Benefits

Certain participants employed prior to January 1, 2004 under the Prior Plan had their accrued benefit provision frozen as of December 31, 2003. The accrued benefit for participants previously was based on the greater of (1) a percent of final average pay times years of service; (2) a larger percentage of final average pay times years of service less a portion of the primary Social Security benefit; (3) the benefit accrued under the prior retirement plan; or (4) $20 per year of service. In certain instances, lump-sum distributions are permitted.

Under provision 2 above, a salaried participant may receive credit for a maximum of 30 years of employment with the Company. Under provision 4 above, a salaried participant may receive credit for a maximum of 20 years of employment with the Company. There is no maximum number of years of service in determining the benefit amount under provisions 1 and 3 above.

Effective January 1, 2004, benefits are provided using a cash balance formula. Under the cash balance formula, participant benefits grow as an “account” each year based on contribution credits and interest credits. For most participants who were changed to the cash balance formula, annual contribution credits are equal to 4% of participant’s compensation, plus 4% of compensation in excess of the taxable wage base for the calendar year and interest credits are based on the average 10-year U.S. Treasury rate for the month of November of the previous year, determined using the value of each participant’s cash balance at the beginning of the year.

Note 1–Description of the plan-continued

Benefits-continued

Effective May 2013, the Plan was frozen for the accrual of additional benefits to participants. Participants will be entitled to their frozen accrued benefit and the cash balance benefit upon retirement. Benefit payments are recorded when paid.

Note 2–Significant accounting policies

Basis of accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that the changes in the values of investment securities will occur in a near term that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Investment valuation

The Plan's investments are presented at fair value. In instances where quoted market prices are not available, the fair value of investments is estimated primarily by independent investment brokerage firms and insurance companies. Purchases and sales of investment securities are recorded on a trade-date basis. Appreciation (depreciation) includes that Plan's gains and losses on investments bought and sold as well as held during the year.

Prepaid benefits paid directly to participants

As of November 30, 2013, the Plan made payments to participants for the following year prior to year end for administrative reasons. The total amount of prepaid benefits paid directly to participants was $61,325. As of November 30, 2014, the Plan had made no prepayments for the following year prior to year end.

Note 2–Significant accounting policies-continued

Actuarial present value of accumulated plan benefits
Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions for the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated participants or their beneficiaries, (2) beneficiaries of participants who have died, and (3) present participants or their beneficiaries.

Benefits under the Plan are described in Note 1 and accumulated plan benefits under all circumstances are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary, and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

The significant assumptions used in the valuations as of December 1, 2013 and 2012 presented in Note 6 were:

- Interest rate: 2013 and 2012 – 6.75%
- Life expectancy of participants for 2013 and 2012:
    - Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.
- Average retirement age: 2013 and 2012 – 65 for active 67 for terminated and vested

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Subsequent events
The Plan has evaluated all subsequent events through September 14, 2015, the date that the financial statements were available to be issued.

Note 3–Investments

All investment information as of and for the years ending November 30, 2014 and 2013 disclosed in the accompanying financial statements, including investments held at November 30, 2014 and 2013, interest and dividends and net appreciation in fair value of the investments and investment fees and expenses for the years ended November 30, 2014 and 2013, were obtained or derived from information supplied by the Plan Administrator and certified as complete and accurate by the Trustee, Comerica Bank as of and for the years ended November 30, 2014 and 2013. Such information has not been examined by independent auditors.

Investments that represent 5% or more of the value of the Plan's net assets are as follows at November 30:

	2014	2013
Vanguard Long Term Bond	$ 7,870,324	$ **
SkyBridge Multi-Advisor Hedge	1,857,375	2,850,394
Vanguard FTSE All World EX-US Index	1,220,156	**
Schwab Strategic TR US Large Cap	890,033	**
EB Long – Term Gov't Credit Bond	**	6,588,909
EB Daily Value Non – SL ACWI EX - US	**	1,247,637
EB Daily Value Non – SL Stock	**	899,216

** Investment does not exceed 5% of plan assets

For the years ended November 30, 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows for the year ended November 30:

	2014	2013
Collective trust funds	$ 847,344	$ (647,572)
Mutual funds	412,586	623,977
Appreciation (depreciation) of investments at fair value	$ 1,259,930	$ (23,595)

Note 4–Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB Accounting Standards Codification Topic, Fair Value Measurement, are described as follows:

Level 1. Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Note 4–Fair value measurements-continued

Level 2. Inputs to the valuation methodology include:

a. Quoted prices for similar assets or liabilities in active markets;

b. Quoted prices for identical or similar assets or liabilities in inactive markets;

c. Inputs other than quoted prices that are observable for the asset or liability;

d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3. Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation techniques and inputs used for each major class of assets measured at fair value by the Plan. There have been no changes in the methodologies used at November 30, 2014.

Mutual Funds/Money Market – valued at quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year end. The NAV is based on the fair value of the underlying investments held by the fund, less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Common/Collective Trust Fund – valued at the NAV of units of a collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund, less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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

Note 4–Fair value measurements-continued

The following tables set forth, by level, within the fair value hierarchy, the Plan's assets carried at fair value:

	Fair Value Measurements at November 30, 2014			
Description	**Total Fair Value as of November 30, 2014**	**Quoted Market Prices in Active Markets for Identical Assets Level (1)**	**Other Significant Observable Inputs Level (2)**	**Significant Unobservable Inputs Level (3)**
Mutual funds:				
Vanguard Long Term Bond	$ 7,870,324	$ 7,870,324	$ 0	$ 0
Skybridge Multi – Advisor Hedge	1,857,375			1,857,375
Schwab Strategic TR US Large Cap	890,033	890,033		
Schwab Strategic TR US Small Cap	401,522	401,522		
Vanguard FTSE All World EX-US Index	1,220,156	1,220,156		
Money market				
Comerica Short Term Fund	333,833		333,833	
Total	$ 12,573,243	$ 10,382,035	$ 333,833	$ 1,857,375

	Fair Value Measurements at November 30, 2013			
Description	**Total Fair Value as of November 30, 2013**	**Quoted Market Prices in Active Markets for Identical Assets Level (1)**	**Other Significant Observable Inputs Level (2)**	**Significant Unobservable Inputs Level (3)**
Collective trust funds:				
EB Long – Term Gov't Credit Bond	$ 6,588,909	$ 0	$ 6,588,909	$ 0
Mutual funds:				
Skybridge Multi – Advisor Hedge	2,850,394			2,850,394
EB Daily Value Non - SL ACWI EX - US	1,247,637		1,247,637	
EB Daily Value Non - SL Stock	899,216		899,216	
EB Daily Value Non- SL Small Cap Stock	392,743		392,743	
Money market				
Comerica Short Term Fund	160,107		160,107	
Total	$ 12,139,006	$ 0	$ 9,288,612	$ 2,850,394

Note 4–Fair value measurements-continued

The following table presents a reconciliation of beginning and ending balances of Level 3 inputs for mutual funds as of November 30, 2014 and 2013:

	2014	2013
Beginning balance	$ 2,850,394	$ 2,535,583
Purchases	101,407	280,319
Sales	(1,200,000)	0
Gain/(loss)	105,574	34,492
Ending balance	$ 1,857,375	$ 2,850,394
The amount of total gains or losses for the period attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	$ (85,991)	$ 34,492

The following table represents the Plan's Level 3 investments, the valuation techniques used to measure the fair value and the significant unobservable inputs and the ranges of values for those inputs at November 30, 2014 and 2013, respectively.

Investment	Fair Value	Valuation Technique(s)	Significant Unobservable Inputs	Range (Weighted Average)
Skybridge Multi – Advisor Hedge	1,857,375	Purchase Price	None	N/A

Investment	Fair Value	Valuation Technique(s)	Significant Unobservable Inputs	Range (Weighted Average)
Skybridge Multi – Advisor Hedge	2,850,394	Purchase Price	None	N/A

Note 5–Funding policy

Contributions to provide benefits under the Plan are made solely by the Plan Sponsor. The Plan Sponsor has agreed to make contributions to the Plan sufficient to provide the Plan with assets to ensure it meets the minimum finding requirements of ERISA. The Plan Sponsor made contributions at least equal to the minimum funding requirements of ERISA for the years ended November 30, 2014 and 2013.

Note 6–Accumulated plan benefits

The actuarial present value of accumulated plan benefits is summarized as follows as of December 1:

	2013	2012
Vested benefits		
Retirement participants receiving benefits	$ 6,564,120	$ 5,893,759
Other participants	5,547,214	6,339,083
Total vested benefits	12,111,334	12,232,842
Non-vested benefits	26,676	35,555
Total accumulated benefits	$ 12,138,010	$ 12,268,397

The change in accumulated plan benefits is summarized as follows:

	2013	2012
Accumulated plan benefits, beginning of year	$ 12,268,397	$ 11,249,059
Increase (decrease) during the year attributable to:		
Benefits accumulated	57,610	278,340
Interest due to decrease in the discount period	794,864	809,922
Benefits paid	(1,001,631)	(916,773)
Change in assumptions	18,770	847,849
Total accumulated benefits, end of year	$ 12,138,010	$ 12,268,397

Note 7–Administrative fees and expenses

Fees and expenses of the Trustee paid for by the Plan, in addition to other allowable pension administrative expenses, qualify as party-in-interest transactions. Expenses paid by the Plan are direct expenses for administration of the Plan. All other expenses and costs of administering the Plan are paid for by the Plan Sponsor.

Total administrative fees and expenses paid by the Plan are as follows:

	2014	2013
Investment advisory and management fees	$ 16,661	$ 5,171
Professional fees	102,334	130,447
Trustee fees	10,603	9,923
Total party-in-interest transactions	129,598	145,541
Pension Benefit Guarantee Corporation expenses	41,958	28,590
Total administrative fees and expenses	$ 171,556	$ 174,131

Note 8–Party-in-interest transactions

Fees paid from plan assets in 2014 and 2013 for legal, accounting, and other services rendered to the Plan were based on customary and reasonable rates for such services. In addition, certain plan investments are managed by the Trustee and certain administrative expenses are paid by the Plan Sponsor. There are no known prohibited transactions with a party-in-interest.

Note 9–Tax status

The Plan has received a determination letter from the Internal Revenue Service dated November 17, 2010, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and is exempt from taxation. Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2010.

Note 10–Plan termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document. In the event of any termination of the Plan or upon complete or partial discontinuance of contributions, the accounts of each affected participant shall become fully vested.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested, normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide these benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at the time. Some benefits fully or partially provided by the existing assets and the PBGC guaranty, while other benefits may not be provided at all.

SUPPLEMENTAL SCHEDULES

WOLVERINE SALARIED PENSION PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Employer ID #20-4605777 Plan #015
November 30, 2014

	(a)/(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		Mutual funds:		
	Vanguard	Vanguard Long Term Bond	$ 7,739,906	$ 7,870,324
	SkyBridge Capital	Skybridge Multi-Advisor Hedge	1,573,291	1,857,375
	Charles Schwab	Schwab Strategic TR US Large Cap	844,522	890,033
	Charles Schwab	Schwab Strategic TR US Small Cap	379,131	401,522
	Vanguard	Vanguard FTSE All World EX-US Index	1,207,210	1,220,156
		Money market:		
*	Comerica	Comerica Short Term Fund	333,833	333,833
		Total	$ 12,077,893	$ 12,573,243

* Party in interest.

WOLVERINE SALARIED PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer ID #20-4605777 Plan #015
For the Year Ended November 30, 2014

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category i) A single transaction in excess of 5% of the Prior Year's Plan assets:						
* Comerica	Comerica Short Term Fund					
	Purchase	$ 1,194,225	$ 0	$ 1,194,225	$ 1,194,225	$ 0
* Comerica	Comerica Short Term Fund					
	Sale		1,000,000	1,000,000	1,000,000	
* Comerica	Comerica Short Term Fund					
	Purchase	10,488,871		10,488,871	10,488,871	
* Comerica	Comerica Short Term Fund					
	Sale		5,697,764	5,697,764	5,697,764	
* Comerica	Comerica Short Term Fund					
	Sale		4,473,006	4,473,006	4,473,006	
Charles Schwab	Schwab Strategic TR US Large Cap					
	Purchase	844,522		844,522	844,522	
Vanguard	Vanguard Long Term Bond					
	Purchase	3,870,489		3,870,489	3,870,489	
Vanguard	Vanguard Long Term Bond					
	Purchase	3,869,417		3,869,417	3,869,417	
Vanguard	Vanguard FTSE All World EX-US Index					
	Purchase	603,622		603,622	603,622	
Vanguard	Vanguard FTSE All World EX-US Index					
	Purchase	603,589		603,589	603,589	
SkyBridge Capital	Skybridge Multi-Advisor Hedge					
	Sale		1,200,000	1,008,435	1,200,000	191,565
EB Asset Management	EB Daily Value Non-SL Stock Index Fund					
	Sale		875,337	594,850	875,337	280,487
EB Asset Management	EB Daily Value Non-SL ACWI EX-US Fund					
	Sale		1,190,448	968,952	1,190,448	221,496
EB Asset Management	EB Long-Term Gov't Credit Bond					
	Purchase	625,000		625,000	625,000	
EB Asset Management	EB Long-Term Gov't Credit Bond					
	Sale		8,061,253	7,265,861	8,061,253	795,392

* *Party in interest.*

** *The commissions and fee, related to purchases and sales of investments, are included in the cost of the investment or the proceeds from the sale and are not separately identified by the trustee.*

WOLVERINE SALARIED PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer ID #20-4605777 Plan #015
For the Year Ended November 30, 2014

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category ii) A series of transactions in excess of 5% of the Prior Year's Plan assets with a single person:						
Morgan Stanley Dean Witter - Broker	Various Assets					
	6 Purchases	$ 10,166,723	$ 0	$ 10,166,723	$ 10,166,723	$ 0

* *Party in interest.*

** *The commissions and fee, related to purchases and sales of investments, are included in the cost of the investment or the proceeds from the sale and are not separately identified by the trustee.*

WOLVERINE SALARIED PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer ID #20-4605777 Plan #015
For the Year Ended November 30, 2014

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category iii) A series of transactions in excess of 5% of the Prior Year's Plan assets:							
*	Comerica	Comerica Short Term Fund					
		26 Purchases	$ 12,743,945	$ 0	$ 12,743,945	$ 12,743,945	$ 0
		47 Sales		12,570,220	12,570,220	12,570,220	
	Charles Schwab	Schwab Strategic TR US Large Cap					
		1 Purchase	844,522		844,522	844,522	
	Vanguard	Vanguard Long Term Bond					
		2 Purchases	7,739,906		7,739,906	7,739,906	
	Vanguard	Vanguard FTSE All World EX-US Index					
		2 Purchases	1,207,211		1,207,211	1,207,211	
	SkyBridge Capital	Skybridge Multi-Advisor Hedge					
		1 Sale		1,200,000	1,008,435	1,200,000	191,565
	EB Asset Management	EB Daily Value Non-SL Stock Index Fund					
		3 Sales		1,105,337	753,047	1,105,337	352,290
	EB Asset Management	EB Daily Value Non-SL ACWI EX-US Fund					
		3 Sales		1,440,448	1,168,605	1,440,448	271,843
	EB Asset Management	EB Long-Term Gov't Credit Bond					
		1 Purchase	625,000		625,000	625,000	
		1 Sale		8,061,253	7,265,861	8,061,253	795,392

* *Party in interest.*

** *The commissions and fee, related to purchases and sales of investments, are included in the cost of the investment or the proceeds from the sale and are not separately identified by the trustee.*

WOLVERINE SALARIED PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer ID #20-4605777 Plan #015
For the Year Ended November 30, 2014

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category iv) A single transaction in excess of 5% of the Prior Year's Plan assets with a single person:						
Morgan Stanley Dean Witter - Broker						
Charles Schwab	Schwab Strategic TR US Large Cap					
	Purchase	$ 843,982		$ 843,982	$ 843,982	
Vanguard	Vanguard Long Term Bond					
	Purchase	3,869,214		3,869,214	3,869,214	
Vanguard	Vanguard Long Term Bond					
	Purchase	3,868,152		3,868,152	3,868,152	
Vanguard	Vanguard FTSE All World EX-US Index					
	Purchase	603,250		603,250	603,250	
Vanguard	Vanguard FTSE All World EX-US Index					
	Purchase	603,216		603,216	603,216	

* *Party in interest.*

** *The commissions and fee, related to purchases and sales of investments, are included in the cost of the investment or the proceeds from the sale and are not separately identified by the trustee.*

Wolverine Salaried Pension Plan
EIN/PN 20-4605777/015

Schedule SB, Line 26 – Schedule of Active Participant Data

Age	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
15-19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0
35-39	0	1	1	0	0	0	0	0	0	2
40-44	0	2	3	2	1	0	0	0	0	8
45-49	0	2	1	0	2	4	0	0	0	9
50-54	0	1	0	0	0	3	2	0	0	6
55-59	0	0	2	1	0	1	3	4	0	11
60-64	0	1	0	0	0	2	1	1	0	5
65-69	0	0	0	2	0	0	0	0	0	2
70+	0	0	0	0	0	0	0	0	0	0
TOTAL	0	7	7	5	3	10	6	5	0	43

Wolverine Salaried Pension Plan
EIN/PN 20-4605777/015

Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Initial Amount	Remaining Installments	Shortfall Amortization Installment	Present Value of Remaining Installments as of December 1, 2013
December 1, 2008	$ 479,791	2	$ 85,138	$ 166,045
December 1, 2009	571,096	3	96,242	274,614
December 1, 2010	1,561,000	4	257,622	956,178
December 1, 2011	531,473	13	48,393	447,944
December 1, 2012	(2,107,395)	6	(357,677)	(1,880,174)
December 1, 2013	239,294	7	40,275	239,294
Total charge			$ 169,993	$ 203,901

An election has been made under PRA 2010 to use the alternative 15-year amortization period for the base established in 2011. All of the above amortization bases are shortfall bases; there are no waiver bases.

WOLVERINE SALARIED PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer ID #20-4605777 Plan #015
For the Year Ended November 30, 2014

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category i) A single transaction in excess of 5% of the Prior Year's Plan assets:							
*	Comerica	Comerica Short Term Fund Purchase	$ 1,194,225	$ 0	$ 1,194,225	$ 1,194,225	$ 0
*	Comerica	Comerica Short Term Fund Sale		1,000,000	1,000,000	1,000,000	
*	Comerica	Comerica Short Term Fund Purchase	10,488,871		10,488,871	10,488,871	
*	Comerica	Comerica Short Term Fund Sale		5,697,764	5,697,764	5,697,764	
*	Comerica	Comerica Short Term Fund Sale		4,473,006	4,473,006	4,473,006	
	Charles Schwab	Schwab Strategic TR US Large Cap Purchase	844,522		844,522	844,522	
	Vanguard	Vanguard Long Term Bond Purchase	3,870,489		3,870,489	3,870,489	
	Vanguard	Vanguard Long Term Bond Purchase	3,869,417		3,869,417	3,869,417	
	Vanguard	Vanguard FTSE All World EX-US Index Purchase	603,622		603,622	603,622	
	Vanguard	Vanguard FTSE All World EX-US Index Purchase	603,589		603,589	603,589	
	SkyBridge Capital	Skybridge Multi-Advisor Hedge Sale		1,200,000	1,008,435	1,200,000	191,565
	EB Asset Management	EB Daily Value Non-SL Stock Index Fund Sale		875,337	594,850	875,337	280,487
	EB Asset Management	EB Daily Value Non-SL ACWI EX-US Fund Sale		1,190,448	968,952	1,190,448	221,496
	EB Asset Management	EB Long-Term Gov't Credit Bond Purchase	625,000		625,000	625,000	
	EB Asset Management	EB Long-Term Gov't Credit Bond Sale		8,061,253	7,265,861	8,061,253	795,392

* *Party in interest.*

** *The commissions and fee, related to purchases and sales of investments, are included in the cost of the investment or the proceeds from the sale and are not separately identified by the trustee.*

WOLVERINE SALARIED PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer ID #20-4605777 Plan #015
For the Year Ended November 30, 2014

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category ii) A series of transactions in excess of 5% of the Prior Year's Plan assets with a single person:						
Morgan Stanley Dean Witter - Broker	Various Assets 6 Purchases	$ 10,166,723	$ 0	$ 10,166,723	$ 10,166,723	$ 0

* *Party in interest.*

** *The commissions and fee, related to purchases and sales of investments, are included in the cost of the investment or the proceeds from the sale and are not separately identified by the trustee.*

WOLVERINE SALARIED PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer ID #20-4605777 Plan #015
For the Year Ended November 30, 2014

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category iii) A series of transactions in excess of 5% of the Prior Year's Plan assets:							
*	Comerica	Comerica Short Term Fund					
		26 Purchases	$ 12,743,945	$ 0	$ 12,743,945	$ 12,743,945	$ 0
		47 Sales		12,570,220	12,570,220	12,570,220	
	Charles Schwab	Schwab Strategic TR US Large Cap					
		1 Purchase	844,522		844,522	844,522	
	Vanguard	Vanguard Long Term Bond					
		2 Purchases	7,739,906		7,739,906	7,739,906	
	Vanguard	Vanguard FTSE All World EX-US Index					
		2 Purchases	1,207,211		1,207,211	1,207,211	
	SkyBridge Capital	Skybridge Multi-Advisor Hedge					
		1 Sale		1,200,000	1,008,435	1,200,000	191,565
	EB Asset Management	EB Daily Value Non-SL Stock Index Fund					
		3 Sales		1,105,337	753,047	1,105,337	352,290
	EB Asset Management	EB Daily Value Non-SL ACWI EX-US Fund					
		3 Sales		1,440,448	1,168,605	1,440,448	271,843
	EB Asset Management	EB Long-Term Gov't Credit Bond					
		1 Purchase	625,000		625,000	625,000	
		1 Sale		8,061,253	7,265,861	8,061,253	795,392

* *Party in interest.*

** *The commissions and fee, related to purchases and sales of investments, are included in the cost of the investment or the proceeds from the sale and are not separately identified by the trustee.*

WOLVERINE SALARIED PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer ID #20-4605777 Plan #015
For the Year Ended November 30, 2014

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category iv) A single transaction in excess of 5% of the Prior Year's Plan assets with a single person:						
Morgan Stanley Dean Witter - Broker						
Charles Schwab	Schwab Strategic TR US Large Cap Purchase	$ 843,982		$ 843,982	$ 843,982	
Vanguard	Vanguard Long Term Bond Purchase	3,869,214		3,869,214	3,869,214	
Vanguard	Vanguard Long Term Bond Purchase	3,868,152		3,868,152	3,868,152	
Vanguard	Vanguard FTSE All World EX-US Index Purchase	603,250		603,250	603,250	
Vanguard	Vanguard FTSE All World EX-US Index Purchase	603,216		603,216	603,216	

* *Party in interest.*

** *The commissions and fee, related to purchases and sales of investments, are included in the cost of the investment or the proceeds from the sale and are not separately identified by the trustee.*

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Wolverine Salaried Pension Plan
EIN/PN: 20-4605777 / 015

Schedule SB, Part V - Actuarial Assumptions and Methods

Prescribed Funding Assumptions and Methods

Funding interest rates

For 2013 Plan Year: Segment Rates with four month lookback, constrained in accordance with MAP-21 and HATFA as follows:

	Unconstrained Rates	Rates Reflecting MAP-21 Corridor	Rates Reflecting HATFA Corridor*
First Segment Rate	1.39%	4.94%	5.23%
Second Segment Rate	4.05%	6.15%	6.51%
Third Segment Rate	5.08%	6.76%	7.16%

Effective Interest Rate
Based on HATFA rates 6.61%

For 2012 Plan Year: Segment Rates with four month lookback, constrained in accordance with MAP-21 as follows:

	Unconstrained Rates	Rates Reflecting MAP-21 Corridor*
First Segment Rate	1.77%	5.54%
Second Segment Rate	4.67%	6.85%
Third Segment Rate	5.78%	7.52%

Effective Interest Rate
Based on MAP-21 rates 6.96%

* Used for minimum funding and benefit restriction purposes

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.

Actuarial cost method

Unit Credit Method. The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected expenses to be paid from plan assets during the year.

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Wolverine Salaried Pension Plan
EIN/PN: 20-4605777 / 015

Non-Prescribed Funding Assumptions and Methods

Social Security

Annual increase in maximum wage base: 3.50%

Salary increase assumption

Current and Future Years: 3.00%
Prior Year: 3.00%

Cash Balance interest crediting rate

Current and Future Years: 3.50%
Prior Year: 3.50%

Frequency of optional payment forms

Cash balance benefits are assumed payable as a lump sum upon retirement or death and payable at age 63 upon termination. 60% of future retirements and terminations are assumed to elect a single Life Annuity and 40% are assumed to elect a Joint and Survivor 50% annuity.

Marital percentage

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Retirement rates

Based on age. Rates as follows:

Age	Active Members	Terminated Vested Members
55	3%	2%
56	3%	2%
57	3%	2%
58	3%	2%
59	3%	2%
60	5%	5%
61	10%	5%
62	15%	10%
63	20%	10%
64	25%	10%
65	100%	50%
66	100%	50%
67	100%	100%

Disability rates

No rates.

Non-Prescribed Funding Assumptions and Methods (continued)

Expenses

Expected plan expenses of $172,405 were added to the Target Normal Cost.

Withdrawal rates[1]

Based on age and gender. Sample rates as follows:

Age	Males	Females
20	14.70%	21.60%
25	7.40%	11.60%
30	4.30%	6.70%
35	3.10%	5.10%
40	2.00%	3.90%
45	1.30%	2.80%
50	0.70%	1.40%
55	0.00%	0.00%

Asset valuation method

The Actuarial Value of Assets is Market Value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the gain/(loss) in the prior two years, respectively. The gain/(loss) for each period is determined as the actual return on Market Value during the period less the expected return on Market Value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of Market Value, including discounted receivable contributions.

The expected return on plan assets is 6.75% per annum, limited by PPA to the applicable Third Segment Rate as follows:

2012 measurement period:	7.52%
2011 measurement period:	6.32%

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

[1] For active participants not eligible for retirement.

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Wolverine Salaried Pension Plan
EIN/PN 20-4605777/015

Schedule SB, Part V – Summary of Plan Provisions

The most recent amendment reflected in the following plan provisions was effective on December 1, 2008.

Type of plan

1.) Prior to January 1, 2004: Final average earnings.
2.) After January 1, 2004: Cash Balance.

Covered Employees

Salaried employees.

Membership Eligibility

Effective January 1, 2007, the plan was closed to new entrants.

Accrued Benefit

Final average earnings ("Accrued Pension"):

Greater of (1), (2), or (3), less (4), frozen on December 31, 2003*:

(1) Greater of (a) or (b):
  (a) 1.1% x Average Pay x Pension Service
  (b) 2% x Average Pay x Pension Service up to 20 years + 1% x Average Pay x Pension Service in excess of 20 years but not more than 30 years, minus 2.5% x Social Security x Pension Service up to 20 years.

(2) Greater of (a) or (b), divided by 0.93:
  (a) 1% x Average Pay x Pension Service
  (b) 2% x Average Pay x Pension Service up to 20 years + 0.5% x Average Pay x Pension Service in excess of 20 years but not more than 30 years, minus 2.5% x Social Security x Pension Service up to 20 years.

(3) $20 x Pension Service up to 20 years.

(4) Other Pension

In no case will the greater of (1), (2), or (3), less (4) based on all Pension Service be less than the greater of (1), (2), or (3) based on Pension Service not included in the Other Pension.

* Exception: any participant who transfers from the Hourly Plan to the Salaried Plan on or after September 1, 2003 and necessarily before January 1, 2004, will receive a Salaried benefit equal to the greater of (1), (2), or (3) based on Salaried Plan Pension Service.

plus

Cash Balance: The current value of the Cash Balance account.

Social Security Benefit

Monthly benefit that a member receives or would receive at age 65 (later of age 62 and actual retirement age if retiring early), under the Social Security Act calculated on January 1 of the year of termination. The benefit is based on pay estimated as follows:

- Termination after early retirement date:
  - Prior pay estimated using the average total wage increases used by the Social Security Administration.
  - No future pay assumed after termination.
- Termination before early retirement date:
  - Prior pay estimated using the average total wage increases used by the Social Security Administration.
  - Future pay assumed to remain level until age 65.

The Social Security benefit will be frozen at December 31, 2003 using a participant's age and service at that time.

Contribution credits

Annual pensionable pay times the sum of 4% and transition credits, plus annual pensionable pay above the Social Security wage base times 4% plus transition credits.

Transitional credits

Additional pay credit for individuals actively employed on January 1, 2004. This additional credit is only applied at the onset of the cash balance plan.

Points	Credit
< 40	0.0%
40 – 44	0.5%
45 – 49	1.0%
50 – 54	1.5%
55 – 59	2.0%
60 – 64	2.5%
65 – 69	3.0%
70 and older	3.5%

Interest credits

Based on the November average of the 10-year Treasury bond rate in effect during the calendar year prior to the interest crediting date. This amount is added to the account annually, based on the prior year's ending balance.

Cash Balance account

Contribution credits plus Interest Credits plus Transitional Credits. Only Interest Credits are added to the Cash Balance Account after May 31, 2013.

Points

The sum of vesting service and age at January 1, 2004.

Pensionable pay

Total aggregate calendar year compensation including 401(k) deferrals and flex plan contributions but excluding fringe benefits.

Vesting service

Full and fractional years from date of hire or rehire.

Pension service

Full and fractional years from date of hire or rehire.

Other Pension

Generally the benefit accrued in another plan on Pension Service is also credited under this plan.

Normal retirement date (NRD)

First of month coinciding with or next following the attainment of age 65.

Normal retirement

Eligibility

Retirement on NRD.

Benefit

Accrued Benefit payable immediately.

Early retirement

Eligibility

Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.

Benefit

1.) Final average earnings: If eligible for early retirement at date of termination, the Accrued Pension is reduced by 0.4% for each month before the normal retirement date; otherwise the Accrued Pension is reduced by 0.45%.

2.) Cash Balance: Account Balance payable immediately (or converted to another actuarially equivalent payment form).

Postponed retirement

Eligibility

Retirement after NRD.

Benefit

Accrued benefit payable immediately.

Vested termination

Eligibility

Termination for reasons other than death or retirement after completing three years of vesting service.

Benefit

1.) Final average earnings: Accrued Pension payable unreduced at 65.

2.) Cash Balance: Account Balance payable immediately (or converted to another actuarially equivalent payment form).

Disability

No benefit.

Preretirement death benefit

Eligibility

Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse after completing three years of vesting service.

Benefit

1.) Final average earnings: Surviving spouse receives 50% of the participant's accrued deferred vested benefit payable on a joint and survivor basis. Payments begin no earlier than the day the participant would have attained his earliest retirement date.

2.) Cash Balance: Account Balance payable immediately (or converted to another actuarially equivalent payment form).

Default form of payment

For married participants:

Actuarially adjusted 50% joint and survivor.

For single participants:

Single Life Annuity

Other forms of payment

In addition to the default form of payment as described above, the plan offers other forms of payment. These optional forms of payment include a 75% / 100% joint and survivor annuity, a 10-year certain and life annuity, a 10-year certain and joint and survivor annuity, and a life annuity (for married participants).

Future Plan Changes

No future plan changes were recognized.

Summary of Changes from the December 1, 2012 Valuation

- Benefit accruals were frozen as of May 31, 2013. This was reflected in the Funding and Accounting Measurements.

Wolverine Salaried Pension Plan
EIN/PN 20-4605777/015

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	24.5091	0.0199	0.4873	26.8037
56	25.9758	0.0300	0.7793	43.6394
57	29.1410	0.0300	0.8742	49.8312
58	30.1966	0.0300	0.9059	52.5421
59	29.2096	0.0300	0.8763	51.7010
60	29.2471	0.0500	1.4624	87.7413
61	27.6900	0.1000	2.7690	168.9090
62	27.8210	0.1446	4.0232	249.4354
63	24.6880	0.2000	4.9376	311.0693
64	20.6426	0.2500	5.1606	330.2811
65	16.3843	1.0000	16.3843	1,064.9820
66	0.0000	1.0000	0.0000	0.0000
67	1.0000	1.0000	1.0000	67.0000
Total			39.6601	2,503.9355
Weighted Average Retirement Age = 2,205.9355 / 39.6601				**63.1300**
Rounded Weighted Average Retirement Age				**63**

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Wolverine Salaried Pension Plan
EIN/PN: 20-4605777 / 015

Schedule SB, Line 24 – Changes in Actuarial Assumptions/Methods

- The expected plan related expenses added to the Target Normal Cost increased from $136,103 for the 2012 plan year to $172,405 for the 2013 plan year.

WOLVERINE SALARIED PENSION PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Employer ID #20-4605777 Plan #015
November 30, 2014

	(a)/(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		Mutual funds:		
	Vanguard	Vanguard Long Term Bond	$ 7,739,906	$ 7,870,324
	SkyBridge Capital	Skybridge Multi-Advisor Hedge	1,573,291	1,857,375
	Charles Schwab	Schwab Strategic TR US Large Cap	844,522	890,033
	Charles Schwab	Schwab Strategic TR US Small Cap	379,131	401,522
	Vanguard	Vanguard FTSE All World EX-US Index	1,207,210	1,220,156
		Money market:		
*	Comerica	Comerica Short Term Fund	333,833	333,833
		Total	$ 12,077,893	$ 12,573,243

* Party in interest.

Wolverine Salaried Pension Plan
EIN/PN 20-4605777/015

Schedule SB, Line 19 – Discounted Employer Contributions

Date	Amount	Plan Year	Days Discounted at Effective Rate of 6.61%	Days Discounted at Penalty Rate of 11.61 %	Discounted Value
3/13/2014	$ 99,577	2013	102	0	$ 97,812
6/17/2014	54,503	2013	196	2	52,630
6/17/2014	45,074	2013	198	0	43,536
9/15/2014	99,577	2013	288	0	94,673
12/15/2014	99,577	2013	379	0	93,174
3/13/2015	85,600	2013	467	0	78,869
6/15/2015	85,600	2013	561	0	77,580
Total	$ 569,508				$ 538,274

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2013 This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

▶ Round off amounts to nearest dollar.

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

A Name of plan	B Three-digit plan number (PN) ▶
WOLVERINE SALARIED PENSION PLAN	015

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Identification Number (EIN)
WOLVERINE ADVANCED MATERIALS, LLC	20-4605777

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 01 Year 2013

2	Assets:			
	a Market value		2a	11981981
	b Actuarial value		2b	12090616
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	90	6709695
	b For terminated vested participants	3b	83	2629389
	c For active participants:			
	(1) Non-vested benefits	3c(1)		29432
	(2) Vested benefits	3c(2)		2926001
	(3) Total active	3c(3)	43	2955433
	d Total	3d	216	12294517
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5	Effective interest rate		5	6.61%
6	Target normal cost		6	172405

Statement by Enrolled Actuary

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

SIGN HERE Scott Lanham — Signature of actuary

9/14/2015 — Date

SCOTT LANHAM — Type or print name of actuary

1406847 — Most recent enrollment number

BUCK CONSULTANTS, LLC — Firm name

513-784-0005 — Telephone number (including area code)

720 EAST PETE ROSE WAY, SUITE 300

CINCINNATI OH 45202 — Address of the firm

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

Part II Beginning of Year Carryover Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 2.06%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of 6.96% except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	98.34 %
15	Adjusted funding target attainment percentage	15	98.34 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.07%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/13/2014	99577	0			
06/17/2014	99577	0			
09/15/2014	99577	0			
12/15/2014	99577	0			
03/13/2015	85600	0			
06/15/2015	85600	0			
			Totals ▶ 18(b)	569508	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	538274

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.23%	6.51%	7.16%	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	172405
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	203901	169993
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	342398

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	342398
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	538274
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	195876
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected	☐ 2 plus 7 years	☒ 15 years			
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010	☒ 2011	

42 Amount of acceleration adjustment	42	0
43 Excess installment acceleration amount to be carried over to future plan years	43	0