

<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>Annual Return/Report of Employee Benefit Plan</div> <div>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), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan RETIREMENT INCOME PLAN	1b Three-digit plan number (PN) ▶ 039
		1c Effective date of plan 05/01/1978
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) PPG INDUSTRIES, INC. ONE PPG PLACE PITTSBURGH, PA 15272	2b Employer Identification Number (EIN) 25-0730780
		2c Sponsor's telephone number 412-434-3916
		2d Business code (see instructions) 325100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	G. THOMAS WELSH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	DONNA LEE WALKER
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

G. THOMAS WELSH
PPG INDUSTRIES, INC.
ONE PPG PLACE
PITTSBURGH, PA 15272

3b Administrator's EIN
82-0587665

3c Administrator's telephone number
412-434-3916

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**

37489

6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**).**a** Active participants.....**6a**

8858

b Retired or separated participants receiving benefits.....**6b**

13886

c Other retired or separated participants entitled to future benefits.....**6c**

10027

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

32771

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

3964

f Total. Add lines **6d** and **6e**.....**6f**

36735

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**

38

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 Characteristic Codes in the instructions:

1A 1B 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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)

<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>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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 RETIREMENT INCOME PLAN		B Three-digit plan number (PN)	039
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PPG INDUSTRIES, INC.		D Employer Identification Number (EIN) 25-0730780	
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 01 Day 01 Year 2009			
2 Assets:			
a Market value		2a	1731639312
b Actuarial value		2b	1904803243
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		3a	17932
b For terminated vested participants		3b	10829
c For active participants:			
(1) Non-vested benefits		3c(1)	27395222
(2) Vested benefits		3c(2)	422548837
(3) Total active		3c(3)	9771
d Total		3d	38532
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	8.19 %
6 Target normal cost		6	36384979

Statement by Enrolled Actuary

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

<div>SIGN HERE</div>	<div>10/11/2010</div> <div>Signature of actuary</div> <div>ARTHUR L. NOONAN</div> <div>Type or print name of actuary</div> <div>MERCER</div> <div>Firm name</div> <div>SIX PPG PLACE, SUITE 400 PITTSBURGH, PA 15222-5499</div> <div>Address of the firm</div>	<div>Date</div> <div>08-04301</div> <div>Most recent enrollment number</div> <div>412-355-8800</div> <div>Telephone number (including area code)</div>
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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) 2009
v.092308.1

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 (Item 13 from prior year)	634465808	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	22156356	
9	Amount remaining (Item 7 minus item 8).....	612309452	
10	Interest on item 9 using prior year's actual return of <u>21.04</u> %	-128829909	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		181131114
b	Interest on (a) using prior year's effective rate of <u>6.10</u> %		5035763
c	Total available at beginning of current plan year to add to prefunding balance		186166877
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	483479543	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	83.22 %
15	Adjusted funding target attainment percentage.....	15	111.52 %
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	100.89 %
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
12/30/2009	82000000				
09/14/2010	116000000				
Totals ►			18(b)	198000000	18(c)

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 contribution 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 177284864
20 Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 62
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 eligible for (and is using) 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 contribution for all prior years	28
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	36384979
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		
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 (item 31 + item 32a + item 32b – item 33).....	34	36384979
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	28249710	28249710
36 Additional cash requirement (item 34 minus item 35).....	36	8135269
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	177284864
38 Interest-adjusted excess contributions for current year (see instructions).....	38	169149595
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	
40 Unpaid minimum required contribution for all years	40	

<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
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 039
C Plan sponsor's name as shown on line 2a of Form 5500 PPG INDUSTRIES, INC.	D Employer Identification Number (EIN) 25-0730780

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PPG INDUSTRIES, INC.

25-0730780

(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?
13	PLAN SPONSOR	2786760	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

EQUITABLE LIFE

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	301017	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER CONSULTING

13-2834414

(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	NONE	159440	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

K&L GATES

25-0921018

(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?
22	NONE	70538	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

E&L ASSOCIATES

25-1440719

(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?
36		55546	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

DELOITTE & TOUCHE

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	32526	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan 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>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan RETIREMENT INCOME PLAN				B Three-digit plan number (PN) ▶ 039	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PPG INDUSTRIES, INC.				D Employer Identification Number (EIN) 25-0730780	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: PPG INDUSTRIES INC. PENSION PLAN TR					
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON					
c EIN-PN 25-6193407-001		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1923784528	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-1	

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

<div>SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Financial 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 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan RETIREMENT INCOME PLAN		B Three-digit plan number (PN) ▶ 039
C Plan sponsor's name as shown on line 2a of Form 5500 PPG INDUSTRIES, INC.		D Employer Identification Number (EIN) 25-0730780

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	213944947	116000000
(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)		
(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)	1520395210	1923784528
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	55470097	75018329

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	1789810254	2114802857

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	384980	435218
i Acquisition indebtedness	1i		
j Other liabilities	1j	55470097	75018329
k Total liabilities (add all amounts in lines 1g through 1j)	1k	55855077	75453547

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1733955177	2039349310
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	198000000	
(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)		198000000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		

(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		

(3) Rents	2b(3)		
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(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)		

		(a) Amount	(b) Total
2b (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)		
(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)		254474503
(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)		
c Other income.....	2c		2919559
d Total income. Add all income amounts in column (b) and enter total.....	2d		455394062

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	146275063	
(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)		146275063
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)	103063	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3621803	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3724866
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		149999929

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		305394133
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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: DELOITTE AND TOUCHE, LLP

(2) EIN: 13-3891517

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		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	
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		1500000
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.).....		X	
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.		X	

- 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)

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

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 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>039</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PPG INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>25-0730780</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>25-6078093</u> <u>13-5570651</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	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 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(es). 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

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 items 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 items 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 items 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 items 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 items 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 items 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 item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 42.5% Investment-Grade Debt: 52.2% High-Yield Debt: 1.7% Real Estate: 3.6% Other: 0.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☒ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

PPG Industries, Inc.

Retirement Income Plan

Financial Statements as of December 31, 2009 and
2008, and for the Year Ended December 31, 2009,
and Independent Auditors' Report

PPG INDUSTRIES, INC. RETIREMENT INCOME PLAN

2009 FORM 5500

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN

PLAN SPONSOR:

PPG INDUSTRIES, INC.
ONE PPG PLACE
PITTSBURGH, PA 15272

EMPLOYER IDENTIFICATION NUMBER:

25-0730780

NAME OF PLAN:

PPG INDUSTRIES, INC.
RETIREMENT INCOME PLAN

PLAN NUMBER:

039

PPG INDUSTRIES, INC. RETIREMENT INCOME PLAN

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NOTE: All schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITORS' REPORT

PPG Industries, Inc.
Retirement Income Plan and Participants:

We were engaged to audit the financial statements of the PPG Industries, Inc. Retirement Income Plan (the "Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the table of contents. These financial statements are the responsibility of the Plan's management.

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 8, which was certified by the Bank of New York Mellon, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee that the information as of December 31, 2009 and 2008, and for the year ended December 31, 2009, provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to express, and we do not express, an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Deloitte + Touche LLP

October 7, 2010

PPG INDUSTRIES, INC. RETIREMENT INCOME PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS:		
Investments at fair value — PPG Industries, Inc. Pension Plan Trust Commingled Fund	\$1,923,784,528	\$1,520,395,210
Employer contribution receivable	116,000,000	213,944,947
Collateral held under securities lending agreements	<u>75,018,329</u>	<u>55,470,097</u>
Total assets	<u>2,114,802,857</u>	<u>1,789,810,254</u>
LIABILITIES:		
Accrued administrative expenses	435,218	384,980
Liability to return collateral held under securities lending agreements	<u>75,018,329</u>	<u>55,470,097</u>
Total liabilities	<u>75,453,547</u>	<u>55,855,077</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$2,039,349,310</u>	<u>\$1,733,955,177</u>

See notes to financial statements.

PPG INDUSTRIES, INC. RETIREMENT INCOME PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2009

ADDITIONS:

Equity in net earnings of PPG Industries Inc.	
Pension Plan Trust Commingled Fund	\$ 254,474,503
Employer contribution	198,000,000
Other	<u>2,919,559</u>

Total additions	<u>455,394,062</u>
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DEDUCTIONS:

Benefit payments	146,275,063
Administrative expenses	<u>3,724,866</u>

Total deductions	<u>149,999,929</u>
------------------	--------------------

NET INCREASE	305,394,133
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NET ASSETS AVAILABLE FOR BENEFITS — Beginning of year	<u>1,733,955,177</u>
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NET ASSETS AVAILABLE FOR BENEFITS — End of year	<u>\$2,039,349,310</u>
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See notes to financial statements.

PPG INDUSTRIES, INC. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2009 AND 2008, AND FOR THE YEAR ENDED DECEMBER 31, 2009

1. DESCRIPTION OF PLAN AND ACCOUNTING POLICIES

The following brief description of the PPG Industries, Inc. Retirement Income Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General — The Plan is a defined benefit pension plan covering all retired and terminated vested employees prior to January 1, 1985, of all the qualified defined benefit pension plans sponsored by PPG Industries, Inc. (the “Company”), all retired and terminated vested employees between January 1, 1985 and January 1, 1988, previously covered by certain other qualified defined benefit pension plans sponsored by the Company, all active hourly employees not represented by a collective bargaining agreement, and generally all regular salaried employees of the Company. The Director of Payroll and Benefits of the Company is the Plan administrator who controls and manages the operation and administration of the Plan. Expenses of the Plan are paid by either the Plan or the Company. The Bank of New York Mellon, N.A. (“BNY Mellon”) serves as the trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Benefits — All current employees become vested after five years of continuous service and are entitled to pension benefits upon retirement as defined by the Plan document. The Plan provides for normal retirement upon reaching normal retirement age, as defined in the Plan document, and has provisions for early retirement and disability benefits for those persons who are eligible to receive such benefits. Monthly benefits under the Plan for all former hourly employees are equal to those benefits determined under terms of the participant’s former plan, as amended to the date of retirement or termination. Monthly benefits under the Plan for all salaried employees vary depending on the employee’s date of retirement, final average monthly earnings, and the years of continuous service, as defined by the Plan document. Such benefits may be reduced by early retirement, survivor benefits, or other elected options. Benefit payments to participants are recorded upon distribution.

Basis of Accounting — The accompanying financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

Use of Accounting Estimates — The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, the actuarial present value of accumulated plan benefits and the changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments — The Plan’s investment in the PPG Industries, Inc. Pension Plan Trust Commingled Fund (the “Trust”) is presented at estimated fair value. Fair value has been determined based on quoted market prices of the investments of the Trust, if available, or estimated by independent brokerage firms. The fair value of the common trust funds is determined based on the fair value of the underlying securities held by the fund (see Note 3).

Risk and Uncertainties — The Trust utilizes various investment instruments, including U.S. government securities, corporate debt investments, and corporate stocks. Investment securities, in general, are exposed to various risks, such as interest rate, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Adoption of New Accounting Standards — In June 2009, the Financial Accounting Standards Board (“FASB”) issued new accounting guidance entitled, The FASB Accounting Standards Codification (“ASC”) and the Hierarchy of Generally Accepted Accounting Principles — a replacement of FASB Statement No. 162, which identifies the sources of accounting principles and the framework for selecting the principles used in the preparation of financial statements of nongovernmental entities that are presented in conformity with GAAP. This new guidance was implemented at September 30, 2009, when it became effective. The adoption of this guidance has changed how we reference various elements of GAAP when preparing our financial statement disclosures, but did not have an impact on the Plan’s financial statements.

In May 2009, the FASB issued new accounting guidance on subsequent events. The objective of this guidance is to establish general standards of accounting for, and disclosure of, events that occur after the balance sheet date but before the financial statements are issued or are available to be issued. This new accounting guidance was adopted as of June 30, 2009, when it became effective. Adopting this new guidance did not have a material impact on the accompanying financial statements. The Plan has determined that there were no subsequent events that would require disclosure or adjustment to the accompanying financial statements through October 7, 2010.

In September 2009, the FASB issued Accounting Standards Update (“ASU”) No. 2009-12, *Fair Value Measurements and Disclosures: Investments in Certain Entities That Calculate Net Asset per Share (or Its Equivalent)* (“ASU 2009-12”), which amended ASC Subtopic 820-10, *Fair Value Measurements and Disclosures — Overall*. ASU No. 2009-12 is effective for the first reporting period ending after December 15, 2009. ASU No. 2009-12 expands the required disclosures for certain investments with a reported net asset value (“NAV”). ASU No. 2009-12 permits, as a practical expedient, an entity holding investments in certain entities that calculate net asset value per share or its equivalent for which the fair value is not readily determinable, to measure the fair value of such investments on the basis of that net asset value per share or its equivalent without adjustment. The ASU requires enhanced disclosures about the nature and risks of investments within its scope. Such disclosures include the nature of any restrictions on an investor’s ability to redeem its investments at the measurement date, any unfunded commitments, and the investment strategies of the investee. The Plan has adopted ASU No. 2009-12 on a prospective basis for the year ended December 31, 2009 (see Note 4).

2. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan’s provisions to the service employees who have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired, terminated, or transferred employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based upon years of continuous service (see Note 1). Benefits payable under all circumstances, including retirement, death, disability, and termination of employment, are included to the extent that they are deemed attributable to employee service rendered to the date as of which the benefit information is presented.

As of December 31, 2009 and 2008, the actuarial present value of accumulated plan benefits is as follows:

	2009	2008
Vested benefits:		
Participants currently receiving payments	\$ 1,246,237,000	\$ 1,099,925,000
Other participants	794,920,000	839,471,000
Nonvested benefits	<u>57,598,000</u>	<u>62,963,000</u>
Total	<u>\$ 2,098,755,000</u>	<u>\$ 2,002,359,000</u>

The changes in the actuarial value of accumulated plan benefits for the years ended December 31, 2009 and 2008, were as follows:

	2009	2008
Actuarial present value of accumulated plan benefits — beginning of year — January 1	<u>\$ 2,002,359,000</u>	<u>\$ 1,908,091,000</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated and gains	65,244,000	48,735,000
Increase for interest due to the discount period	120,404,000	119,349,000
Change in assumptions	57,023,000	60,389,000
Benefits paid	<u>(146,275,000)</u>	<u>(134,205,000)</u>
Net increase	<u>96,396,000</u>	<u>94,268,000</u>
Actuarial present value of accumulated plan benefits — end of year — December 31	<u>\$ 2,098,755,000</u>	<u>\$ 2,002,359,000</u>

The actuarial present value of accumulated plan benefits was determined by the Plan's actuary, Mercer Human Resource Consulting, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected dates of payment. The significant actuarial assumptions used in determining accumulated plan benefits were (a) the RP2000 Mortality Table at December 31, 2009 and 2008, (b) an assumed average retirement age of 62, and (c) a discount rate of 5.90% and 6.15% as of December 31, 2009 and 2008, respectively.

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

3. INVESTMENTS IN THE PENSION PLAN TRUST COMMINGLED FUND (UNAUDITED)

The investment assets of the Plan consist of an undivided interest in the Total Combined PPG Fund (the "Fund") of the Trust. Use of the Fund permits the commingling of the Trust assets of the pension plans of the Company for investment and administrative purposes. Although Plan assets are commingled in the Fund, supporting records are maintained for the purpose of allocating the Fund's net earnings or loss to each of the plans that participate in the Fund. Plans that participate in the Trust include the Plan and the PPG Retirement Pension Plan.

The Fund holds derivative instruments, including foreign exchange and S&P 500 index futures contracts. The Fund holds these futures contracts to hedge foreign currency risk on international investments and to gain exposure to the S&P 500 market.

The financial statements of the Trust are prepared in accordance with GAAP. The Trust's net assets are combined in one investment account, the Bond and Equity Account. These investments are stated at fair value, which generally is determined based on quoted market prices.

The unaudited net investments of the Fund as of December 31, 2009 and 2008, are summarized as follows (in millions):

	2009	2008
Common trust funds:		
Equity	\$ 1,005.5	\$ 792.3
Debt	145.7	43.4
U.S. government securities	451.1	641.4
Corporate debt	576.5	517.9
Common stock — PPG Industries, Inc.	128.4	0.0
Temporary investments	4.8	37.1
Unallocated insurance contracts	43.3	66.9
Receivable for investments sold	68.0	317.5
Payable for investments purchased	(114.1)	(429.2)
Income receivable	13.1	8.2
Variation margin on equity futures	-	0.3
Other	63.4	(106.1)
	<u>\$ 2,385.7</u>	<u>\$ 1,889.7</u>

Accounting guidance on fair value measurements establishes a hierarchy of inputs employed to determine fair value measurements, which has three levels. Level 1 inputs are quoted prices in active markets for identical assets and liabilities, are considered to be the most reliable evidence of fair value, and should be used whenever available. Level 2 inputs are observable prices that are not quoted on active exchanges. Level 3 inputs are unobservable inputs employed for measuring the fair value of assets and liabilities.

The financial assets of the Fund that are reported at fair value on a recurring basis as of December 31, 2009, are as follows (in millions):

	Level 1	Level 2	Level 3	Total
Common trust funds:				
Equity	\$ 145.3	\$ 828.3	\$ 31.9	\$ 1,005.5
Debt	145.7	-	-	145.7
U.S. government securities	-	451.1	-	451.1
Corporate debt	-	576.5	-	576.5
Common stock — PPG Industries, Inc.	29.3	99.1	-	128.4
Temporary investments	4.8	-	-	4.8
Unallocated insurance contracts	-	-	43.3	43.3
Receivable for investments sold	-	68.0	-	68.0
Payable for investments purchased	-	(114.1)	-	(114.1)
Income receivable	-	13.1	-	13.1
Other	<u>3.6</u>	<u>48.2</u>	<u>11.6</u>	<u>63.4</u>
Total	<u>\$ 328.7</u>	<u>\$ 1,970.2</u>	<u>\$ 86.8</u>	<u>\$ 2,385.7</u>

The financial assets of the Fund that are reported at fair value on a recurring basis as of December 31, 2008, are as follows (in millions):

	Level 1	Level 2	Level 3	Total
Common trust funds:				
Equity	\$ 107.2	\$ 641.7	\$ 43.4	\$ 792.3
Debt	-	43.4	-	43.4
U.S. government securities	-	641.4	-	641.4
Corporate debt	-	517.9	-	517.9
Temporary investments	37.1	-	-	37.1
Unallocated insurance contracts	-	-	66.9	66.9
Receivable for investments sold	-	317.5	-	317.5
Payable for investments purchased	-	(429.2)	-	(429.2)
Income receivable	-	8.2	-	8.2
Variation margin on equity futures	-	0.3	-	0.3
Other	<u>5.0</u>	<u>(128.3)</u>	<u>17.2</u>	<u>(106.1)</u>
Total	<u>\$ 149.3</u>	<u>\$ 1,612.9</u>	<u>\$ 127.5</u>	<u>\$ 1,889.7</u>

The change in the fair value of the Fund's Level 3 assets for the year ended December 31, 2009 and 2008, was as follows (in millions):

	Common Trust Funds	Unallocated Insurance Contracts	Other	Total
Beginning balance — January 1, 2008	\$ 47.2	\$ 76.8	\$ 33.8	\$ 157.8
Change in fair value — net	<u>(3.8)</u>	<u>(9.9)</u>	<u>(16.6)</u>	<u>(30.3)</u>
Ending balance — December 31, 2008	43.4	66.9	17.2	127.5
Change in fair value — net	<u>(11.5)</u>	<u>(23.6)</u>	<u>(5.6)</u>	<u>(40.7)</u>
Ending balance — December 31, 2009	<u>\$ 31.9</u>	<u>\$ 43.3</u>	<u>\$ 11.6</u>	<u>\$ 86.8</u>

The net earnings of the Fund are allocated monthly to each plan participating in the Fund based on the relationship of the undivided interest of each plan in the Fund at the end of the month to the total of the undivided interests of the two plans participating in the Fund. The unaudited net investment earnings (losses) of the Fund for the year ended December 31, 2009, are summarized as follows (in millions):

Investment earnings — net appreciation (depreciation) in fair value of investments:	
Common trust funds	\$ 203.7
U.S. government securities	(39.2)
Corporate debt	63.8
Futures contracts	45.1
Equity securities	17.1
Other — principally from equity and fixed income options	<u>(17.5)</u>
Net appreciation in fair value of investments	273.0
Interest and dividends	50.8
Investment advisory and management fees	<u>(8.3)</u>
Net investment gain	<u>\$ 315.5</u>

The Plan's interest in the Fund, as a percentage of net assets of the Fund, was approximately 81% at December 31, 2009, and 80% at December 31, 2008.

4. NET ASSET VALUE (NAV) PER SHARE (UNAUDITED)

In accordance with ASU No. 2009-12, the Plan expanded its disclosures to include the category, fair value, redemption frequency, and redemption notice period for those assets whose fair value is estimated using the net asset value per share as of December 31, 2009.

The following table for December 31, 2009, sets forth a summary of the Plan's investments with a reported NAV.

Investment	Fair Value Estimated Using Net Asset Value per Share December 31, 2009				
	Fair Value * (in Millions)	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
J.P. Morgan Strategic Property Fund (a)	\$31.9	None	Quarterly	None	45 days

* The fair values of the investments have been estimated using the net asset value of the investment.

(a) The J.P. Morgan Strategic Property Fund seeks improved real estate projects with stabilized occupancies, which produce a relatively high level of current income combined with moderate appreciation potential.

5. SECURITIES LENDING

The Plan participates in a securities lending program through BNY Mellon. Under this program, the Plan's investment securities are loaned to investment brokers for a fee. Securities so loaned are fully collateralized by cash, letters of credit, and securities issued or guaranteed by the U.S. government, its agencies, and instrumentalities. At December 31, 2009 and 2008, \$73,396,000 and \$54,329,000, respectively, of the Plan's securities were on loan under BNY Mellon's securities lending program. The fair value of the collateral received as a percentage of the total current value of the securities on loan by the Plan was approximately 102.2% and 102.1% for the years ended December 31, 2009 and 2008, respectively. Income from the program was \$176,000 and \$533,000, respectively for the years ended December 31, 2009 and 2008, and is recorded in equity in net earnings of the Trust.

6. FUNDING POLICY (UNAUDITED)

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make contributions to the Plan based upon the calculations of the Plan's actuary using the unit credit cost method, which consists of normal cost, plus amortization of unfunded prior service costs over a 40-year period or less. In September 2009 and July 2009, the Company contributed shares of Company's common stock to the Plan relating to the 2008 Plan year. The shares are required to be held by the Plan for a minimum of six months. As a result, the market value of the restricted shares was reduced to reflect the holding requirement:

Date of Contribution	Shares Contributed	Price Per Share	Fair Value of Shares Contributed
September 2009	720,134	\$ 53.93	\$ 36,894,985
July 2009	751,734	51.88	37,049,962
	<u>1,471,868</u>		<u>\$ 73,944,947</u>

In 2010, the Company contributed cash of \$116,000,000 to the Plan relating to the 2009 Plan year. In 2009, the Company contributed cash of \$82,000,000 and \$140,000,000, respectively to the Plan relating to the 2009 and 2008 Plan years. These contributions are reflected as contributions receivable in the accompanying financial statements as of 2009 and 2008. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2009 and 2008.

7. PLAN TERMINATION

Although the Company has not expressed any intention to do so, it has the right under the Plan to discontinue its contributions to the Plan at any time and terminate the Plan subject to the provisions set forth in the Plan document and ERISA.

In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time.

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

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

8. INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements, that was prepared by or derived from information prepared by BNY Mellon and furnished to the Plan administrator. The Plan administrator has obtained certifications from BNY Mellon that such information is complete and accurate.

	2009	2008
Statements of net assets available for benefits — investments — at fair value	\$1,923,784,528	\$1,520,395,210
Statement of changes net assets available for benefits — equity in net earnings of the Pension Plan Trust Commingled Fund	254,474,503	

Unaudited information concerning the Trust is included in Notes 3, 4, and 6 to the financial statements.

9. FEDERAL INCOME TAX STATUS

The Plan obtained its latest determination letter dated September 13, 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related Trust was tax exempt as of December 31, 2009 and 2008, and no provision for income taxes has been included in the Plan's financial statements.

10. PLAN AMENDMENTS

There were no Plan amendments in 2009 or 2008 that had a material impact on the actuarial present value of accumulated plan benefits.

* * * * *

SCHEDULE H

**EIN 25-0730780
PLAN #039**

**PPG INDUSTRIES, INC.
RETIREMENT INCOME PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
SCHEDULE H, Line 4i
As of December 31, 2009**

<u>Identity of Issuer</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
* PPG Industries, Inc.	PPG Pension Master Trust Unit	<u>1,886,069,982</u>	<u>1,924,756,808</u>
		<u>1,886,069,982</u>	<u>1,924,756,808</u>

* Party in Interest

Schedule SB, Line 26 — Schedule of Active Participant Data

Attained Age	Years of credited service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up
<25	7	20	1							
25 - 29	2	103	132	6						
30 - 34	4	65	313	157	3					
35 - 39	8	86	368	370	69	6				
40 - 44		70	385	367	213	224	17			
45 - 49	3	60	380	336	180	448	286	63		
50 - 54		50	302	324	171	329	477	649	81	
55 - 59		24	203	177	98	178	202	500	401	40
60 - 64		17	103	73	23	74	55	118	161	97
65 - 69		3	22	17	1	2	4	2	5	20
70+		2	4	3		1				6

The exhibits shows all active plan participants.

In each cell, the number is the count of active participants for each age/service combination.

Schedule SB, Line 26 — Schedule of Active Participant Data

Attained Age	Years of credited service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up
<25	4	16								
25 - 29	2	94 54,587	120 50,151	2						
30 - 34	3	57 56,617	288 54,234	130 61,039	2					
35 - 39	3	76 62,596	335 57,820	334 68,523	56 83,500	1				
40 - 44		57 60,114	357 59,655	333 66,095	200 81,509	151 75,316	11			
45 - 49	3	54 61,080	363 60,397	313 64,069	169 76,779	372 81,875	226 76,291	33 58,938		
50 - 54		49 62,660	294 61,573	309 64,029	159 80,424	288 77,571	418 81,543	455 73,365	51 58,958	
55 - 59		22 59,844	196 57,874	165 64,269	89 72,753	155 76,581	178 73,220	401 78,431	263 67,160	19
60 - 64		17	103 59,811	72 63,005	21 74,929	57 80,526	41 83,667	96 65,471	113 70,977	56 79,456
65 - 69		3	21 60,281	17	1	2	4	2	5	17
70+		2	4	3						6

This exhibit shows all active salaried plan participants.

Earnings shown are 2009 pensionable earnings limited to \$245,000.

In each cell, the top number is the count of active participants for each age/service combination. The lower number is the average compensation of the active salaried participants in that group. The average compensation is not shown for cells with fewer than 20 participants.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions**

Discount rate elections	Full yield curve for January 1, 2009 valuations with 2-month look-back.	
Mortality elections		
▪ Healthy participants	2009 PPA separate static annuitant and non-annuitant mortality tables.	
▪ Pre-1995 disabilities	Revenue Ruling 96-7 table for participants who became disabled before 1995.	
▪ Post-1994 disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994.	
Other economic assumptions		
▪ Salary increases	0.00% for 2009 and 4.25% on average thereafter. See actual rates set forth in Exhibit A. In accordance with the terms of the divestiture of the auto glass business, affected salaried employees with 80 points at date of sale receive salary increases of 1.50% per year during continued employment with PGW.	
▪ Flat-dollar benefit increases	None assumed.	
▪ Social Security wage base	3.75% per year	
▪ Inflation	3.00% per year	
▪ Expected investment return	8.50%	
▪ Expenses	\$10,622,000 added to current year normal cost	
Demographic assumptions		
Withdrawal	Rates set forth in Exhibit B.	
Disability incidence	Rates set forth in Exhibit B. 100% of participants becoming disabled are assumed to be eligible for Social Security disability benefits.	
Retirement age (active only)	See rates set forth in Exhibit C and the corresponding note.	
Benefit commencement age for:		
▪ Future vested deferred	65	
▪ Current vested deferred	65	
Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
▪ Percentage married	80%	65%
▪ Spouse age difference	A husband is assumed to be three years older than his wife.	

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

Form of payment	<u>Single life</u>	<u>Qualified J&S</u>
▪ Active retirements	100%	0%
▪ Future vested deferred	100%	0%
▪ Future disabilities	100%	0%
▪ Future deaths	0%	100%
▪ Current vested deferred	100%	0%

*Table of sample rates***Exhibit A: Salary Scale**

Age	Increase In the Year	Ratio of Final Salary at Age 65 to Current Salary
20	8.30%	7.64
25	7.30	5.22
30	6.00	3.81
35	5.30	2.91
40	4.70	2.29
45	4.10	1.85
50	3.60	1.54
55	3.20	1.31
60	3.00	1.13

The above table incorporates the 0.00% increase assumption for 2009.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Exhibit B: Termination and Disability Assumptions**

Annual Rate per 1,000 Participants

Age	Termination				Disability			
	Retirement Income Plan (as of 12/31/93) ¹		Other Retirement Income Plan Appendices ²		Retirement Income Plan (as of 12/31/93)		Other Retirement Income Plan Appendices	
	Male	Female	Male	Female	Male	Female	Male	Female
20	118.0	118.0	258	258	.50	.45	.70	.70
25	112.0	112.0	170	170	.56	.56	.90	.90
30	85.8	85.8	94	94	.71	.85	1.10	1.10
35	56.0	56.0	67	67	.99	1.75	1.40	1.40
40	41.8	41.8	50	50	1.62	3.15	1.90	1.90
45	37.2	37.2	38	38	2.70	4.65	3.00	3.00
50	29.4	29.4	27	27	4.93	6.26	5.10	5.10
55	10.0	10.0	16	16	9.14	8.05	9.60	9.60
60	0.0	0.0	0	0	14.70	11.25	16.60	16.60
65	0.0	0.0	0	0	0.00	0.00	0.00	0.00

¹ Select rates of termination are used during the first five years of employment as shown below (Note: these select rates are doubled for acquired actives after an acquisition date):

Year of Employment	Annual Rate of Termination
1	150
2	150
3	150
4	150
5	150

² Select rates of termination are used during the first three years of employment as shown below:

Year of Employment	Annual Rate of Termination
1	300
2	300
3	300

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Exhibit C: Retirement Assumptions*****Annual Rate per 1,000 Participants**

Age	Salaried Employees	Hourly Employees	Hourly with Special Early
55 ³	25	10	10
56	25	10	10
57	25	10	10
58	50	10	50
59	50	10	50
60	50	25	50
61	100	25	50
62	150	150	300
63	300	150	300
64	400	200	300
65	950	1,000	1,000
66	600	1,000	1,000
67	700	1,000	1,000
68	800	1,000	1,000
69	900	1,000	1,000
70	1,000	1,000	1,000
Average Retirement Age	62.4	63.6	62.6

The above rates are reduced by 50% for retirements between 2009 and 2014.

³ Salaried rates start 10 years before Social Security normal retirement age. Salaried rates shown above are for Social Security retirement age 65.

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

Actuarial methods

Asset methods

We used financial data submitted by the trustee as of January 1, 2009 without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The asset valuation method is an annual average of the adjusted market value over the last 12 months preceding the valuation date with two determination dates. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value of assets that is greater than market value.

Participant methods

We used the participant data supplied by the plan sponsor. We have reviewed the data and have no reason to doubt its substantial accuracy. Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on only those employees who have completed the plan's eligibility requirements.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.
- **Disabled participants:** The liabilities for participants on long-term disability have been included with the liabilities for terminated vested participants.
- **Estimated benefits:** We estimated benefit amounts if they were not provided to us.

Plan sponsor elections

Funding interest rate:

- Full yield curve with 2 month look-back.

Mortality assumption for funding target:

- Static annuitant and nonannuitant tables.

Valuation of lump sums based on Section 417(e) assumptions:

- Rate used for funding target, without adjustment.
- 417(e) mortality applicable to current year.

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

Asset valuation method:

- Asset averaging over 12 months with two determination dates.

Minimum funding method

Target liability for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **accrued liability** is the present value of benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **normal cost** is the present value of the benefit deemed to accrue in the plan year. If multiple decrements are used, the accrued liability and the normal cost for an individual are the sum of the component accrued liabilities and normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual normal costs, and the plan's **funding target liability** is the sum of the accrued liabilities for all participants under the plan.

Maximum deductible contribution method

Calculations of maximum deductible contributions include the excess of the accrued liability computed using the projected unit credit method over the minimum funding target liability. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration future compensation increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **projected accrued liability** is the present value of benefits based on credited service as of the beginning of the plan year and projected compensation that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the accrued liability for an individual is the sum of the component accrued liabilities associated with the various anticipated separation dates.
- The plan's **projected funding target liability** is the sum of the projected accrued liabilities for all participants under the plan.

Schedule SB, Line 11 — Explanation of Carryover and Prefunding Balances Discrepancy

The 2008 Schedule SB was completed before final funding regulations were issued and the amount reported on line 38 was limited to the excess of the discounted value of actual employer contributions over the minimum required contribution before any credit balance use.

Schedule SB, Line 25 — Change in Method

Beginning with the 2009 valuation, expected expenses are added to the normal cost.

The asset method used was changed from fair market value to the averaging method described previously, as allowed by the Worker, Retiree and Employer Recovery Act of 2008.

As allowed by clarifying regulation, PPG updated its PPA interest rate election from January segments to the full yield curve with a 2-month look-back.

Schedule SB, Line 24 — Change in Actuarial Assumptions

The salary increase assumption is assumed to be 0% in 2009, after which it reverts back to the table described.

Retirement rates were reduced by 50% for retirements between 2009 and 2014.

These changes were made to better anticipate future plan experience.

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

The weighted average retirement assumption shown on line 22 of the Schedule SB is for Social Security Normal Retirement Age 65.

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 64.

For SSNRA = 67
Weighted Average Retirement Age: 64

(A)	(B)	(C)	(D)
Retirement Age	Percentage expected to retire	Number of employees expected to retire, per 10,000 retirements	(A) x (C)
55	0%	0	0
56	0%	0	0
57	2.5%	250	14,250
58	2.5%	244	14,138
59	2.5%	238	14,022
60	5.0%	463	27,806
61	5.0%	440	26,856
62	5.0%	418	25,931
63	10.0%	795	50,064
64	15.0%	1,073	68,659
65	30.0%	1,824	118,544
66	40.0%	1,702	112,344
67	95.0%	2,426	162,515
68	60.0%	77	5,209
69	70.0%	36	2,466
70	80.0%	12	858
71	90.0%	3	196
72	100.0%	0	22
Total		10,000	643,879
Average			64.39

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

For SSNRA = 66
Weighted Average Retirement Age: 63

(A)	(B)	(C)	(D)
Age	Percentage expected to retire	Number of employees expected to retire, per 10,000 retirements	(A) x (C)
55	0%	0	0
56	2.5%	250	14,000
57	2.5%	244	13,894
58	2.5%	238	13,784
59	5.0%	463	27,342
60	5.0%	440	26,415
61	5.0%	418	25,513
62	10.0%	795	49,269
63	15.0%	1,073	67,586
64	30.0%	1,824	116,721
65	40.0%	1,702	110,641
66	95.0%	2,426	160,090
67	60.0%	77	5,132
68	70.0%	36	2,431
69	80.0%	12	846
70	90.0%	3	193
71	100.0%	0	22
Total		10,000	633,879
Average			63.39

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

For SSNRA = 65
Weighted Average Retirement Age: 62

(A)	(B)	(C)	(D)
Retirement Age	Percentage expected to retire	Number of employees expected to retire, per 10,000 retirements	(A) x (C)
54	0.0%	0	0
55	2.5%	250	13,750
56	2.5%	244	13,650
57	2.5%	238	13,546
58	5.0%	463	26,879
59	5.0%	440	25,975
60	5.0%	418	25,095
61	10.0%	795	48,475
62	15.0%	1,073	66,514
63	30.0%	1,824	114,897
64	40.0%	1,702	108,939
65	95.0%	2,426	157,664
66	60.0%	77	5,055
67	70.0%	36	2,395
68	80.0%	12	833
69	90.0%	3	190
70	100.0%	0	21
Total		10,000	623,879
Average			62.39

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

For Cleveland, Shelby, Lexington, Chester, Crestline, Tipton
Weighted Average Retirement Age: 64

(A)	(B)	(C)	(D)
Retirement Age	Percentage expected to retire	Number of employees expected to retire, per 10,000 retirements	(A) x (C)
54	0.0%	0	0
55	1.0%	100	5,500
56	1.0%	99	5,544
57	1.0%	98	5,587
58	1.0%	97	5,628
59	1.0%	96	5,668
60	2.5%	238	14,265
61	2.5%	232	14,140
62	15.0%	1,356	84,075
63	15.0%	1,153	72,617
64	20.0%	1,306	83,605
65	100.0%	5,225	339,646
66		0	0
Total		10,000	636,274
Average			63.63

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

Retirement age assumption for those eligible for the special early retirement provisions
Weighted Average Retirement Age: 63

(A)	(B)	(C)	(D)
Retirement Age	Percentage expected to retire	Number of employees expected to retire, per 10,000 retirements	(A) x (C)
57	0.0%	0	0
58	5.0%	500	29,000
59	5.0%	475	28,025
60	5.0%	451	27,075
61	5.0%	429	26,150
62	30.0%	2,444	151,498
63	30.0%	1,710	107,759
64	30.0%	1,197	76,629
65	100.0%	2,794	181,594
66		0	0
Total		10,000	627,730
Average			62.77

Schedule SB, Part V — Summary of Plan Provisions**Plan provisions**

Following is a summary of the major plan provisions used to determine the plan's financial position. It should not be used in determining plan benefits.

<i>Plan name</i>	Retirement Income Plan		
<i>Appendix name</i>	Retirement Income Plan	Appendix Effective	12/24/1940
<i>Group number</i>	039		
<i>Type of plan</i>	Five Year Average Earnings (FAE)		
<i>Normal form</i>	Life Annuity		
<i>Plan eligibility</i>	Date of Hire		
<i>Credited service</i>	From Date of Hire		
<i>Continuous service</i>	From Date of Hire		
<i>Pension earnings</i>	Monthly Base Salary		
<i>SSNRA</i>	Social Security Normal Retirement Age		
<i>Employee contributions</i>	None		
<i>Class</i>	Salaried Employees		
<i>Accrued benefit</i>	Greater of: <u>Regular Formula</u> (.855% FAE (basic benefit) + .585% FAE in excess of Social Security Covered Compensation (excess benefit)) x Credited Service (maximum 35 Years) OR <u>Alternate Formula</u> \$36.00 x Continuous Service OR The Frozen Accrued Benefit as of 12/31/1988		
<i>Participation</i>	Effective January 1, 2006, this appendix is frozen to new entrants. Active participants have ongoing benefit accruals.		
<i>Significant events</i>	In accordance with the terms of the divestiture of the auto glass business, affected salaried employees with 80 points at date of sale receive salary increases of 1.50% per year during continued employment with PGW.		

Schedule SB, Part V — Summary of Plan Provisions

Plan Name: Retirement Income Plan
Appendix Name Retirement Income Plan
Group Number 039

Benefit	Age	Continuous Service	Age + Service	Description
Normal retirement	SSNRA			Accrued Benefit payable immediately
Early	SSNRA-10			Benefits under the regular formula are reduced 3% per year from SSNRA-4. Benefits under the alternate formula are reduced 5% per year from SSNRA-4.
Special early			80	Accrued Benefit reduced each year prior to SSNRA-3 according to Exhibit A (for benefits earned prior to 4/1/2000)
Postponed	>SSNRA			Accrued Benefit at actual retirement date
Vesting		5		Accrued Benefit deferred to SSNRA
Disability				No special provision other than continuation of service accrual
Pre retirement death		5		Surviving spouse receives 50% of Benefit calculated as if the participant retired early at first possible date and elected J&S coverage
Nonvested				None

NOTE:

- Social Security Covered Compensation:** Based on Social Security Act in effect at date of computation, the average monthly earnings subject to Social Security taxes assuming that the participant, for each year through and including the year prior to SSNRA, earns an amount at least equal to the Social Security taxable wage base for each year.
- Special Minimum Death Benefit:** For any participant who made contributions under the prior plan, a minimum lump sum death benefit equal to contributions plus credited interest (to earlier of date of death or benefit commencement date) less benefits paid to participant and joint annuitant, if any.
- Special Premium for Pilots:** For any pilot who retires on or after his 60th birthday, benefits will be calculated using "Pilot's Credited Service" (Credited Service plus two years) and "Pilot's Final Average Salary" (Final Average Salary calculated assuming salary at termination date continued for two years). Additionally, a temporary monthly supplement of \$400 will be paid from benefit commencement date to the earlier of date of death or attainment of age 62.
- Supplemental Early Retirement Benefits (for terminations prior to April 1, 2000):** A participant
 - who has attained age 48 and whose age and service total 80 or more
and
 - whose employment is terminated due to facility shutdown or business consolidation

will receive a supplemental benefit, equal to the social security early retirement age benefit less the early retirement benefit. The participant will also receive \$400 per month until three years before social security normal retirement age.

The supplemental early retirement benefit is subject to a cap equal to 1.5 times compensation.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name: Retirement Income Plan
Appendix Name Retirement Income Plan
Group Number 039

5. April 1, 2000 Change in Plan Provisions

Effective April 1, 2000, the plan provisions for salaried participants were changed.

The regular formula was changed from $(.950\% \text{ FAE} + .650\% \text{ FAE in excess of Social Security Covered Compensation}) \times \text{Credited Service (maximum 35 years)}$ to $(.855\% \text{ FAE} + .585\% \text{ FAE in excess of Social Security Covered Compensation}) \times \text{Credited Service (maximum 35 years)}$

The early retirement reduction factors were changed from the rates described in Exhibit A to:

Regular formula – 3% per year from 4 years prior to Social Security Normal Retirement Age
Alternate formula – 5% per year from 4 years prior to Social Security Normal Retirement Age

However at retirement, all participants hired on or before April 1, 2000 will have a minimum benefit equal to (a) + (b) where:

a) the benefit under the old regular formula $(.950\%/.650\%)$ using final average earnings at retirement and service at April 1, 2000.

b) the benefit under the new regular formula $(.855\%/.585\%)$ using final average earnings at retirement and service since April 1, 2000.

Benefits earned under (a) are reduced from early retirement by the factors in Exhibit A and benefits earned under (b) are reduced from early retirement by 3% for each year retirement occurs prior to four years before Social Security Age.

Schedule SB, Part V — Summary of Plan Provisions

<i>Plan name:</i>	Retirement Income Plan		
<i>Appendix name</i>	Cleveland	Appendix Effective	04/01/1957
<i>Group number</i>	031		
<i>Type of plan</i>	Dollar Per Month		
<i>Normal form</i>	Life Annuity		
<i>Continuous service</i>	From Date of Hire		
<i>Plan eligibility</i>	Date of Hire		
<i>Pension earnings</i>	N/A		
<i>Employee contributions</i>	None		
<i>Class</i>	Hourly Employees		
<i>Accrued benefit</i>	Contribution: \$49.00 x Continuous Service Expense: \$49.00 x Contributions Service		
<i>Status of the plan</i>	Effective January 1, 2006, this Appendix is frozen to new entrants. Active participants have ongoing benefit accruals.		
<i>Significant events</i>	None		

Benefit	Age	Continuous Service	Age + Service	Description
<i>Normal retirement</i>	65			Accrued Benefit payable immediately
<i>Early</i>	55	10		Accrued Benefit reduced 6.0% for each year prior to 62.
<i>Vesting</i>		5		Accrued Benefit deferred to 65 or reduced 7.2% for each year prior to 65 once eligible for early
<i>Disability</i>		10		Accrued Benefit payable immediately, plus, if not eligible for Social Security, a temporary supplement payable to 65 equal to \$24.50 x Continuous Service less Disability payments
<i>Pre retirement death</i>		5		Surviving spouse receives 55% of Benefit calculated as if the participant retired early at first possible date and elected J&S coverage
<i>Nonvested</i>				None

NOTE:**1. Supplemental Early Retirement Benefits:** A participant

who has attained age 48 and whose age and service total 80 or more and whose employment is terminated due to facility shutdown or business consolidation

will receive a supplemental benefit, equal to the accrued benefit less the early retirement benefit. The participant will also receive \$400 per month until age 62.

The supplemental early retirement benefit is subject to a cap equal to 1.5 times annual wages divided by the number of months the participant is under age 62 as of his supplemental early retirement date.

2. Early Retirement Incentive Program: In March of 2002, active hourly employees at Cleveland were offered an early retirement window. Nine active employees elected to retire under these window provisions which enhanced benefits.**3. New Early Retirement Window:** Effective December 1, 2007, a defined list of participants provided to Mercer by PPG were offered an early retirement window and are entitled to:

-No early retirement reduction factor upon retirement, and

-Temporary supplement of \$600 per month payable until age 62, but not less than two years.

Schedule SB, Part V — Summary of Plan Provisions

<i>Plan name</i>	Retirement Income Plan		
<i>Appendix name</i>	Shelby/Lexington/Chester	Appendix Effective	05/01/1967
<i>Group number</i>	032		
<i>Type of plan</i>	Dollar Per Month		
<i>Normal form</i>	Life Annuity		
<i>Continuous service</i>	From Date of Hire		
<i>Plan eligibility</i>	Date of Hire		
<i>Pension earnings</i>	N/A		
<i>Employee contributions</i>	None		
<i>Class</i>	Hourly Employees		
<i>Accrued benefit</i>	Contribution: \$36.00 x Continuous Service Expense: \$36.00 x Continuous Service		
<i>Status of the plan</i>	Effective February 1, 2006, this Appendix is frozen to new entrants. Active participants have ongoing benefit accruals.		
<i>Significant events</i>	None		

Benefit	Age	Continuous Service	Age + Service	Description
<i>Normal retirement</i>	65			Accrued Benefit payable immediately
<i>Early</i>	55	10		Accrued Benefit reduced 5.0% for each year prior to Social Security Normal Retirement Age - 4.
<i>Vesting</i>		5		Accrued Benefit deferred to 65 or reduced 7.2% for each year prior to 65 once eligible for early
<i>Disability</i>		10		Accrued Benefit payable immediately, plus, if not eligible for Social Security, a temporary supplement payable to 65 equal to \$14.00 x Continuous Service less Disability payments
<i>Pre retirement death</i>		5		Surviving spouse receives 50% of Benefit calculated as if the participant retired early at first possible date and elected J&S coverage
<i>Nonvested</i>				None
<i>Conversion to optional forms</i>	Joint & Survivor conversion tables were changed from the 90% ± 5 to the 95% ± 5 table for retirements on and after July 1, 1998.			

Schedule SB, Part V — Summary of Plan Provisions

<i>Plan name:</i>	Retirement Income Plan		
<i>Appendix name</i>	Crestline	Appendix Effective	04/01/1966
<i>Group number</i>	033		
<i>Type of plan</i>	Dollar Per Month		
<i>Normal form</i>	Life Annuity		
<i>Continuous service</i>	From Date of Hire		
<i>Plan eligibility</i>	Date of Hire		
<i>Pension earnings</i>	N/A		
<i>Employee contributions</i>	None		
<i>Class</i>	Hourly Employees Covered by Bargaining Agreement		
<i>Accrued benefit</i>	A + B where: <i>Contribution:</i> A = \$28.00 x Continuous Service (Maximum 29 Years). B = \$31.00 x Continuous Service (Over 29 Years). <i>Expense</i> A = \$28.00 x Continuous Service (Maximum 29 Years) B = \$31.00 x Continuous Service (Over 29 Years)		
<i>Status of the plan</i>	This Appendix is frozen to new entrants and no longer has ongoing benefit accruals.		
<i>Significant events</i>	As part of the auto glass divestiture, continuous service was frozen as of the sale date of 9/30/2008. Participants continue to earn eligibility service during continued employment with PGW. Special 30-year early retirement benefits are prorated between PPG and PGW.		

Benefit	Age	Continuous Service	Age + Service	Description
<i>Normal retirement</i>	65			Accrued Benefit payable immediately
<i>Early</i>	60 55	10 or	85	Accrued Benefit reduced for each year prior to 62 See Exhibit A
<i>Special early</i>	62	15		Accrued Benefit payable immediately plus temporary supplement payable to 65 that provides a total benefit of twice the accrued benefit as if \$22.00/\$25.00 benefit levels were used.
<i>Special 30-year</i>	58	30		Accrued Benefit x early retirement factor payable immediately, subject to minimum guaranteed Benefit of \$825.00 prior to 62 and minimum guaranteed Benefit of \$415.00 after 62 and prior to 65
<i>Vesting</i>		5		Accrued Benefit deferred to 65 or reduced 6.667% for each year prior to 65 once eligible for early
<i>Disability⁴</i>		10		Accrued Benefit payable immediately, plus, if not eligible for Social Security, a temporary supplement payable to 65 equal to \$14.00 x Continuous Service (maximum \$350.00) less Disability payments

⁴ Also includes the Special 30-Year Benefit.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name: Retirement Income Plan
Appendix Name Crestline
Group Number 033

<i>Pre retirement death</i>	5	Surviving Spouse receives 60% of Benefit calculated as if participant retired early at first possible date and elected J&S Coverage
<i>Post retirement death</i>		Reduction in Benefit required for J&S Coverage is removed in event of spouse's death after commencement date of pension with waiting period
<i>Nonvested</i>		None

Schedule SB, Part V — Summary of Plan Provisions

<i>Plan name:</i>	Retirement Income Plan		
<i>Appendix name</i>	Tipton	<i>Appendix Effective</i>	04/01/1966
<i>Group number</i>	034		
<i>Type of plan</i>	Dollar Per Month		
<i>Normal form</i>	Life Annuity		
<i>Continuous service</i>	From Date of Hire		
<i>Plan eligibility</i>	Date of Hire		
<i>Pension earnings</i>	N/A		
<i>Employee contributions</i>	None		
<i>Class</i>	Hourly Employees Covered by Bargaining Agreement		
<i>Accrued benefit</i>	A + B where: <i>Contribution:</i> A = \$28.00 x Continuous Service (Maximum 29 Years). B = \$31.00 x Continuous Service (Over 29 Years). <i>Expense</i> A = \$28.00 x Continuous Service (Maximum 29 Years) B = \$31.00 x Continuous Service (Over 29 Years)		
<i>Status of the plan</i>	This Appendix is frozen to new entrants and no longer has ongoing benefit accruals		
<i>Significant events</i>	As part of the auto glass divestiture, continuous service was frozen as of the sale date of 9/30/2008. Participants continue to earn eligibility service during continued employment with PGW. Special 30-year early retirement benefits are prorated between PPG and PGW.		

Benefit	Age	Continuous Service	Age + Service	Description
<i>Normal retirement</i>	65			Accrued Benefit payable immediately
<i>Early</i>	60 55	10 or	85	Accrued Benefit reduced for each year prior to 62 See Exhibit A
<i>Special early</i>	62	15		Accrued Benefit payable immediately plus temporary supplement payable to 65 that provides a total benefit of twice the accrued benefit as if \$22.00/\$25.00 benefit levels were used.
<i>Special 30-year</i>	58	30		Accrued Benefit x early retirement factor payable immediately, subject to minimum guaranteed Benefit of \$825.00 prior to 62 and minimum guaranteed Benefit of \$415.00 after 62 and prior to 65
<i>Vesting</i>		5		Accrued Benefit deferred to 65 or reduced 6.667% for each year prior to 65 once eligible for early
<i>Disability⁵</i>		10		Accrued Benefit payable immediately, plus, if not eligible for Social Security, a temporary supplement payable to 65 equal to \$14.00 x Continuous Service (maximum \$350.00) less Disability payments

⁵ Also includes the Special 30-Year Benefit.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name: Retirement Income Plan
Appendix Name Tipton
Group Number 034

<i>Pre retirement death</i>	5	Surviving Spouse receives 60% of Benefit calculated as if participant retired early at first possible date and elected J&S Coverage
<i>Post retirement death</i>		Reduction in Benefit required for J&S Coverage is removed in event of spouse's death after commencement date of pension with waiting period
<i>Nonvested</i>		None

In early 1998, employees at Tipton were offered a voluntary limited program of severance. Any employee who applied for the limited program of severance who was eligible for a retirement benefit under the pension plan on the date of severance, was eligible for a monthly special pension benefit. The monthly special pension benefit was an amount equal to the accrued pension benefit the employee has earned under the pension plan provisions at the date of severance. The monthly special pension benefit is payable through the end of the month the employee becomes 62 years of age. The special pension benefit payable to an employee under this program is capped at one and one-half times (1-1/2) the severance benefit.

Employees who elected to participate in the voluntary limited program of severance and who were eligible to receive the special pension benefit shall be eligible to receive the special early retirement benefit upon attainment of age 62. The special early retirement benefit is payable from age 62 to age 65 under the provisions of the pension plan. At age 65, the pension benefit will be adjusted to normal rates.

Schedule SB, Part V — Summary of Plan Provisions

Plan name:	Retirement Income Plan		
Appendix name	Glass Voluntary	Appendix Effective	01/01/1969
Group number	036		
Type of plan	Dollar Per Month		
Normal form	Life Annuity		
Plan eligibility	Date of Hire		
Pension earnings	N/A		
Employee contributions	None		
Class	Hourly Employees		
Accrued benefit	Contribution: \$20.00 x Continuous Service (Maximum 35 Years) Expense: \$20.00 x Continuous Service (Maximum 35 Years)		
Status of the plan	Spun off to PPG Auto Glass effective October 1, 2000		
Significant events	None		

Benefit	Age	Continuous Service	Age + Service	Description
<i>Normal retirement</i>	65			Accrued Benefit but not less than \$150.00 per month payable immediately
<i>Early</i>	60	10		Accrued benefit reduced 7.2% for each year prior to 65.
		or		
	55		80	For retirements within 3 years of SSNRA, accrued benefit unreduced. For retirements more than 3 years prior to SSNRA, accrued benefit reduced 6.0% for each year prior to 3 years before SSNRA.
<i>Vesting</i>		5		Accrued Benefit deferred to 65 or reduced 7.2% for each year prior to 65 once eligible for early
<i>Disability</i>		10		Accrued Benefit immediately less Disability payments
<i>Pre retirement death</i>		5		Surviving spouse receives 50% of Benefit calculated as if the participant retired early at first possible date and elected J&S coverage
<i>Nonvested</i>				None
<i>Conversion to optional forms</i>	Joint & Survivor conversion tables were changed from the 90% to the 95% table for retirements on and after January 1, 1999.			

Schedule SB, Part V — Summary of Plan Provisions

<i>Plan name:</i>	Retirement Income Plan		
<i>Appendix name</i>	Baltimore	<i>Appendix Effective</i>	10/22/1954
<i>Group number</i>	056		
<i>Type of plan</i>	Dollar Per Month		
<i>Normal form</i>	Life Annuity		
<i>Continuous service</i>	From Date of Hire		
<i>Plan eligibility</i>	Date of Hire		
<i>Pension earnings</i>	N/A		
<i>Employee contributions</i>	None		
<i>Class</i>	Hourly Employees Covered by Bargaining Agreement		
<i>Accrued benefit</i>	Contribution: \$12.50 x Continuous Service Expense: \$12.50 x Continuous Service		
<i>Status of the plan</i>	Closed to new entrants and no active employees remain.		
<i>Significant events</i>	None		

Benefit	Age	Continuous Service	Age + Service	Description
<i>Normal retirement</i>	65			Accrued Benefit payable immediately
<i>Early</i>	62	10		Accrued Benefit payable immediately
<i>Vesting</i>		5		Accrued Benefit deferred to 65 or reduced 7.2% for each year prior to 65 once eligible for early
<i>Disability</i>		10		Accrued Benefit payable immediately, plus, if not eligible for Social Security, a temporary supplement payable to 65 equal to \$6.25 x Continuous Service less Disability payments
<i>Pre retirement death</i>		5		Surviving spouse receives 50% of Benefit calculated as if the participant retired early at first possible date and elected J&S coverage
<i>Nonvested</i>				None

Schedule SB, Part V — Summary of Plan Provisions

<i>Plan name:</i>	Retirement Income Plan		
<i>Appendix name</i>	Lincoln	<i>Appendix Effective</i>	11/15/1958
<i>Group number</i>	071		
<i>Type of plan</i>	Dollar Per Month		
<i>Normal form</i>	Life Annuity		
<i>Continuous service</i>	From Date of Hire		
<i>Plan eligibility</i>	Date of Hire		
<i>Pension earnings</i>	N/A		
<i>Employee contributions</i>	None		
<i>Class</i>	Hourly Employees Covered by Bargaining Agreement		
<i>Accrued benefit</i>	Contribution: \$19.75 x Continuous Service Expense: \$19.75 x Continuous Service		
<i>Status of the plan</i>	Closed to new entrants and no active employees remain.		
<i>Significant events</i>	None		

Benefit	Age	Continuous Service	Age + Service	Description
<i>Normal retirement</i>	65			Accrued Benefit payable immediately
<i>Early</i>	60	10		Accrued Benefit reduced 6.667% for each year prior to 62
<i>Special early</i>	55		85	Accrued Benefit reduced 6.667% for each year prior to 62 plus temporary supplement equal to \$300.00 payable to 62
<i>Vesting</i>		5		Accrued Benefit deferred to 65 or reduced 6.667% for each year prior to 65 once eligible for early
<i>Disability</i>		10		Accrued Benefit payable immediately, plus, if not eligible for Social Security, a temporary supplement payable to 65 equal to \$0.50 x Continuous Service less Disability payments
<i>Pre retirement death</i>		5		Surviving spouse receives 50% of Benefit calculated as if the participant retired early at first possible date and elected J&S coverage
<i>Nonvested</i>				None

Schedule SB, Part V — Summary of Plan Provisions*Hourly Pension Plans**Benefit Level Summary*

Number	Appendix Name	Date of Most Recent Contract	Benefit Level on 1/1/2009	Benefit Level in Year of Contract*		
				1	2	3
031	Cleveland	01/01/2008	49.00	49.00	49.00	49.00
032	Shelby/Lexington/Chester	02/01/2006	36.00	36.00	36.00	36.00
036	Glass Voluntary	09/01/1999	20.00	20.00	20.00	20.00
056	Baltimore	05/06/1988	12.50	12.00	12.50	12.50
071	Lincoln	08/03/1989	19.75	17.75	18.75	19.75

*Benefit Level Depends on Service**Same Benefit Level for Following Two Appendices*

033	Crestline	03/01/2005	28.00	28.00	28.00	28.00
			31.00	31.00	31.00	31.00
034	Tipton	03/01/2005	28.00	28.00	28.00	28.00
			31.00	31.00	31.00	31.00

Funding target liability for all plans has been determined recognizing the highest benefit levels committed to as of January 1, 2009.

Schedule SB, Part V — Summary of Plan Provisions*Early Retirement Reduction Percentages**Retirement Income Plan - Appendix 039*

Years Prior to SSNRA When Pension Commences	Percentage for Retirement Without 80 Points	Percentage for Retirements With 80 Points Applied To Basic Benefit	Percentage for Retirements With 80 Points Applied To Excess Benefit
10	44.2%	58.0%	50.0%
9	47.5	64.0	53.3
8	51.2	70.0	56.7
7	55.3	76.0	60.0
6	59.8	82.0	63.3
5	64.8	88.0	66.7
4	70.4	94.0	73.3
3	76.6	100.0	80.0
2	83.5	100.0	86.7
1	91.2	100.0	93.3
0	100.0	100.0	100.0

To Be Used on Frozen Accrued Benefit

Age When Pension Commences	Percentage for Retirement Without 80 Points	Percentage for Retirements With 80 Points
55	44.2%	58.0%
56	47.5	64.0
57	51.2	70.0
58	55.3	76.0
59	59.8	82.0
60	64.8	88.0
61	70.4	94.0
62	76.6	100.0
63	83.5	100.0
64	91.2	100.0
65 and over	100.0	100.0

Schedule SB, Part V — Summary of Plan Provisions*Crestline and Tipton*

Age When Pension Commences	Percentage
55	57.9%
56	63.5
57	69.4
58	75.2
59	80.8
60	86.7
61	93.3
62 and over	100.0

Benefits included or excluded

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Plan amendments:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Late retirement increases:**
 - *Active participants:* Current active participants over normal age are valued using their accrued benefit. Late retirement actuarial increases are deemed to be immaterial for the purposes of this valuation.
 - *Deferred vested participants:* Current deferred vested participants over normal age are valued including the late retirement actuarial increase.
- **Shutdown benefits:** We are not aware of any corporate actions that would create shutdown benefits; therefore, they are excluded.
- **IRC limitations:** The limitations of Internal Revenue Code Sections 401(a)(17) and 415(b) have been incorporated into our calculations.
- **Benefit restrictions:** Benefit restrictions (if applicable) are ignored in this valuation.

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

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ 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 Retirement Income Plan	B Three-digit plan number (PN) ▶ 039
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PPG Industries, Inc.	D Employer Identification Number (EIN) 25-0730780
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>1</u> Day <u>1</u> Year <u>2009</u>		
2 Assets:		
a Market value.....	2a	1,731,639,312
b Actuarial value.....	2b	1,904,803,243
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 17,932	1,097,691,033
b For terminated vested participants.....	3b 10,829	160,258,939
c For active participants:		
(1) Non-vested benefits.....	3c(1)	27,395,222
(2) Vested benefits.....	3c(2)	422,548,837
(3) Total active.....	3c(3) 9,771	449,944,059
d Total.....	3d 38,532	1,707,894,031
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	
5 Effective interest rate.....	5	8.19 %
6 Target normal cost.....	6	36,384,979

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***Arthur L. Noonan*

Signature of actuary

Date

08-04301

Arthur L. Noonan

Type or print name of actuary

Most recent enrollment number

(412) 355-8800

Mercer

Six PPG Place, Suite 400 Firm name

Telephone number (including area code)

Pittsburgh PA 15222-5499

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) 2009
v.092308.1

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 (Item 13 from prior year)	634,465,808	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	22,156,356	0
9 Amount remaining (Item 7 minus item 8)	612,309,452	0
10 Interest on item 9 using prior year's actual return of <u>(21.04)%</u>	(128,829,909)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		181,131,114
b Interest on (a) using prior year's effective rate of <u>6.10 %</u>		5,035,763
c Total available at beginning of current plan year to add to prefunding balance		186,166,877
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	483,479,543	0

Part III Funding percentages

14 Funding target attainment percentage	14	83.22 %
15 Adjusted funding target attainment percentage	15	111.52 %
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	100.89 %
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
12/30/2009	82,000,000				
09/14/2010	116,000,000				
Totals ▶			18(b)	198,000,000	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 contribution 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	177,284,864

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 62
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 eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	36,384,979
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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 (item 31 + item 32a + item 32b - item 33)	34	36,384,979
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	28,249,710	28,249,710
36 Additional cash requirement (item 34 minus item 35)	36	8,135,269
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	177,284,864
38 Interest-adjusted excess contributions for current year (see instructions)	38	169,149,595
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0