

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
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>12/01/2015</u> and ending <u>11/30/2016</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____ B This return/report is: ☐ the first return/report; ☒ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here. ☐ D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan <u>WOLVERINE HOURLY PENSION PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WOLVERINE ADVANCED MATERIALS, LLC</u> <u>STEVE GIULIANO</u> <u>5850 MERCURY DRIVE, SUITE 250</u> <u>DEARBORN, MI 48126</u>	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ▶</td> <td><u>010</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td><u>12/01/2006</u></td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td><u>20-4605777</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td><u>914-641-2159</u></td> </tr> <tr> <td>2d Business code (see instructions)</td> <td><u>339900</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>010</u>	1c Effective date of plan	<u>12/01/2006</u>	2b Employer Identification Number (EIN)	<u>20-4605777</u>	2c Plan Sponsor's telephone number	<u>914-641-2159</u>	2d Business code (see instructions)	<u>339900</u>
1b Three-digit plan number (PN) ▶	<u>010</u>										
1c Effective date of plan	<u>12/01/2006</u>										
2b Employer Identification Number (EIN)	<u>20-4605777</u>										
2c Plan Sponsor's telephone number	<u>914-641-2159</u>										
2d Business code (see instructions)	<u>339900</u>										

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/11/2017</u>	<u>STEVE GIULIANO</u>
	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)			Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor WOLVERINE ADVANCED MATERIALS, LLC DEBORAH MACCHIA 5850 MERCURY DRIVE, SUITE 250 DEARBORN, MI 48126	3b Administrator's EIN 26-4605777
	3c Administrator's telephone number 914-304-1729
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	5 405
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 115
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 0
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: 1B 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) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 12/01/2015 and ending 11/30/2016	
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 HOURLY PENSION PLAN	B Three-digit plan number (PN) 010
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: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 12 Day 01 Year 2015			
2	Assets:			
	a Market value	2a	12190492	
	b Actuarial value	2b	12633417	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	131	6432990	6432990
	b For terminated vested participants	159	2070037	2070037
	c For active participants	115	30703825	4146117
	d Total	405	39206852	12649144
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	6.30%	
6	Target normal cost	6	256134	

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		06/27/2017
	Signature of actuary	Date
ROBERT GENTRY	Type or print name of actuary	17-08308
		Most recent enrollment number
CONDUENT HR CONSULTING, LLC	Firm name	201-902-2300
		Telephone number (including area code)
500 PLAZA DRIVE SECAUCUS, NJ 07096-1533	Address of the firm	

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	58075
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	58075
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>-0.87</u> %	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)		655732
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.51</u> %		38907
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-505
c Total available at beginning of current plan year to add to prefunding balance.....		694134
d Portion of (c) to be added to prefunding balance		
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	99.87 %
15 Adjusted funding target attainment percentage	15	99.87 %
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	92.66 %
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
03/14/2016	190896				
06/14/2016	190896				
09/14/2016	190896				
			Totals ►	18(b)	572688
				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	
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	554298
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☒ Yes ☐ 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
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
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	
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	256134	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	15727	116925	
b Waiver amortization installment		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	373059	
	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	373059	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	554298	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	181239	
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	

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 12/01/2015 and ending 11/30/2016		
A Name of plan WOLVERINE HOURLY PENSION PLAN	B Three-digit plan number (PN) ▶	010
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)
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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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-----	---

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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)

CONDUENT HR CONSULTING LLC

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 14 50	ADMINISTRATION	135798	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INDEPENDENT FINANCIAL PARTNERS

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	18125	Yes ☐ No ☒	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	CUSTODIAL	11333	Yes ☒ No ☐	Yes ☒ No ☐	1186	Yes ☐ 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)

(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 ☐

(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 ☐

(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.	

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
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(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: BARBARA H. VAUGHN	b EIN: 13-3954297
c Position: ENROLLED ACTUARY	
d Address: BUCK CONSULTANTS, LLC 500 PLAZA DRIVE - 2ND FLOOR SECAUCUS, NJ 07096-1533	e Telephone: 201-902-2300

Explanation: THE ENROLLED ACTUARY HAS CHANGED DUE TO CORPORATE RESTRUCTURING.

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2015 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 12/01/2015 and ending 11/30/2016

A Name of plan <u>WOLVERINE HOURLY PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>010</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WOLVERINE ADVANCED MATERIALS, LLC</u>	D Employer Identification Number (EIN) <u>20-4605777</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT MASTER TRUST OF ITT CORP

b Name of sponsor of entity listed in (a): ITT INDUSTRIES HOLDINGS INC.

c EIN-PN <u>34-1990908-302</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12248712</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>12/01/2015</u> and ending <u>11/30/2016</u>		
A Name of plan <u>WOLVERINE HOURLY PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WOLVERINE ADVANCED MATERIALS, LLC</u>	D Employer Identification Number (EIN) <u>20-4605777</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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 Total noninterest-bearing cash	1a		23	0
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions	1b(1)		1014057	0
(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)		351699	105602
(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)			
(10) Value of interest in pooled separate accounts.....	1c(10)			
(11) Value of interest in master trust investment accounts	1c(11)			12248712
(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)		10861788	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)			
(15) Other	1c(15)			

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	12227567	12354314

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		12354314
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	12354314

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12227567	0
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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)	572688	
(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)		572688
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2106	
(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)		2106
(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)	308271	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		308271
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-290619
(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)		607299
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1199745

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	809337	
(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)		809337
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)	135798	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	19384	
(4) Other	2i(4)	109346	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		264528
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1073865

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		125880
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		12353447

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: 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	N/A	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.)		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.)		X		

	Yes	No	N/A	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.)		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.)		X		
e Was this plan covered by a fidelity bond?	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?		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?		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?		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.)	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.)	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?	X			
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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)
ITT CONSOLIDATED HOURLY PENSION PLAN	34-1990908	047

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

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 12/01/2015 and ending 11/30/2016

A Name of plan <u>WOLVERINE HOURLY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WOLVERINE ADVANCED MATERIALS, LLC</u>	D Employer Identification Number (EIN) <u>20-4605777</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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): <u>42-1741646</u>		
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	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☒ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2015
v. 150123

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
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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): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

WOLVERINE HOURLY PENSION PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES
WITH INDEPENDENT AUDITOR'S REPORT
NOVEMBER 30, 2016 AND 2015

CONTENTS

	<u>PAGE</u>
INDEPENDENT AUDITOR’S REPORT	3 - 4
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	5
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	6
NOTES TO FINANCIAL STATEMENTS.....	7 - 17
SUPPLEMENTAL SCHEDULES:	
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR).....	18
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS	19 - 22

INDEPENDENT AUDITOR'S REPORT

Plan Participants
Retirement Committee
Wolverine Hourly Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Wolverine Hourly Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of November 30, 2016 and 2015, 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 The Northern Trust Company, the current trustee of the Plan and Comerica Bank, the former 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 current trustee and the former trustee held the Plan's assets and executed transactions until the date of transfer to the Successor Plan. The Plan Administrator has obtained certifications from the current trustee as of November 30, 2016, and for the period from October 1, 2016 to November 30, 2016, and the former trustee from December 1, 2015, to November 30, 2016, and as of and for the year ended November 30, 2015, that the information provided to the Plan Administrator by the former trustee and current trustee is complete and accurate.

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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.

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, 2016, 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. These 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.

Other Matter – transfer of plan assets

As discussed in Note 1, during 2015, the Plan Sponsor (Wolverine Advanced Materials, LLC) was acquired by ITT Inc.. Effective October 1, 2016, Plan assets were transferred to the Investment Master Trust of ITT and on November 30, 2016, the Plan was merged into the ITT Consolidated Hourly Pension Plan.

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 current trustee and the former 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
June 29, 2017

WOLVERINE HOURLY PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
November 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Assets		
Investments, at fair value:		
Mutual funds	\$ 0	\$ 10,861,788
Money market	105,602	351,699
Interest in Master Trust	12,248,712	0
Total investments, at fair value	<u>12,354,314</u>	<u>11,213,487</u>
Cash and cash equivalents	0	23
Receivables - employer contributions	<u>0</u>	<u>1,014,057</u>
Liabilities		
Accrued professional fees	867	
Transfer to successor plan	<u>12,353,447</u>	<u>0</u>
Net assets available for benefits	<u><u>\$ 0</u></u>	<u><u>\$ 12,227,567</u></u>

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

WOLVERINE HOURLY PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended November 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Interest and dividends	\$ 310,377	\$ 450,665
Net investment loss from Master Trust	(290,619)	0
Employer contributions	572,688	1,471,484
Appreciation (depreciation) of investments at fair value	607,299	(524,410)
Benefits paid directly to participants	(809,337)	(721,445)
Administrative expenses	<u>(264,528)</u>	<u>(255,644)</u>
Net increase prior to transfer	125,880	420,650
Transfer to successor plan	(12,353,447)	0
Net assets available for benefits		
Beginning of year	<u>12,227,567</u>	<u>11,806,917</u>
End of year	<u><u>\$ 0</u></u>	<u><u>\$ 12,227,567</u></u>

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

WOLVERINE HOURLY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2016 and 2015

Note 1—Description of the plan

The following description of the Wolverine Hourly 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 hourly 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.

During 2015, Wolverine Advanced Materials, LLC, was acquired by ITT Inc.. Effective May 16, 2016, an amendment was passed to merge the Plan into the ITT Consolidated Hourly Pension Plan (the Successor Plan). Effective November 30, 2016, the Plan and Plan assets, liabilities, and benefit obligation were merged into the Successor Plan.

The Plan established an agreement with Comerica Bank (the Former Trustee), to act as Trustee of the Plan's assets. The Former Trustee administered and invested the Plan's assets and income for the benefit of the Plan's participants through September 30, 2016. The Plan established a new agreement with The Northern Trust Company (the Current Trustee), effective October 1, 2016, to act as trustee of the Plan's assets which were transferred to the Investment Master Trust of ITT (the Master Trust), which holds the plan assets of other plans of ITT Inc.. See Note 5 for master trust disclosures.

Eligibility

Hourly employees at the Blacksburg, Virginia plant hired prior to December 1, 2006 were eligible to participate on the date that the employee first performed an hour of service. Hourly employees at the Blacksburg, Virginia plant hired after December 1, 2006 are not eligible to participate in the Plan.

Beginning December 1, 2006, hourly employees at the Leesburg, Florida plant were eligible to participate on the date that the employee first performed an hour of service. Hourly employees at the Leesburg, Florida plant hired 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.

WOLVERINE HOURLY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
November 30, 2016 and 2015

Note 1—Description of the plan—continued

Benefits

As of December 1, 2006, each participant was credited with years of benefit service earned under the EaglePicher Hourly Plan in effect as of November 30, 2006. Effective December 1, 2006, each participant is credited with monthly benefits based on continued employment with Wolverine Advanced Materials, LLC. Benefits are recorded when paid.

Specific benefits for each significant employee group are as follows:

Wolverine Plant, Blacksburg, Virginia – Active

An active participant was hired prior to September 1, 2006 and is currently employed by the Plan Sponsor and credited with years of vesting service. Active employees accrue benefits by multiplying years of service by a benefit rate specified in the Plan. Hourly employees hired on or after September 1, 2006 are not eligible for benefits under the Plan.

Wolverine Plant, Leesburg, Florida – Active

Active participants are hourly employees hired prior to January 1, 2007. Active participants accrued benefits prior to January 1, 2004, by multiplying years of service by a benefit rate specified in the Plan. Effective January 1, 2004, the benefit for active employees was amended to provide retirement benefits using a cash balance formula on a prospective basis for most groups. 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 \$700 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. Hourly employees at the Leesburg, Florida plant who were hired on or after January 1, 2007 are not eligible to participate in the Plan.

Wolverine Plant, Inkster, Michigan – Inactive

Inactive participants are no longer employed by the Plan Sponsor, but have a vested benefit in the Plan. Inactive participants accrued benefits prior to January 1, 2004, by multiplying years of service by a benefit rate specified in the Plan. Effective January 1, 2004, the benefit for active employees was terminated due to the closing of this location.

Effective January 2014, 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. Upon merger with the Successor Plan the accrual of additional benefits to participants of the Plan remained frozen.

Plan termination

As discussed above, the Plan merged into the Successor Plan. Although it has not expressed any intent to do so, the Company has the right under the Plan Agreement to discontinue its contribution at any time and to terminate the Successor Plan subject to the provisions of ERISA. In the event of the Plan’s termination, participants will become fully vested in their accounts.

WOLVERINE HOURLY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
November 30, 2016 and 2015

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 of 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.

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.

WOLVERINE HOURLY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
November 30, 2016 and 2015

Note 2—Significant accounting policies—continued

Actuarial present value of accumulated plan benefits—continued

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, 2015 and 2014 presented in Note 6 were:

- Interest rate: 2015 and 2014 – 6.75%
- Life expectancy of participants for 2015 and 2014 :
 - 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: 2015 and 2014 – 65 for active or 67 for terminated and vested

The foregoing actuarial assumptions were based on the presumption that the Plan will continue. As discussed previously, effective November 30, 2016 the accumulated plan benefit obligations of the Plan became the obligation of the Successor Plan under the amendment passed on May 16, 2016.

New accounting pronouncement

In July 2015, FASB issued Accounting Standards Update (ASU) 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part 1) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient. Parts I and III are not applicable to the Plan. Part II eliminates the requirements to disclose individual investments that represent five percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured at fair value. Plans will continue to disaggregate investments that are measured at fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics, and risks. Further, the disclosure of information about fair value measurements should be provided by general type of plan asset. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II are to be applied retrospectively. The Plan Sponsor has elected to early adopt Part II.

Subsequent events

The Plan has evaluated all subsequent events through June 29, 2017, the date that the financial statements were available to be issued.

WOLVERINE HOURLY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
November 30, 2016 and 2015

Note 3—Investments

All investment information as of and for the years ending November 30, 2016 and 2015 disclosed in the accompanying financial statements, including investments held at November 30, 2016 and 2015, interest and dividends and net appreciation in fair value of the investments and investment fees and expenses for the years ended November 30, 2016 and 2015, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Former Trustee for the period from December 1, 2016 through November 30, 2016 and as of and for the year ended November 30, 2015 and the Current Trustee, as of November 30, 2016 and for the period from October 1, 2016 through November 30, 2016. Such information has not been examined by independent auditors.

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.

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.

WOLVERINE HOURLY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
November 30, 2016 and 2015

Note 4—Fair value measurements—continued

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, 2016.

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.

Collective Investment Trust – The fair value of the investments in these categories have been estimated using the net asset value per share. The NAV of these accounts is based on the market value of its underlying investments. The NAV is not a publically quoted price in an active market.

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.

As previously discussed, effective October 1, 2016 the plan assets were transferred to the Master Trust. The following tables set forth, by level, within the fair value hierarchy, the Master Trust's assets carried at fair value:

Description	Fair Value Measurements at November 30, 2016			
	Total Fair Value as of November 30, 2016	Quoted Market Prices in Active Markets for Identical Assets Level (1)	Other Significant Observable Inputs Level (2)	Significant Unobservable Inputs Level (3)
Collective Investment Trust	\$ 278,027,333	\$ 0	\$ 278,027,333	\$ 0
Money market	2,152,855		2,152,855	
Total	<u>\$ 280,180,188</u>	<u>\$ 0</u>	<u>\$ 280,180,188</u>	<u>\$ 0</u>

WOLVERINE HOURLY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
November 30, 2016 and 2015

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, 2016			
Description		Total Fair Value as of November 30, 2016	Quoted Market Prices in Active Markets for Identical Assets Level (1)	Other Significant Observable Inputs Level (2)	Significant Unobservable Inputs Level (3)
Money market		\$ 105,602	\$ 0	\$ 105,602	\$ 0
	Total	<u>\$ 105,602</u>	<u>\$ 0</u>	<u>\$ 105,602</u>	<u>\$ 0</u>

		Fair Value Measurements at November 30, 2015			
Description		Total Fair Value as of November 30, 2015	Quoted Market Prices in Active Markets for Identical Assets Level (1)	Other Significant Observable Inputs Level (2)	Significant Unobservable Inputs Level (3)
Mutual funds		\$ 10,861,788	\$ 8,692,164	\$ 0	\$ 2,169,624
Money market		351,699		351,699	
	Total	<u>\$ 11,213,487</u>	<u>\$ 8,692,164</u>	<u>\$ 351,699</u>	<u>\$ 2,169,624</u>

WOLVERINE HOURLY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
November 30, 2016 and 2015

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, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Beginning balance	\$ 2,169,624	\$ 2,216,654
Purchases	44,983	145,425
Issuances, and settlements	(2,094,724)	0
Loss	<u>(119,883)</u>	<u>(192,455)</u>
Ending balance	<u>\$ 0</u>	<u>\$ 2,169,624</u>
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	<u>\$ 0</u>	<u>\$ (192,455)</u>

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, 2015.

<u>Investment</u>	<u>Fair Value</u>	<u>Valuation Technique(s)</u>	<u>Significant Unobservable Inputs</u>	<u>Range (Weighted Average)</u>
Skybridge Multi – Advisor Hedge	2,169,624	Purchase Price	None	N/A

Note 5—Master Trust

Investments within the Master Trust are valued at their fair value as determined by the Current Trustee. The Plan's interest in the Master Trust is determined by the Plan's relative asset value to the Master Trust's total asset value at the end of the year. Although assets of participating Plans are commingled, supporting records for the purpose of allocating the net gain or loss of the investment account to the participating Plans are maintained. The net investment loss and administrative expenses of the investment assets are allocated by the Current Trustee to each participating Plan based on the relationship of the interest of each Plan to the total of the interests of the participating Plans. The following has been derived from information which the Current Trustee has certified as complete and accurate as of November 30, 2016 and for the period from October 1, 2016 through November 30, 2016.

WOLVERINE HOURLY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
November 30, 2016 and 2015

Note 5—Master Trust—continued

The following presents the values of investments in the Master Trust as of November 30, 2016:

Collective investment trust	\$ 278,027,333
Money market funds	2,152,855
Total investments of the Master Trust	<u>\$ 280,180,188</u>

Plan's investment in the Master Trust	\$ 12,248,712
Plan's percentage investment in the Master Trust	4.37%

Net investment income (loss) for the Master Trust for the period from October 1, 2016 through November 30, 2016:

Collective investment trust	<u>\$ (10,469,365)</u>
Total net realized and unrealized loss on investments	(10,469,365)
Dividends	2,180
Net investment loss	<u><u>\$ (10,467,185)</u></u>

Note 6—Funding policy

Contributions to provide benefits under the Plan are made solely by the Plan Sponsor. The Plan Sponsor intends to make contributions to the Plan sufficient to provide the Plan with assets to ensure it meets the minimum funding requirements of ERISA. The Plan Sponsor made contributions at least equal to the minimum funding requirements of ERISA for the years ended November 30, 2016 and 2015.

Note 7—Accumulated plan benefits

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

	<u>2015</u>	<u>2014</u>
Vested benefits		
Retirement participants receiving benefits	\$ 6,001,057	\$ 6,071,466
Other participants	5,563,827	5,576,768
Total vested benefits	<u>11,564,884</u>	<u>11,648,234</u>
Non-vested benefits	<u>382,637</u>	<u>465,028</u>
Total accumulated benefits	<u><u>\$ 11,947,521</u></u>	<u><u>\$ 12,113,262</u></u>

WOLVERINE HOURLY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
November 30, 2016 and 2015

Note 7—Accumulated plan benefits—continued

The change in accumulated plan benefits is summarized as follows:

	2015	2014
Accumulated plan benefits, beginning of year	\$ 12,113,262	\$ 11,751,930
Increase (decrease) during the year attributable to:		
Benefits accumulated	(143,982)	278,270
Interest	793,694	771,953
Benefits paid	(721,445)	(702,989)
Change in assumptions	(94,008)	14,098
	<u>\$ 11,947,521</u>	<u>\$ 12,113,262</u>

Note 8—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:

	2016	2015
Investment advisory and management fees	\$ 19,384	\$ 16,750
Professional fees	135,798	158,625
Trustee fees	11,829	11,046
Total party-in-interest transactions	167,011	186,421
Pension Benefit Guarantee Corporation expenses	97,517	69,223
Total administrative fees and expenses	<u>\$ 264,528</u>	<u>\$ 255,644</u>

Note 9—Party-in-interest transactions

Fees paid from plan assets in 2016 and 2015 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 10—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.

WOLVERINE HOURLY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
November 30, 2016 and 2015

Note 10–Tax status-continued

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 2014.

SUPPLEMENTAL SCHEDULES

WOLVERINE HOURLY PENSION PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Employer ID #20-4605777 Plan #010
November 30, 2016

(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
* Comerica	Money market: Comerica Short Term Fund	\$ 105,602	\$ 105,602
		Total	
		\$ 105,602	\$ 105,602
* Party in interest.			

WOLVERINE HOURLY PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer ID #20-4605777 Plan #010
For the Year Ended November 30, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred With Transaction**	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category i) A single transaction in excess of 5% of the Prior Year's Plan assets:							
* Comerica	Comerica Short Term Fund Purchase	\$ 730,000	\$ 0		\$ 730,000	\$ 730,000	\$ 0
* Comerica	Comerica Short Term Fund Purchase	9,419,347			9,419,347	9,419,347	
* Comerica	Comerica Short Term Fund Sale		10,679,020		10,679,020	10,679,020	
* Comerica	Comerica Short Term Fund Sale		1,989,988		1,989,988	1,989,988	
* Comerica	Comerica Short Term Fund Purchase	1,989,988			1,989,988	1,989,988	
* Comerica	Comerica Short Term Fund Purchase	1,989,988			1,989,988	1,989,988	
Charles Schwab	Schwab Strategic TR US Large-Cap Fund Sale		1,721,049	708	1,665,285	1,721,049	55,056
Vanguard	Vanguard Long Term Bond Fund Sale		6,201,541	1,390	5,552,378	6,201,541	647,773
Vanguard	Vanguard FTSE All World EX-US Sale		1,133,402	525	1,123,122	1,133,402	9,755
SkyBridge Capital	Skybridge Multi - Advisor Hedge Fund Sale		2,094,724		2,214,609	2,094,724	(119,885)

* 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 HOURLY PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer ID #20-4605777 Plan #010
For the Year Ended November 30, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred With Transaction**	(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						
	4 Sales		9,422,105	2,760	8,692,163	9,422,105	727,182

* 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 HOURLY PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer ID #20-4605777 Plan #010
For the Year Ended November 30, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred With Transaction**	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category iii) A series of transactions in excess of 5% of the Prior Year's Plan assets:							
* Comerica	Comerica Short Term Fund						
	39 Purchases	\$ 13,298,774	\$ 0		\$ 13,298,774	\$ 13,298,774	\$ 0
	34 Sales		13,649,608		13,649,608	13,649,608	
Charles Schwab	Schwab Strategic TR US Large-Cap Fund						
	1 Sale		1,721,049	708	1,665,285	1,721,049	55,056
Vanguard	Vanguard Long Term Bond Fund						
	1 Sale		6,201,541	1,390	5,552,378	6,201,541	647,773
Vanguard	Vanguard FTSE All World EX-US						
	1 Sale		1,133,402	525	1,123,122	1,133,402	9,755
SkyBridge Capital	Skybridge Multi - Advisor Hedge Fund						
	1 Sale		2,094,724		2,214,609	2,094,724	(119,885)

* 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 HOURLY PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer ID #20-4605777 Plan #010
For the Year Ended November 30, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred With Transaction**	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
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 Fund						
	Sale		1,721,049	708	1,665,285	1,721,049	55,056
Vanguard	Vanguard Long Term Bond Fund						
	Sale		6,201,541	1,390	5,552,378	6,201,541	647,773
Vanguard	Vanguard FTSE All World EX-US						
	Sale		1,133,402	525	1,123,122	1,133,402	9,755

* 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.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 12/01/2015 and ending 11/30/2016

▶ 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 HOURLY PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">B Three-digit plan number (PN) ▶</td> <td style="width: 40%; text-align: center;">010</td> </tr> </table>	B Three-digit plan number (PN) ▶	010
B Three-digit plan number (PN) ▶	010		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WOLVERINE ADVANCED MATERIALS, LLC	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 20-4605777</td> </tr> </table>	D Employer Identification Number (EIN) 20-4605777	
D Employer Identification Number (EIN) 20-4605777			
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500			

Part I Basic Information			
1	Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2015</u>		
2	Assets:		
	a Market value.....	2a	12,190,492
	b Actuarial value.....	2b	12,633,417
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	131	6,432,990
	b For terminated vested participants.....	159	2,070,037
	c For active participants.....	115	3,703,825
	d Total.....	405	12,206,852
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	6.30%
6	Target normal cost.....	6	256,134

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	<u>6/27/17</u> Date 1708308 Most recent enrollment number 201-902-2300 Telephone number (including area code)
ROBERT GENTRY Type or print name of actuary CONDUENT HR CONSULTING, LLC Firm name 500 PLAZA DRIVE SECAUCUS NJ 07096-1533 Address of the firm		

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

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

Schedule SB (Form 5500) 2015
v. 150123

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	58,075
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	58,075
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>-0.87%</u>	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)		655,732
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.51%</u>		38,907
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-505
	c Total available at beginning of current plan year to add to prefunding balance.....		694,134
	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	99.87%
15	Adjusted funding target attainment percentage	15	99.87%
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	92.66%
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
03/14/2016	190,896	0			
06/14/2016	190,896	0			
09/14/2016	190,896	0			
Totals ▶			18(b)	572,688	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	554,298
20 Quarterly contributions and liquidity shortfalls:			
a	Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ 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: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
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	256,134	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	15,727	116,925	
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	373,059	
	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	373,059	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	554,298	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	181,239	
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	

Wolverine Hourly Pension Plan

EIN/PN: 20-4605777 / 010

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as amended by PPA, MAP-21 and HATFA.

Funding interest rates

For 2015 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.32%	4.72%
Second Segment Rate	4.06%	6.11%
Third Segment Rate	5.09%	6.81%
Effective Interest Rate Based on constrained rates		6.30%

For 2014 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.15%	4.99%
Second Segment Rate	4.06%	6.32%
Third Segment Rate	5.14%	6.99%
Effective Interest Rate Based on constrained rates		6.51%

*Used for maximum tax-deduction purposes

**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.

Wolverine Hourly Pension Plan
EIN/PN: 20-4605777 / 010

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA.

Cash Balance interest crediting rate

The Cash Balance Interest Crediting Rate assumption is based on anticipated yields for 10-year Treasury Bonds.

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

Frequency of optional payment forms

For active members and current and future terminated vested members, cash balance benefits are assumed payable as a lump sum upon decrement. For active members and current and future terminated vested members, 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

The Retirement assumption is based on the plan sponsor's anticipated experience, as well as general expectations for plan sponsors of similar size and plan design. This assumption remains appropriate given historical gain and loss experience of the plan. Rates are based on age as follows:

Age	Active Members	Current and Future Terminated Vested Members
60	5%	5%
61	10%	5%
62	15%	10%
63	20%	10%
64	25%	10%
65	100%	50%
66	100%	50%
67	100%	100%

Wolverine Hourly Pension Plan
EIN/PN: 20-4605777 / 010

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Disability rates

Since the plan's experience is too small to form the basis of a reliable assumption, the Disability rates are based on actuarial judgment and observed experience of similarly situated employment groups. Rates are based on age and gender. Sample rates as follows:

Age	Males	Females
20	.286%	.429%
25	.278%	.417%
30	.275%	.413%
35	.288%	.432%
40	.323%	.485%
45	.405%	.608%
50	.574%	.861%
55	.868%	1.302%

Expenses

Expected plan expenses of \$256,134 were added to the Target Normal Cost. The expense load is equal to the prior year's non-PBGC plan related expenses plus this year's PBGC premium.

Withdrawal rates for active participants not eligible for retirement

The Withdrawal Rates were selected in order to remain consistent with experience of other plans of similar size. Rates are 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. Accrued contributions, if any, are included in the Valuation Assets.

Wolverine Hourly Pension Plan
EIN/PN: 20-4605777 / 010

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2015 Expected Return	6.75%	6.81%	6.75%
2014 Expected Return	6.75%	6.99%	6.75%
2013 Expected Return	6.75%	7.16%	6.75%

The Expected Rate of Return was set based upon the plan's target asset allocation and expected rates of return for each asset class included in the target allocation.

Future actuarial measurements

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.

Summary of Changes from the December 1, 2014 Valuation

- The mortality assumption was updated according to the projection specified by IRS Reg. Section 1.430(h)(3)-1, with separate annuitant and non-annuitant static mortality tables.
- The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with relevant legislation.
- The expected plan related expenses added to the Target Normal Cost decreased from \$256,387 for the 2014 plan year to \$256,134 for the 2015 plan year to reflect the most recent experience of the plan, and changes to the 2015 PBGC premium.
- The assumption changes listed above increased the Funding Target by approximately \$481,000.

Wolverine Hourly Pension Plan
EIN/PN: 20-4605777 / 010

Schedule SB, Part V - Summary of Plan Provisions

Blacksburg Location

The most recent amendment reflected in the following plan provisions was effective on January 31, 2014.

Type of plan

Dollar per month.

Covered Employees

Hourly employees at the Wolverine plant in Blacksburg, Virginia.

Membership Eligibility

Effective December 1, 2006, the plan was closed to new entrants for employees at this location.

Accrued Benefit

\$22.50 x Benefit Service, frozen on January 31, 2014.

Benefit service

From date of hire.

Vesting service

From date of hire.

Pension earnings

N/A.

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 60 and completing ten years of vesting service.

Age 62 and completing 15 years of vesting service if termination before December 1, 1990.

Benefit

Accrued Benefit reduced 0.5% for each month payment precedes normal retirement date (1/180 per month if date of termination before December 1, 1993).

Wolverine Hourly Pension Plan

EIN/PN: 20-4605777 / 010

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

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

Accrued benefit payable at age 65.

Disability

Eligibility

Retirement after both attaining age 50 and completing 15 years of service.

Benefit

200% of the Accrued Benefit payable until Normal Retirement Age. Participants must elect a normal retirement benefit upon attainment of Normal Retirement Age.

Preretirement death benefit

Eligibility

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

Benefit

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 age.

Default form of payment

For married participants

Actuarially adjusted 50% joint and survivor.

For single participants

Single Life Annuity

Summary of Changes from the December 1, 2014 Valuation

None.

Wolverine Hourly Pension Plan
EIN/PN: 20-4605777 / 010

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

Leesburg Location

The most recent amendment reflected in the following plan provisions was effective on January 31, 2014.

Type of Plan

- 1.) Prior to January 1, 2004: Dollar per month.
- 2.) After January 1, 2004: Cash balance.

Covered Employees

Hourly employees at the Wolverine plant in Leesburg, Florida.

Membership Eligibility

Effective January 1, 2007, the plan was closed to new entrants for employees at this location.

Accrued Benefit

- 1.) Dollar per month: $\$15.50 \times \text{Credited Service}$ frozen at January 1, 2004 ("Accrued Pension"),
Plus
- 2.) Cash Balance: The current value of the Cash Balance account.

Cash Balance Account

\$700 per year plus Interest Credits. After January 31, 2014, the plan is frozen and only Interest Credits will be applied to the Cash Balance Account.

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.

Vesting service

From date of hire.

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.

Wolverine Hourly Pension Plan

EIN/PN: 20-4605777 / 010

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

Early retirement

Eligibility

Retirement before NRD and on or after both attaining age 60 and completing ten years of vesting service.

Benefit

- 1.) Dollar per month benefit:
Accrued Pension reduced 0.5% for each month payment precedes normal retirement date (1/180 per month if date of termination before December 1, 1993).
- 2.) Cash Balance benefit:
Accrued 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.) Dollar per month benefit:
Accrued Pension payable at age 65.
- 2.) Cash Balance benefit:
Account Balance payable immediately (or converted to another actuarially equivalent payment form).

Disability

Eligibility

Retirement after attaining age 50 and completing 15 years of vesting service.

Benefit

- 1.) Dollar per month benefit:
200% of the participant's Accrued Benefit, payable until Normal Retirement Age. Participants must elect a normal retirement benefit upon attainment of Normal Retirement Age.
- 2.) Cash Balance benefit:
Account Balance payable immediately (or converted to another actuarially equivalent payment form).

Preretirement death benefit

Eligibility

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

Wolverine Hourly Pension Plan

EIN/PN: 20-4605777 / 010

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

Benefit

1.) Dollar per month benefit:

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 age.

2.) Cash Balance benefit:

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

Summary of Changes from the December 1, 2014 Valuation

None.

Wolverine Hourly Pension Plan
EIN/PN: 20-4605777 / 010

Schedule SB, Line 26 - Schedule of Active Participant Data

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

Wolverine Hourly Pension Plan

EIN/PN: 20-4605777 / 010

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)
60	77.8556	0.0281	2.1852	131.1105
61	76.1407	0.1000	7.6141	464.4580
62	70.8847	0.1500	10.6327	659.2281
63	64.5979	0.2000	12.9196	813.9341
64	53.0414	0.2500	13.2603	848.6620
65	41.3102	1.0000	41.3102	2,685.1645
66	3.0000	1.0000	3.0000	198.0000
67	0.0000	1.0000	0.0000	0.0000
68	1.0000	1.0000	1.0000	68.0000
69	0.0000	1.0000	0.0000	0.0000
70	0.0000	1.0000	0.0000	0.0000
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	0.0000	1.0000	0.0000	0.0000
76	0.0000	1.0000	0.0000	0.0000
77	0.0000	1.0000	0.0000	0.0000
78	0.0000	1.0000	0.0000	0.0000
79	0.0000	1.0000	0.0000	0.0000
80	1.0000	1.0000	<u>1.0000</u>	<u>80.0000</u>
Total			92.9221	5,948.5571
Weighted Average Retirement Age = 5,948.5571 / 92.9221				64.02
Rounded Weighted Average Retirement Age				64

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 Hourly Pension Plan

EIN/PN: 20-4605777 / 010

Schedule SB, Line 24 - Change in Actuarial Assumptions

- The expected plan related expenses added to the Target Normal Cost decreased from \$256,387 for the 2014 plan year to \$256,134 for the 2015 plan year to reflect the most recent experience of the plan, and changes to the 2015 PBGC premium. This change had no impact on the Funding Target.

Wolverine Hourly Pension Plan
EIN/PN: 20-4605777 / 010

Schedule SB, Line 32 - Schedule of Amortization Bases

Type of Base	Present Value of Remaining Installments as of December 1, 2015	Date Established	Remaining Installments	Shortfall Amortization Installment
Shortfall	(\$426,267)	12/1/2015	7	(\$70,890)
Shortfall	\$130,662	12/1/2014	6	\$24,595
Shortfall	\$101,403	12/1/2013	5	\$22,193
Shortfall	(\$1,225,391)	12/1/2012	4	(\$327,855)
Shortfall	\$805,388	12/1/2011	11	\$95,486
Shortfall	\$525,181	12/1/2010	2	\$268,645
Shortfall	\$104,751	12/1/2009	1	\$104,751

WOLVERINE HOURLY PENSION PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Employer ID #20-4605777 Plan #010
November 30, 2016

(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
* Comerica	Money market: Comerica Short Term Fund	\$ 105,602	\$ 105,602
		Total	
		\$ 105,602	\$ 105,602
* Party in interest.			

WOLVERINE HOURLY PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer ID #20-4605777 Plan #010
For the Year Ended November 30, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred With Transaction**	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category i) A single transaction in excess of 5% of the Prior Year's Plan assets:							
* Comerica	Comerica Short Term Fund Purchase	\$ 730,000	\$ 0		\$ 730,000	\$ 730,000	\$ 0
* Comerica	Comerica Short Term Fund Purchase	9,419,347			9,419,347	9,419,347	
* Comerica	Comerica Short Term Fund Sale		10,679,020		10,679,020	10,679,020	
* Comerica	Comerica Short Term Fund Sale		1,989,988		1,989,988	1,989,988	
* Comerica	Comerica Short Term Fund Purchase	1,989,988			1,989,988	1,989,988	
* Comerica	Comerica Short Term Fund Purchase	1,989,988			1,989,988	1,989,988	
Charles Schwab	Schwab Strategic TR US Large-Cap Fund Sale		1,721,049	708	1,665,285	1,721,049	55,056
Vanguard	Vanguard Long Term Bond Fund Sale		6,201,541	1,390	5,552,378	6,201,541	647,773
Vanguard	Vanguard FTSE All World EX-US Sale		1,133,402	525	1,123,122	1,133,402	9,755
SkyBridge Capital	Skybridge Multi - Advisor Hedge Fund Sale		2,094,724		2,214,609	2,094,724	(119,885)

* Party in interest.

** The commissions and fees, 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 HOURLY PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer ID #20-4605777 Plan #010
For the Year Ended November 30, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred With Transaction**	(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						
	4 Sales		9,422,105	2,760	8,692,163	9,422,105	727,182

* 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 HOURLY PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer ID #20-4605777 Plan #010
For the Year Ended November 30, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred With Transaction**	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category iii) A series of transactions in excess of 5% of the Prior Year's Plan assets:							
* Comerica	Comerica Short Term Fund						
	39 Purchases	\$ 13,298,774	\$ 0		\$ 13,298,774	\$ 13,298,774	\$ 0
	34 Sales		13,649,608		13,649,608	13,649,608	
Charles Schwab	Schwab Strategic TR US Large-Cap Fund						
	1 Sale		1,721,049	708	1,665,285	1,721,049	55,056
Vanguard	Vanguard Long Term Bond Fund						
	1 Sale		6,201,541	1,390	5,552,378	6,201,541	647,773
Vanguard	Vanguard FTSE All World EX-US						
	1 Sale		1,133,402	525	1,123,122	1,133,402	9,755
SkyBridge Capital	Skybridge Multi - Advisor Hedge Fund						
	1 Sale		2,094,724		2,214,609	2,094,724	(119,885)

* 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 HOURLY PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer ID #20-4605777 Plan #010
For the Year Ended November 30, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred With Transaction**	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
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 Fund Sale		1,721,049	708	1,665,285	1,721,049	55,056
Vanguard	Vanguard Long Term Bond Fund Sale		6,201,541	1,390	5,552,378	6,201,541	647,773
Vanguard	Vanguard FTSE All World EX-US Sale		1,133,402	525	1,123,122	1,133,402	9,755

* 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.