

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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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:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan RETIREMENT PENSION PLAN	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td>091</td> </tr> <tr> <td>1c Effective date of plan</td> <td>01/01/1979</td> </tr> </table>	1b Three-digit plan number (PN) ►	091	1c Effective date of plan	01/01/1979		
1b Three-digit plan number (PN) ►	091						
1c Effective date of plan	01/01/1979						
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	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td>25-0730780</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td>412-434-3916</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>325100</td> </tr> </table>	2b Employer Identification Number (EIN)	25-0730780	2c Sponsor's telephone number	412-434-3916	2d Business code (see instructions)	325100
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.	09/30/2010	G. THOMAS WELSH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2010	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 ONE PPG PLACE PITTSBURGH, PA 15272	3b Administrator's EIN 82-0587665 3c Administrator's telephone number 412-434-3916
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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
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5 Total number of participants at the beginning of the plan year	5	7670
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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	2565
b Retired or separated participants receiving benefits.....	6b	2930
c Other retired or separated participants entitled to future benefits.....	6c	1658
d Subtotal. Add lines 6a , 6b , and 6c	6d	7153
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	498
f Total. Add lines 6d and 6e	6f	7651
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	3

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
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
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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)
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SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

▶ **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 PENSION PLAN	B Three-digit plan number (PN) ▶ 091
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 415087769
b	Actuarial value 2b 456596546
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a 3370 260695039
b	For terminated vested participants 3b 1984 30879658
c	For active participants:
(1)	Non-vested benefits 3c(1) 10230693
(2)	Vested benefits 3c(2) 106716845
(3)	Total active 3c(3) 2659 116947538
d	Total 3d 8013 408522235
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 8.22 %
6	Target normal cost 6 6588325

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		10/01/2010
Signature of actuary		Date
ARTHUR L. NOONAN		08-04301
Type or print name of actuary		Most recent enrollment number
MERCER		412-355-8800
Firm name		Telephone number (including area code)
SIX PPG PLACE SUITE 400 PITTSBURGH, PA 15272		
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)	151296666	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	4226709	
9	Amount remaining (Item 7 minus item 8).....	147069957	
10	Interest on item 9 using prior year's actual return of <u>-20.95</u> %	-30811156	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		41134465
b	Interest on (a) using prior year's effective rate of <u>6.80</u> %		1358496
c	Total available at beginning of current plan year to add to prefunding balance		42492961
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).....	116258801	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	83.31 %
15	Adjusted funding target attainment percentage.....	15	111.76 %
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	100.10 %
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	18000000				
09/14/2010	34000000				
			Totals ►	18(b)	52000000
				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 46364114
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	6588325
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	6588325
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	4613269	4613269
36 Additional cash requirement (item 34 minus item 35).....	36	1975056
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	46364114
38 Interest-adjusted excess contributions for current year (see instructions).....	38	44389058
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

<div>A Name of plan</div> <div>RETIREMENT PENSION PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>091</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>PPG INDUSTRIES, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>25-0730780</div>

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	504139	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

ING

02-0488491

(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?
15	NONE	195754	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	39994	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER

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	34898	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

DELOITTE AND 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	7629	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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 PENSION PLAN				B Three-digit plan number (PN) ▶ 091	
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 PENSION MASTER TRUST UNIT					
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) 461867190	
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 103-12 IE at	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 PENSION PLAN	B Three-digit plan number (PN)	091
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
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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)	46754998	34000000
(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)	369292651	461867190
(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)	13471112	18010353

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	429518761	513877543

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	83733	142096
i Acquisition indebtedness	1i		
j Other liabilities	1j	13471112	18010353
k Total liabilities (add all amounts in lines 1g through 1j)	1k	13554845	18152449

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	415963916	495725094
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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)	52000000	
(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)		52000000

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)		61061816
(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		1072105
d Total income. Add all income amounts in column (b) and enter total.....	2d		114133921

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	33467757	
(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)		33467757
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)	36100	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	868886	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		904986
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		34372743

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		79761178
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)

<div>SCHEDULE R (Form 5500) <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>		<div>Retirement Plan Information</div> <div>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).</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 PENSION PLAN				B Three-digit plan number (PN) ►	091
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 Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 25-6078093					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☒ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year				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					
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					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.					
Schedule R (Form 5500) 2009 v.092308.1					

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: 52.5% 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 Pension 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 PENSION 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 PENSION PLAN

PLAN NUMBER:

091

PPG INDUSTRIES, INC. RETIREMENT PENSION 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 Pension Plan and Participants:

We were engaged to audit the financial statements of the PPG Industries, Inc. Retirement Pension 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 PENSION 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	\$461,867,190	\$369,292,651
Employer contribution receivable	34,000,000	46,754,998
Collateral held under securities lending agreements	<u>18,010,353</u>	<u>13,471,112</u>
Total assets	<u>513,877,543</u>	<u>429,518,761</u>
LIABILITIES:		
Accrued administrative expenses	142,096	83,733
Liability to return collateral held under securities lending agreements	<u>18,010,353</u>	<u>13,471,112</u>
Total liabilities	<u>18,152,449</u>	<u>13,554,845</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$495,725,094</u>	<u>\$415,963,916</u>

See notes to financial statements.

PPG INDUSTRIES, INC. RETIREMENT PENSION 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	\$ 61,061,816
Employer contribution	52,000,000
Other	<u>1,072,105</u>
Total additions	<u>114,133,921</u>

DEDUCTIONS:

Benefit payments	33,467,757
Administrative expenses	<u>904,986</u>
Total deductions	<u>34,372,743</u>

NET INCREASE	79,761,178
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NET ASSETS AVAILABLE FOR BENEFITS — Beginning of year	<u>415,963,916</u>
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NET ASSETS AVAILABLE FOR BENEFITS — End of year	<u>\$495,725,094</u>
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See notes to financial statements.

PPG INDUSTRIES, INC. RETIREMENT PENSION 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 Pension 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 extended to certain contractual hourly employees of PPG Industries, Inc. (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 — 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 benefits upon reaching age 65 for certain individuals and upon reaching the Social Security normal retirement age for other individuals. The Plan also has provisions for early, deferred vested, and disability retirement benefits for those participants who are eligible to receive such benefits. Monthly benefits under the Plan are based upon years of continuous service, as defined by the Plan document, multiplied by the benefit rate in effect at the time of retirement or termination. Such benefits may be reduced by early retirement or survivor benefits. 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 upon quoted market prices of the investments held by the Trust, if available, or estimated by independent investment 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).

Risks and Uncertainties — The Trust utilizes various investment instruments, including U.S. government securities, corporate debt instruments, 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 Statements No. 162, which identifies the sources of accounting principles and the framework for selecting the principles used 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 the guidance has changed how we reference various elements of GAAP when preparing the 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 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 was as follows:

	2009	2008
Vested benefits:		
Participants currently receiving payments	\$ 292,347,000	\$ 267,558,000
Other participants	180,571,000	189,575,000
Nonvested benefits	<u>17,681,000</u>	<u>21,234,000</u>
Total	<u>\$ 490,599,000</u>	<u>\$ 478,367,000</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>\$ 478,367,000</u>	<u>\$ 446,586,000</u>
Increase (decrease) during the year attributable to:		
Plan amendments	-	631,000
Benefits accumulated and gains	4,476,000	20,778,000
Increase for interest due to the discount period	28,307,000	28,683,000
Change in assumptions	12,917,000	13,730,000
Benefits paid	<u>(33,468,000)</u>	<u>(32,041,000)</u>
Net increase	<u>12,232,000</u>	<u>31,781,000</u>
Actuarial present value of accumulated plan benefits — end of year — December 31	<u>\$ 490,599,000</u>	<u>\$ 478,367,000</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 64, and (c) a discount rate of 5.90% and 6.15% in 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 Income 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	-
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	3.6	48.2	11.6	63.4
	<u>328.7</u>	<u>1,970.2</u>	<u>86.8</u>	<u>2,385.7</u>
Total	\$ 328.7	\$ 1,970.2	\$ 86.8	\$ 2,385.7

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	5.0	(128.3)	17.2	(106.1)
	<u>149.3</u>	<u>1,612.9</u>	<u>127.5</u>	<u>1,889.7</u>
Total	\$ 149.3	\$ 1,612.9	\$ 127.5	\$ 1,889.7

The changes in the fair value of the Fund's Level 3 assets for the years ended December 31, 2009 and 2008, were 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 19% at December 31, 2009, and 20% 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, \$17,621,000 and \$13,194,000, 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 \$42,000 and \$129,000, 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 the 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	\$ 225,536	\$ 53.93	\$ 11,554,999
July 2009	<u>308,404</u>	51.88	<u>15,199,999</u>
	<u>\$ 533,940</u>		<u>\$ 26,754,998</u>

In 2010, the Company contributed cash of \$34,000,000 to the Plan relating to the 2009 Plan year. In 2009, the Company contributed cash of \$18,000,000 and \$20,000,000, 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 December 31, 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 were prepared by or derived from information prepared by BNY Mellon and furnished to the Plan administrator. At December 31, 2009 and 2008, the Plan administrator has obtained certifications from the trustee that such information is complete and accurate.

	2009	2008
Statements of net assets available for benefits — investments — at fair value	\$ 461,867,190	\$ 369,292,651
Statement of changes in net assets available for benefits — equity in net earnings of the Pension Plan Trust Commingled Fund	61,061,816	

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 August 6, 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

The Plan was amended at various dates throughout 2008 to provide benefit rate increases to certain employees effective throughout 2009.

Effective at various dates in 2008, the Plan was amended to freeze participation in the Plan for certain new hourly employees. These employees are eligible for participation in a new pension plan that has a defined contribution design.

The aggregate effect of these changes on the actuarial present value of accumulated plan benefits was an increase of approximately \$631,000 for the year ended December 31, 2008.

* * * * *

SCHEDULE H

**EIN 25-0730780
PLAN #091**

**PPG INDUSTRIES, INC.
RETIREMENT PENSION 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>466,627,828</u>	<u>462,203,242</u>
		<u>466,627,828</u>	<u>462,203,242</u>

* Party in Interest

[illegible]

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 Increase	Not applicable
▪ Flat dollar benefit increase	0.00%
▪ Social Security Wage Base	Not applicable
▪ Expected return on assets	8.50%
▪ Inflation	Not applicable
▪ Expenses	\$2,445,000 added to current year normal cost.
Disability	See table of sample rates.
Withdrawal	See table of sample rates.
Lump sums	No lump sums are valued.
Form of payment	
▪ Participants in pay status	Actual form of payment
▪ Active Retirements	Life Annuity
▪ Future Vested Terms	Life Annuity
▪ Future Disabilities	Life Annuity
▪ Future Deaths	Qualified Joint and Survivor Annuity
▪ Current Vested Deferreds	Life Annuity
Social Security eligibility upon disablement	It is assumed all participants who become disabled will be eligible for Social Security disability benefits.
Retirement age	<ul style="list-style-type: none"> ▪ Active participants – See table of sample rates ▪ Deferred vested participants – Age 65.

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

Marital status at benefit eligibility

- Percentage married Males: 80% Females: 65%
 - Age difference A husband is assumed to be three years older than his wife.
-

Table of Sample Rates

Annual Rate per 1,000 Participants

Age	Termination		Disability	
	Male	Female	Male	Female
20	258	258	.70	.70
25	170	170	.90	.90
30	94	94	1.10	1.10
35	67	67	1.40	1.40
40	50	50	1.90	1.90
45	38	38	3.00	3.00
50	27	27	5.10	5.10
55	16	16	9.60	9.60
60	4	4	16.60	16.60
65	0	0	0.00	0.00

Select rates of termination (30% per year) are used during the first three years of employment.

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

Annual Rate per 1,000 Participants

Age	Rate	
	Hourly	Special Early 30
55	10	10
56	10	10
57	10	10
58	10	50
59	10	50
60	25	50
61	25	50
62	150	300
63	150	300
64	200	300
65	1000	1000
66	1000	1000
67	1000	1000
68	1000	1000
69	1000	1000
70	1000	1000
Average Retirement Age	63.6	62.6

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

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.

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

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 IRC Section 417(e) assumptions:

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

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.

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

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 Employee 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

Retirement rates were reduced by 50% for retirements between 2009 and 2014 to better anticipate future plan experience.

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

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 CIO, Cumberland, Barberton, Oak Creek, Lake Charles, Greensburg, Natrium, Springdale, Mt. Zion, Glass Clerical, Fresno, Delaware, Circleville, Stockerton, Torrance, Crystal City, Louisville
Weighted average retirement age: 64

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

For Kokomo, Memphis C&S, Roanoke, Greensboro C&S, Lansing, Evert
Weighted average retirement age: 64

(A)	(B)	(C)
Retirement Age	Number of employees expected to retire, per 10,000 retirements	(A) x (B)
60	250	15,000
61	244	14,869
62	1,426	88,408
63	1,212	76,359
64	1,374	87,194
65	5,495	357,150
Total	10,000	639,699
Average		64

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

For CIO, Cumberland, Greensburg, Mt. Zion, Glass Clerical, Fresno, Crystal City
Retirement age assumption for those eligible for the special early retirement provisions

Weighted average retirement age: 62

(A)	(B)	(C)
Retirement Age	Number of employees expected to retire, per 10,000 retirements	(A) x (B)
48	100	4,800
49	99	4,851
50	98	4,901
51	97	4,949
52	96	4,995
53	95	5,040
54	94	5,084
55	93	5,126
56	92	5,167
57	91	5,207
58	452	26,227
59	430	25,345
60	408	24,486
61	388	23,650
62	2,210	137,012
63	1,547	97,455
64	1,083	69,302
65	2,527	164,231
66	0	0
Total	10,000	617,828
Average		62

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

For Barberton, Lake Charles, Oak Creek, Natrium, Kokomo

Retirement age assumption for those eligible for the special early retirement provisions

Weighted average retirement age: 63

(A)	(B)	(C)
Retirement Age	Number of employees expected to retire, per 10,000 retirements	# Ret Age (A)*(G)
54	0	0
55	100	5,500
56	99	5,544
57	98	5,587
58	485	28,139
59	461	27,193
60	438	26,271
61	416	25,373
62	2,371	146,999
63	1,660	104,559
64	1,162	74,353
65	2,711	176,201
66	0	0
Total	10,000	625,717
Average		63

For Springdale

Retirement age assumption for those eligible for the special early retirement provisions

Weighted average retirement age: 64

(A)	(B)	(C)
Retirement Age	Number of employees expected to retire, per 10,000 retirements	# Ret Age (A)*(G)
62	3,000	186,000
63	2,100	132,300
64	1,470	94,080
65	3,430	222,950
Total	10,000	635,330
Average		64

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

For East Point, Torrance, Louisville
Weighted average retirement age: 64

(A)	(B)	(C)
Retirement Age	Number of employees expected to retire, per 10,000 retirements	(A) x (B)
62	1,500	93,000
63	1,275	80,325
64	1,445	92,480
65	5,780	375,700
Total	10,000	641,505
Average		64

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.

Plan Name:	- Retirement Pension Plan	Appendix Effective	01/14/1950
Appendix Name	- Glass CIO		
Group Number	- 050		
Type of Plan	- Dollar Per Month		
Normal Form	- Life Annuity		
Continuous Service	- From Date of Hire		
Plan Eligibility	- Date of Hire		
Pension Earnings	- N/A		
EE Contributions	- None		
Class	- Hourly Employees Covered by Bargaining Agreement		
Accrued Benefit	- A + B + C plus \$5.00 where:		
	Contribution:		
	A = \$26.00 x Continuous Service (Maximum 18 Years)		
	B = \$28.00 x Continuous Service (Between 19 and 28 Years)		
	C = \$30.00 x Continuous Service (Over 28 Years)		
	Expense:		
	A = \$26.00 x Continuous Service (Maximum 18 Years)		
	B = \$28.00 x Continuous Service (Between 19 and 28 Years)		
	C = \$30.00 x Continuous Service (Over 28 Years)		

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early	60	10		Accrued Benefit reduced for each year prior to 62
	55	or	85	See Exhibit A.
Special Early	62	15		Accrued Benefit payable immediately plus temporary supplement payable to 65 equal to the benefit using \$16/\$18/\$20 levels and service at retirement.
Special 30-Year		30		Accrued Benefit x early retirement factor payable immediately, subject to minimum guaranteed Benefit of \$1,215.00 prior to 62 and minimum guaranteed Benefit of \$415.00 after 62 and prior to 65; if over 56, the \$1,215.00 is increased to \$1,515.00, (effective 4/1/2000 this minimum is irrelevant).
Vesting		5		Accrued Benefit deferred to 65 or reduced 6.667% for each year prior to 65 once eligible for early
Disability*		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 25 years) less Disability payments
Pre Retirement Death		5		Surviving Spouse receives 60% of Benefit calculated as if participant retired early at first possible date and elected

Schedule SB, Part V — Summary of Plan Provisions

Benefit	Age	Continuous Service	Age + Service	Description
				J&S Coverage
Post Retirement Death				Reduction in Benefit required for J&S Coverage is removed in event of spouse's death after commencement date of pension with waiting period
Nonvested				None

* Also includes the Special 30-Year Benefit.

Continuous service for purposes of benefit accruals was frozen effective September 30, 2008 due to the divestiture of the auto glass business.

Participants of the Glass CIO plan at the Ford City location have accumulated benefits equal to $A + B + C + D$ where:

Contribution:

$A = \$18.95 \times \text{Continuous Service (Maximum 18 Years)}$

$B = \$20.20 \times \text{Continuous Service (Between 19 and 28 Years)}$

$C = \$21.70 \times \text{Continuous Service (Over 28 Years)}$

$D = \$5.00$

Expense:

$A = \$18.95 \times \text{Continuous Service (Maximum 18 Years)}$

$B = \$20.20 \times \text{Continuous Service (Between 19 and 28 Years)}$

$C = \$21.70 \times \text{Continuous Service (Over 28 Years)}$

$D = \$5.00$

The Special 30-Year Benefit is subject to a minimum guaranteed benefit of \$915.00 prior to age 62; if over age 56 the \$915.00 is increased to \$1,215.00. The minimum guaranteed benefit is \$415.00 after age 62 and prior to age 65.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name: - Retirement Pension Plan

Appendix Name - Barberton (hired before 3/03/2008) Appendix Effective 07/20/1950

Group Number - 051

Type of Plan - Dollar Per Month

Normal Form - Life Annuity

Continuous Service - From Date of Hire

Plan Eligibility - Date of Hire

Pension Earnings - N/A

EE Contributions - None

Class - Hourly Employees Covered by Bargaining Agreement

Accrued Benefit - Contribution:* \$50.00 x Continuous Service (\$48.00 at 1/1/2008)
- Expense:** \$50.00 x Continuous Service

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early	60	10		Accrued Benefit reduced 2.4% for each year prior to 62 or for each Year of Service less than 37, whichever is less
	55	or	85	
Special 30-Year	55	30		Accrued Benefit reduced 2.4% for each year prior to 62 or for each Year of Service less than 37, whichever is less, plus a temporary supplement of \$550.00 payable to 62.
Vesting		5		Accrued Benefit deferred to 65 or reduced 6.667% for each year prior to 65 once eligible for early
Disability		15		Accrued Benefit payable immediately, plus, if not eligible for Social Security, a temporary supplement payable to 65 equal to \$13.00 x Continuous Service less Disability payments
Pre Retirement Death		5		Surviving spouse receives 55% of Benefit calculated as if the participant retired early at first possible date and elected J&S coverage
Nonvested				None

* \$50.00 effective March 1, 2008.

**Early retirement window benefits are available to certain retirees between May 1, 2008 and April 30, 2011.

Employees hired on or after March 3, 2008 are eligible for DC benefits only.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name:	Retirement Pension Plan	Appendix Effective	10/02/1950
Appendix Name	Oak Creek (hired prior to 10/22/2007)		
Group Number	053		
Type of Plan	Dollar Per Month		
Normal Form	Life Annuity		
Continuous Service	From Date of Hire		
Plan Eligibility	Date of Hire		
Pension Earnings	N/A		
EE Contributions	None		
Class	Hourly Employees Covered by Bargaining Agreement		
Accrued Benefit	Contribution: \$50.00 x Continuous Service		
	Expense: \$50.00 x Continuous Service		

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early	60	10		
	55		85	Accrued Benefit reduced 2.4% for each year prior to 65; no reduction if at least age 62 at time of retirement. Effective 2/1/2005 a temporary supplement of \$550.00 per month payable until age 62 for 55/85 retirements.
Special 25-Year	58	25		Accrued Benefit reduced 3.6% for each year prior to 62
Vesting		5		Accrued Benefit deferred to 65 or reduced 7.2% for each year prior to 65 once eligible for early
Disability		10		Accrued Benefit payable immediately, plus, if not eligible for Social Security, a temporary supplement payable to 65 equal to \$20.00 x Continuous Service less Disability payments
Pre Retirement Death		5		Surviving spouse receives 60% of Benefit calculated as if the participant retired early at first possible date and elected J&S coverage
Non-vested				None

Special 25-year pension reduction reduced to 3.6% per year effective February 1, 2005; QPSA & QJSA % increased to 60% effective February 1, 2005.

Note: Joint & Survivor conversion tables were changed from the 90 ± 5 table to the 95 ± 5 table for retirements after February 1, 2002.

Various early retirement windows effective December 1, 2007, October 1, 2008, October 1, 2009 and October 1, 2010.

Employees hired on or after October 22, 2007 are eligible for DC benefits only.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name: Retirement Pension Plan
 Appendix Name: Lake Charles (hired before 9/01/2006) Appendix Effective: 02/23/1955
 Group Number: 058
 Type of Plan: Dollar Per Month
 Normal Form: Life Annuity
 Continuous Service: From Date of Hire
 Plan Eligibility: Date of Hire
 Pension Earnings: N/A
 EE Contributions: None
 Class: Hourly Employees Covered by Bargaining Agreement
 Accrued Benefit: Contribution: \$51.00 x Continuous Service
 Expense: \$51.00 x Continuous Service

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early	60	10 or	85	Accrued Benefit reduced 4.8% for each year prior to 60 or for each Year of Service less than 35, whichever is less
Special 30-Year	55	30		Accrued Benefit reduced 2.4% for each year prior to 60 or for each Year of Service less than 35, whichever is less, plus a temporary supplement of \$550.00 payable to 62.
Vesting		5		Accrued Benefit deferred to 65 or reduced 6.667% for each year prior to 65 once eligible for early
Disability		10		Accrued Benefit payable immediately, plus, if not eligible for Social Security, a temporary supplement payable to 65 equal to \$15.00 x Continuous Service less Disability payments
Pre Retirement Death		5		Surviving spouse receives 60% of Benefit calculated as if the participant retired early at first possible date and elected J&S coverage
Nonvested				None

Note: Effective May 1, 2000, the Joint & Survivor conversion table was changed from the 90% ± 5 table to the 95% ± 5 table.

Employees hired on or after September 1, 2006 are eligible for DC benefits only.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name:	- Retirement Pension Plan	Appendix Effective	12/30/1954
Appendix Name	- Greensburg		
Group Number	- 060		
Type of Plan	- Dollar Per Month		
Normal Form	- Life Annuity		
Continuous Service	- From Date of Hire		
Plan Eligibility	- Date of Hire		
Pension Earnings	- N/A		
EE Contributions	- None		
Class	- Hourly Employees Covered by Bargaining Agreement		
Accrued Benefit	- A + B + C plus \$5.00 where: <i>Contribution:</i> A = \$21.00 x Continuous Service (Maximum 18 Years) B = \$23.00 x Continuous Service (Between 19 and 28 Years) C = \$25.00 x Continuous Service (Over 28 Years) <i>Expense:</i> A = \$21.00 x Continuous Service (Maximum 18 Years) B = \$23.00 x Continuous Service (Between 19 and 28 Years) C = \$25.00 x Continuous Service (Over 28 Years)		

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early	60	10		Accrued Benefit reduced for each year prior to 62
	55	or	85	See Exhibit A
Special Early	62	15		Accrued Benefit payable immediately plus temporary supplement equal to Accrued Benefit, payable to 65
Special 30-Year		30		Accrued Benefit x early retirement factor payable immediately, subject to minimum guaranteed Benefit of \$1,215.00 prior to 62 and minimum guaranteed Benefit of \$415.00 after 62 and prior to 65; if over 56, the \$1,215.00 is increased to \$1,515.00
Vesting		5		Accrued Benefit deferred to 65 or reduced 6.667% for each year prior to 65 once eligible for early
Disability*		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 25 years) less Disability payments
Pre Retirement Death		5		Surviving Spouse receives 60% of Benefit calculated as if participant retired early at first possible date and elected J&S Coverage

Schedule SB, Part V — Summary of Plan Provisions

<u>Benefit</u>	<u>Age</u>	<u>Continuous Service</u>	<u>Age + Service</u>	<u>Description</u>
Post Retirement Death				Reduction in Benefit required for J&S Coverage is removed in event of spouse's death after commencement date of pension with waiting period
Nonvested				None

*Also includes the Special 30-Year Benefit.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name: Retirement Pension Plan

Appendix Name: Natrium (hired before 2/16/2006) Appendix Effective: 07/02/1956

Group Number: 064

Type of Plan: Dollar Per Month

Normal Form: Life Annuity

Continuous Service: From Date of Hire

Plan Eligibility: Date of Hire

Pension Earnings: N/A

EE Contributions: None

Class: Hourly Employees Covered by Bargaining Agreement

Accrued Benefit: Contribution: \$51.00 x Continuous Service (\$48.00 at 1/1/2008)
Expense: \$51.00 x Continuous Service

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early*	60	10		Accrued Benefit reduced 2.4% for each year prior to 60 or for each Year of Service less than 35, whichever is less
Special 30-Year	55	30		Accrued Benefit reduced 2.4% for each year prior to 60 or for each Year of Service less than 35, whichever is less, plus a temporary supplement of \$550.00 payable to 62
Vesting		5		Accrued Benefit deferred to 65 or reduced 6.667% for each year prior to 65 once eligible for early
Disability		10		Accrued Benefit payable immediately, plus, if not eligible for Social Security, a temporary supplement payable to 65 equal to \$17.50 x Continuous Service less Disability payments
Pre Retirement Death		5		Surviving spouse receives 60% of Benefit calculated as if the participant retired early at first possible date and elected J&S coverage
Nonvested				None

- Early retirement windows effective April 1, 2006 and March 1, 2007 will increase the temporary supplement to \$900.00.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name: Retirement Pension Plan
 Appendix Name: Natrium II (hired on or after 2/16/2006) Appendix Effective: 07/02/1956
 Group Number: 064
 Type of Plan: Dollar Per Month
 Normal Form: Life Annuity
 Continuous Service: From Date of Hire
 Plan Eligibility: Date of Hire
 Pension Earnings: N/A
 EE Contributions: None
 Class: Hourly Employees Covered by Bargaining Agreement
 Accrued Benefit: Contribution: \$33.00 x Continuous Service
 Expense: \$33.00 x Continuous Service

<u>Benefit</u>	<u>Age</u>	<u>Continuous Service</u>	<u>Age + Service</u>	<u>Description</u>
Normal Retirement	SSNRA			Accrued Benefit payable immediately
Early	60	10		Accrued Benefit reduced 2.4% for each year prior to SSNRA or for each Year of Service less than 35, whichever is less
Vesting		5		Accrued Benefit deferred to 65 or reduced 6.667% for each year prior to SSNRA once eligible for early
Disability		10		Accrued Benefit payable immediately, plus, if not eligible for Social Security, a temporary supplement payable to 65 equal to \$10.00 x Continuous Service less Disability payments
Pre Retirement Death		5		Surviving spouse receives 60% of Benefit calculated as if the participant retired early at first possible date and elected J&S coverage
Nonvested				None

Schedule SB, Part V — Summary of Plan Provisions

Plan Name:	Retirement Pension Plan		
Appendix Name	Springdale Hourly	Appendix Effective	10/24/1957
Group Number	067		
Type of Plan	Dollar Per Month		
Normal Form	Life Annuity		
Continuous Service	From Date of Hire		
Plan Eligibility	Date of Hire		
Pension Earnings	N/A		
EE Contributions	None		
Class	Hourly Employees Covered by Bargaining Agreement		
Accrued Benefit	Contribution: * \$46.00 x Continuous Service (\$43.00 effective 1/1/2008)		
	Expense:* \$46.00 x Continuous Service		

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early	60	10 or		Accrued Benefit reduced for each year prior to 62.
	55		85	See Exhibit A. Effective 11/1/2002 reduction was changed to .2% per month under age 62
	58	30		The greater of the Early Retirement Benefit calculated above and the accrued benefit as of 1/1/1988 payable immediately
Special Early	62	13		Accrued Benefit payable immediately plus temporary supplement equal to \$10.00 x Continuous Service payable to 65; Accrued Benefit recomputed at 65
Vesting		5		Accrued Benefit deferred to 65 or reduced 6.667% for each year prior to 65 once eligible for early
Disability		10		Accrued Benefit payable immediately, plus, if not eligible for Social Security, a temporary supplement payable to 65 equal to \$16.00 x Continuous Service (maximum \$400.00) less any Disability payments
Pre Retirement Death		5		Surviving Spouse receives 55% of Benefit calculated as if participant retired early at first possible date and elected J&S Coverage
Post Retirement Death				Reduction in Benefit required for J&S Coverage is removed in event of spouse's death after commencement date of pension with waiting period
Nonvested				None

* \$46.00 for retirements on or after June 30, 2008.

The plan is frozen to new entrants at this location effective June 30, 2008.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name: - Retirement Pension Plan

Appendix Name - Kokomo Appendix Effective 08/01/1959

Group Number - 072

Type of Plan - Dollar Per Month

Normal Form - Life Annuity

Continuous Service - From Date of Hire

Plan Eligibility - Date of Hire

Pension Earnings - N/A

EE Contributions - None

Class - Hourly Employees Covered by Bargaining Agreement

Accrued Benefit - Contribution: \$19.50 x Continuous Service
- Expense: \$19.50 x Continuous Service

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early	60	10		Accrued Benefit reduced 6.667% for each year prior to 62
Special Early	55		85	Accrued Benefit reduced 6.667% for each year prior to 62 plus temporary supplement equal to \$500.00 payable to 62
Vesting		5		Accrued Benefit deferred to 65 or reduced 6.667% for each year prior to 65 once eligible for early
Disability		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
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

Schedule SB, Part V — Summary of Plan Provisions

Plan Name: - Retirement Pension Plan
Appendix Name: - Mt. Zion Appendix Effective 08/31/1966
Group Number: - 073
Type of Plan: - Dollar Per Month
Normal Form: - Life Annuity
Continuous Service: - From Date of Hire
Plan Eligibility: - Date of Hire
Pension Earnings: - N/A
EE Contributions: - None
Class: - Hourly Employees Covered by Bargaining Agreement
Accrued Benefit: - A + B + C plus \$5.00 where:

Contribution:

A = \$25.00 x Continuous Service (Maximum 18 Years)

B = \$27.00 x Continuous Service (Between 19 and 28 Years)

C = \$29.00 x Continuous Service (Over 28 Years)

Expense:

A = \$25.00 x Continuous Service (Maximum 18 Years)

B = \$27.00 x Continuous Service (Between 19 and 28 Years)

C = \$29.00 x Continuous Service (Over 28 Years)

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early	60	10 or		Accrued Benefit reduced for each year prior to 62. See Exhibit A
	55		85	
Special Early	62	15		Accrued Benefit payable immediately plus temporary supplement payable to age 65 equal to the benefit calculated using rates of \$17/\$19/\$21 and service at 12/31/1999 plus service earned after 7/1/2002
Special 30-Year		30		Accrued Benefit x early retirement factor payable immediately, subject to minimum guaranteed Benefit of \$1,215.00 prior to 62 and minimum guaranteed Benefit of \$415.00 after 62 and prior to 65; if over 56, the \$1,215.00 is increased to \$1,515.00. At age 62, benefit is recalculated using service at 12/31/1999 plus service earned after 7/1/2002
Vesting		5		Accrued Benefit deferred to 65 or reduced 6.667% for each year prior to 65 once eligible for early
Disability*		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 any Disability payments
Pre Retirement Death		5		Surviving Spouse receives 60% of Benefit calculated as if participant retired early at first possible date and elected J&S Coverage
Post Retirement Death				Reduction in Benefit required for J&S Coverage is removed in event of spouse's death after commencement date of pension with waiting period
Nonvested				None

* Also includes the Special 30-Year Benefit.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name:	- Retirement Pension Plan		
Appendix Name	- East Point (hired before 12/01/2007)	Appendix Effective	10/01/1964
Group Number	- 076		
Type of Plan	- Dollar Per Month		
Normal Form	- Life Annuity		
Continuous Service	- From Date of Hire		
Plan Eligibility	- Date of Hire		
Pension Earnings	- N/A		
EE Contributions	- None		
Class	- Hourly Employees Covered by Bargaining Agreement		
Accrued Benefit	- Contribution: \$36.50 x Continuous Service		
	- Expense: \$36.50 x Continuous Service		

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early	62	10		Accrued Benefit reduced 6.667% for each year prior to 65
Vesting		5		Accrued Benefit deferred to 65 or reduced 6.667% for each year prior to 65 once eligible for early
Disability		15		Accrued Benefit payable immediately, plus, if not eligible for Social Security, a temporary supplement payable to 65 equal to \$10.95 x Continuous Service less Disability payments
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

Employees hired on or after December 1, 2007 are eligible for DC benefits only.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name:	- Retirement Pension Plan	Appendix Effective	04/01/1966
Appendix Name	- Glass Clerical		
Group Number	- 078		
Type of Plan	- Dollar Per Month		
Normal Form	- Life Annuity		
Continuous Service	- From Date of Hire		
Plan Eligibility	- Date of Hire		
Pension Earnings	- N/A		
EE Contributions	- None		
Class	- Hourly Employees Covered by Bargaining Agreement		
Accrued Benefit	- A + B + C where:		
	<i>Contribution: (Creighton Only)</i>		
	A = \$23.00 x Continuous Service (Maximum 18 Years)		
	B = \$25.00 x Continuous Service (Between 19 and 28 Years)		
	C = \$27.00 x Continuous Service (Over 28 Years)		
	<i>Expense:</i>		
	A = \$23.00 x Continuous Service (Maximum 18 Years)		
	B = \$25.00 x Continuous Service (Between 19 and 28 Years)		
	C = \$27.00 x Continuous Service (Over 28 Years)		

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early	60	10 or		Accrued Benefit reduced for each year prior to 62.
	55		85	See Exhibit A
Special Early	62	15 (as of 12/31/1996)		Accrued Benefit payable immediately plus temporary supplement payable to age 65 equal to the benefit calculated using levels of \$23/\$25/\$27 and service at 12/31/1996.
Special 30-Year (only eligible if hired before 9/1/1996)		30		Accrued Benefit based on continuous service as of 12/31/1996 x early retirement factor payable immediately, subject to minimum guaranteed Benefit of \$1,215.00 prior to 62 and minimum guaranteed Benefit of \$415.00 after 62 and prior to 65; if over 56, the \$1,215.00 is increased to \$1,515.00. At age 62, benefit is recalculated using service at 12/31/1996.
Vesting		5		Accrued Benefit deferred to 65 or reduced 6.667% for each year prior to 65 once eligible for early
Disability*		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 25 years) less any Disability payments
Pre Retirement Death		5		Surviving Spouse receives 60% of Benefit calculated as if participant retired early at first possible date and elected J&S Coverage
Post Retirement Death				Reduction in Benefit required for J&S Coverage is removed in event of spouse's death after commencement date of pension with waiting period
Nonvested				None

* Also includes the Special 30-Year Benefit.

Note: The union was decertified effective at the end of August 2002. Beginning January 1, 2003 these employees became covered in the RIP.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name: - Retirement Pension Plan
Appendix Name - Glass Clerical
Group Number - 078

Participants of the Glass Clerical Plan at the Ford City location have accumulated benefits equal to A + B + C where:

- *Contribution:*

A = \$18.95 x Continuous Service (Maximum 18 Years)

B = \$20.20 x Continuous Service (Between 19 and 28 Years)

C = \$21.70 x Continuous Service (Over 28 Years)

- *Expense:*

A = \$18.95 x Continuous Service (Maximum 18 Years)

B = \$20.20 x Continuous Service (Between 19 and 28 Years)

C = \$21.70 x Continuous Service (Over 28 Years)

The Special 30-Year Benefit is subject to a minimum guaranteed benefit of \$915.00 prior to age 62; if over age 56 the \$915.00 is increased to \$1,215.00. The minimum guaranteed benefit is \$415.00 after age 62 and prior to age 65.

Participants of the Glass Clerical Plan at the Crystal City location have accumulated benefits equal to the A + B + C where:

- *Contribution:*

A = \$20.50 x Continuous Service (Maximum 18 Years)

B = \$22.50 x Continuous Service (Between 19 and 28 Years)

C = \$24.50 x Continuous Service (Over 28 Years)

- *Expense:*

A = \$20.50 x Continuous Service (Maximum 18 Years)

B = \$22.50 x Continuous Service (Between 19 and 28 Years)

C = \$24.50 x Continuous Service (Over 28 Years)

The Special 30-Year Benefit is subject to a minimum guaranteed benefit of \$1,515.00. The minimum guaranteed benefit is \$415.00 after age 62 and prior to age 65.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name: - Retirement Pension Plan
 Appendix Name: - Fresno Appendix Effective 04/22/1968
 Group Number: - 081
 Type of Plan: - Dollar Per Month
 Normal Form: - Life Annuity
 Continuous Service: - From Date of Hire
 Plan Eligibility: - Date of Hire
 Pension Earnings: - N/A
 EE Contributions: - None
 Class: - Hourly Employees Covered by Bargaining Agreement
 Accrued Benefit: - A + B + C plus \$5.00 where:
 Contribution:
 A = \$25.00 x Continuous Service (Maximum 18 Years)
 B = \$27.00 x Continuous Service (Between 19 and 28 Years)
 C = \$29.00 x Continuous Service (Over 28 Years)
 Expense:
 A = \$25.00 x Continuous Service (Maximum 18 Years)
 B = \$27.00 x Continuous Service (Between 19 and 28 Years)
 C = \$29.00 x Continuous Service (Over 28 Years)

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early	60	10		Accrued Benefit reduced for each year prior to 62. See Exhibit A.
	55	or	85	
Special Early	62	15		Accrued Benefit payable immediately plus temporary supplement payable to age 65 equal to the benefit using \$17/\$19/\$21 levels and service at retirement.
Special 30-Year		30		Accrued Benefit x early retirement factor payable immediately, subject to minimum guaranteed Benefit of \$1,215.00 prior to 62 and minimum guaranteed Benefit of \$415.00 after 62 and prior to 65; if over 56, the \$1,215.00 is increased to \$1,515.00
Vesting		5		Accrued Benefit deferred to 65 or reduced 6.667% for each year prior to 65 once eligible for early
Disability*		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 any Disability payments
Pre Retirement Death		5		Surviving Spouse receives 60% of Benefit calculated as if participant retired early at first possible date and elected J&S Coverage
Post Retirement Death				Reduction in Benefit required for J&S Coverage is removed in event of spouse's death after commencement date of pension with waiting period
Nonvested				None

* Also includes the Special 30-Year Benefit.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name:	Retirement Pension Plan		
Appendix Name	Delaware (hired before 2/25/2007)	Appendix Effective	02/03/1969
Group Number	082		
Type of Plan	Dollar Per Month		
Normal Form	Life Annuity		
Continuous Service	From Date of Hire		
Plan Eligibility	Date of Hire		
Pension Earnings	N/A		
EE Contributions	None		
Class	Hourly Employees Covered by Bargaining Agreement		
Accrued Benefit	Contribution: \$50.00 x Continuous Service (\$50.00 at 1/1/2008) Expense: \$50.00 x Continuous Service		

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early*	60	10 or		
	55		85	Accrued Benefit reduced 2.4% for each year prior to 62. Effective 3/1/2001 a temporary supplement of \$550 per month payable until age 62 for 55/85 retirements.
Vesting		5		Accrued Benefit deferred to 65 or reduced 6.0% for each year prior to 65 once eligible for early (early for TVs only with 60 and 10).
Disability		10		Accrued Benefit payable immediately, plus, if not eligible for Social Security, a temporary supplement payable to 65 equal to \$21.00 x Continuous Service less Disability payments
Pre Retirement Death		5		Surviving spouse receives 60% of Benefit calculated as if the participant retired early at first possible date and elected J&S coverage
Nonvested				None

* Early retirement windows effective June 1, 2007, January 1, 2008 and June 1, 2008 will increase the temporary supplement to \$900.00.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name: Retirement Pension Plan
 Appendix Name: Delaware II (hired on or after 2/25/2007) Appendix Effective 02/03/1969
 Group Number: 082
 Type of Plan: Dollar Per Month
 Normal Form: Life Annuity
 Continuous Service: From Date of Hire
 Plan Eligibility: Date of Hire
 Pension Earnings: N/A
 EE Contributions: None
 Class: Hourly Employees Covered by Bargaining Agreement
 Accrued Benefit: Contribution: \$35.00 x Continuous Service
 Expense: \$35.00 x Continuous Service

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early	60	10 or		
	55		85	Accrued Benefit reduced 2.4% for each year prior to 62. Effective 3/1/2001 a temporary supplement of \$550 per month payable until age 62 for 55/85 retirements.
Vesting		5		Accrued Benefit deferred to 65 or reduced 6.0% for each year prior to 65 once eligible for early (early for TVs only with 60 and 10).
Disability		10		Accrued Benefit payable immediately, plus, if not eligible for Social Security, a temporary supplement payable to 65 equal to \$15.00 x Continuous Service less Disability payments
Pre Retirement Death		5		Surviving spouse receives 60% of Benefit calculated as if the participant retired early at first possible date and elected J&S coverage
Nonvested				None

Schedule SB, Part V — Summary of Plan Provisions

Plan Name:	- Retirement Pension Plan		
Appendix Name	- Memphis C&S	Appendix Effective	07/01/1969
Group Number	- 083		
Type of Plan	- Dollar Per Month		
Normal Form	- Life Annuity		
Continuous Service	- From Date of Hire		
Plan Eligibility	- Date of Hire		
Pension Earnings	- N/A		
EE Contributions	- None		
Class	- Hourly Employees Covered by Bargaining Agreement		
Accrued Benefit	- Contribution: \$13.00 x Continuous Service (Maximum 35 Years)		
	- Expense: \$13.00 x Continuous Service (Maximum 35 Years)		

<u>Benefit</u>	<u>Age</u>	<u>Continuous Service</u>	<u>Age + Service</u>	<u>Description</u>
Normal Retirement	65			Accrued Benefit payable immediately
Early	60	10		Accrued Benefit reduced 7.2% for each year prior to 65
Vesting		5		Accrued Benefit deferred to 65 or reduced 7.2% for each year prior to 65 once eligible for early
Disability		10		Accrued Benefit payable immediately
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

Spun off to PPG Auto Glass effective October 1, 2000. Decertified April 1, 2001, and became covered by Auto Glass Retirement Income Plan.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name:	Retirement Pension Plan		
Appendix Name	Circleville (hired before 11/1/2004)	Appendix Effective	06/20/1965
Group Number	087		
Type of Plan	Dollar Per Month		
Normal Form	Life Annuity		
Continuous Service	From Date of Hire		
Plan Eligibility	Date of Hire		
Pension Earnings	N/A		
EE Contributions	None		
Class	Hourly Employees Covered by Bargaining Agreement		
Accrued Benefit	Contribution: \$50.50 x Continuous Service Expense: \$50.50 x Continuous Service		

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early	60	10		
	55		85	Accrued Benefit reduced 2.4% for each year prior to 62. Effective 9/1/2001 a temporary supplement of \$550.00 per month payable until age 62 for 55/85 retirements.
Vesting		5		Accrued Benefit deferred to 65 or reduced 6.667% for each year prior to 65 once eligible for early
Disability		10		Accrued Benefit payable immediately, plus if not eligible for Social Security, a temporary supplement payable to age 65 equal to \$25.25 x Continuous Service less Disability payments
Pre Retirement Death		5		Surviving spouse receives 60% eff. 7/1/2001 of Benefit calculated as if the participant retired early at first possible date and elected J&S coverage
Nonvested				None

Note: Joint & Survivor conversion tables were changed from the 90% ± 5 to the 95% ± 5 table for retirements on or after August 1, 1995.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name: Retirement Pension Plan
 Appendix Name: Circleville II (hired on or after 11/1/2004) Appendix Effective: 06/20/1965
 Group Number: 087
 Type of Plan: Dollar Per Month
 Normal Form: Life Annuity
 Continuous Service: From Date of Hire
 Plan Eligibility: Date of Hire
 Pension Earnings: N/A
 EE Contributions: None
 Class: Hourly Employees Covered by Bargaining Agreement
 Accrued Benefit: Contribution: \$33.00 x Continuous Service
 Expense: \$33.00 x Continuous Service

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	SSNRA			Accrued Benefit payable immediately
Early	60	10		
				Accrued Benefit reduced 2.4% for each year prior to SSNRA.
Vesting		5		Accrued Benefit deferred to 65 or reduced 6.667% for each year prior to 65 once eligible for early
Disability		10		Accrued Benefit payable immediately, plus if not eligible for Social Security, a temporary supplement payable to age 65 equal to \$16.50 x Continuous Service less Disability payments
Pre Retirement Death		5		Surviving spouse receives 60% eff. 7/1/2001 of Benefit calculated as if the participant retired early at first possible date and elected J&S coverage
Nonvested				None

Schedule SB, Part V — Summary of Plan Provisions

Plan Name:	Retirement Pension Plan		
Appendix Name	Roanoke C&S	Appendix Effective	08/01/1971
Group Number	088		
Type of Plan	Dollar Per Month		
Normal Form	Life Annuity		
Continuous Service	From Date of Hire		
Plan Eligibility	Date of Hire		
Pension Earnings	N/A		
EE Contributions	None		
Class	Hourly Employees Covered by Bargaining Agreement		
Accrued Benefit	Contribution: \$13.00 x Continuous Service (Maximum 35 Years)		
	Expense: \$13.00 x Continuous Service (Maximum 35 Years)		

<u>Benefit</u>	<u>Age</u>	<u>Continuous Service</u>	<u>Age + Service</u>	<u>Description</u>
Normal Retirement	65			Accrued Benefit payable immediately
Early	60	10		Accrued Benefit reduced 7.2% for each year prior to 65
Vesting		5		Accrued Benefit deferred to 65 or reduced 7.2% for each year prior to 65 once eligible for early
Disability		10		Accrued Benefit payable immediately
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: Union Contract expired on August 31, 1999. All accrued benefits under this appendix were frozen at that date. Benefit accruals for service after August 31, 1999 are earned under the Glass Voluntary appendix.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name:	Retirement Pension Plan		
Appendix Name	Stockertown	Appendix Effective	01/01/1979
Group Number	091		
Type of Plan	Dollar Per Month		
Normal Form	Life Annuity		
Continuous Service	From Date of Hire		
Plan Eligibility	Date of Hire		
Pension Earnings	N/A		
EE Contributions	None		
Class	Hourly Employees Covered by Bargaining Agreement		
Accrued Benefit	Contribution: \$18.00 x Continuous Service Expense: \$18.00 x Continuous Service		

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early	55	10		Accrued Benefit reduced 5.0% for each year prior to 65
Vesting		5		Accrued Benefit deferred to 65 or reduced 5.0% for each year prior to 65 once eligible for early
Disability		15		Accrued Benefit payable immediately
Pre Retirement Death		5		Surviving spouse receives 55% of Benefit calculated as if the participant retired early at first possible date and elected J&S coverage
Nonvested				None

Note: Facility sold effective September 30 , 1994. All non-vested employees were vested regardless of service.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name:	Retirement Pension Plan		
Appendix Name	Torrance	Appendix Effective	11/01/1987
Group Number	094		
Type of Plan	Dollar Per Month		
Normal Form	Life Annuity		
Continuous Service	From Date of Hire		
Plan Eligibility	Date of Hire		
Pension Earnings	N/A		
EE Contributions	None		
Class	Hourly Employees		
Accrued Benefit	Contribution: \$30.00 x Continuous Service Expense: \$30.00 x Continuous Service		

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early	62	10		Accrued Benefit unreduced
Vesting		5		Accrued Benefit deferred to 65 or reduced 7.2% for each year prior to 65 once eligible for early
Disability		10		Accrued Benefit payable immediately, plus, if not eligible for Social Security, a temporary supplement payable to age 65 equal to \$14.00 x Continuous Service less Disability payments
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: The Torrance plant was shut down in early 2000.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name:	- Retirement Pension Plan	Appendix Effective	01/01/1989
Appendix Name	- Crystal City		
Group Number	- 095		
Type of Plan	- Dollar Per Month		
Normal Form	- Life Annuity		
Continuous Service	- From Date of Hire		
Plan Eligibility	- Date of Hire		
Pension Earnings	- N/A		
EE Contributions	- None		
Class	- Hourly Employees Covered by Bargaining Agreement		
Accrued Benefit	- A + B + C where:		
	<i>Contribution:</i>		
	A = \$20.50 x Continuous Service (Maximum 18 Years)		
	B = \$22.50 x Continuous Service (Between 19 and 28 Years)		
	C = \$24.50 x Continuous Service (Over 28 Years)		
	<i>Expense:</i>		
	A = \$20.50 x Continuous Service (Maximum 18 Years)		
	B = \$22.50 x Continuous Service (Between 19 and 28 Years)		
	C = \$24.50 x Continuous Service (Over 28 Years)		

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early	60	10 or		Accrued Benefit reduced for each year prior to 62 See Exhibit A.
	55		85	
Special Early	62	15		Accrued Benefit payable immediately plus temporary supplement equal to Accrued Benefit payable to 65
Special 30-Year		30		Accrued Benefit x early retirement factor payable immediately, subject to minimum guaranteed Benefit of \$1,515.00 prior to 62 and minimum guaranteed Benefit of \$415.00 after 62 and prior to 65
Vesting		5		Accrued Benefit deferred to 65 or reduced 6.667% for each year prior to 65 once eligible for early
Disability*		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 25 years) less any Disability payments
Pre Retirement Death		5		Surviving Spouse receives 60% of Benefit calculated as if participant retired early at first possible date and elected J&S Coverage
Post Retirement Death				Reduction in Benefit required for J&S Coverage is removed in event of spouse's death after commencement date of pension with waiting period
Nonvested				None

*Also includes the Special 30-Year Benefit.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name:	- Retirement Pension Plan		
Appendix Name	- Louisville (hired before 10/08/2006)	Appendix Effective	01/01/1990
Group Number	- 097		
Type of Plan	- Dollar Per Month		
Normal Form	- Life Annuity		
Continuous Service	- From Later of Date of Hire or 01/01/1990		
Plan Eligibility	- Date of Hire		
Pension Earnings	- N/A		
EE Contributions	- None		
Class	- Hourly Employees Covered by Bargaining Agreement		
Accrued Benefit	- Contribution:* \$36.00 x Continuous Service (\$36.00 at 1/1/2008)		
	- Expense:* \$36.00 x Continuous Service		

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early	62	10		Accrued Benefit reduced 4.80% effective 11/1/2002 for each year prior to 65
Vesting		5		Accrued Benefit deferred to 65 or reduced 7.2% for each year prior to 65 once eligible for early
Disability		10		Accrued Benefit payable immediately, plus, if not eligible for Social Security, a temporary supplement payable to 65 equal to \$18.00 x Continuous Service less Disability payments
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

* \$34.00 effective November 1, 2003; \$35.00 effective November 1, 2004; \$36.00 effective November 1, 2005

Employees hired on or after 10/08/2006 are eligible for DC benefits only.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name:	- Retirement Pension Plan		
Appendix Name	- Lansing	Appendix Effective	01/25/1999
Group Number	- 086		
Type of Plan	- Dollar Per Month		
Normal Form	- Life Annuity		
Plan Eligibility	- Date of Hire		
Pension Earnings	- N/A		
EE 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)		

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early	60	10		Accrued Benefit is reduced 7.2% for each year prior to 65.
Vesting		5		Accrued Benefit deferred to 65 or reduced 7.2% for each year prior to 65 once eligible for early
Disability		10		Accrued Benefit payable immediately.
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

Spun off to PPG Auto Glass effective October 1, 2000. Decertified February 1, 2001, and became covered by Auto Glass Retirement Income Plan.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name:	- Retirement Pension Plan		
Appendix Name	- Evart	Appendix Effective	01/01/1999
Group Number	- 098		
Type of Plan	- Dollar Per Month		
Normal Form	- Life Annuity		
Continuous Service	- From Date of Hire		
Plan Eligibility	- Date of Hire		
Pension Earnings	- N/A		
EE Contributions	- None		
Class	- Hourly Employees Covered by Bargaining Agreement		
Accrued Benefit	- Contribution:* \$26.00 x Continuous Service		
	- Expense:* \$26.00 x Continuous Service		

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early	60	10		Accrued Benefit reduced 6.67% for each year prior to 65
Vesting		5		Accrued Benefit deferred to 65 or reduced 6.67% for each year prior to 65 once eligible for early
Disability		10		Accrued Benefit payable immediately plus a temporary supplement payment payable to 65 equal to \$4.00 x Continuous Service effective 1/01/06
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

*\$20.00 effective January 1, 2003; \$22.00 effective January 1, 2004; \$24.00 effective January 1, 2005; \$26.00 effective January 1, 2006

Continuous service for purposes of benefit accruals was frozen effective September 30, 2008 due to the divestiture of the auto glass business.

Schedule SB, Part V — Summary of Plan Provisions

Plan Name:	- Retirement Pension Plan		
Appendix Name	- Greensboro C&S	Appendix Effective	02/15/1973
Group Number	- 184		
Type of Plan	- Dollar Per Month		
Normal Form	- Life Annuity		
Continuous Service	- From Date of Hire		
Plan Eligibility	- Date of Hire		
Pension Earnings	- N/A		
EE Contributions	- None		
Class	- Hourly Employees Covered by Bargaining Agreement		
Accrued Benefit	- Contribution: \$18.50 x Continuous Service		
	- Expense: \$18.50 x Continuous Service		

Benefit	Age	Continuous Service	Age + Service	Description
Normal Retirement	65			Accrued Benefit payable immediately
Early	60	10		Accrued Benefit reduced 7.2% for each year prior to 65
Vesting		5		Accrued Benefit deferred to 65 or reduced 7.2% for each year prior to 65 once eligible for early
Disability		10		Accrued Benefit payable immediately
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

Spun off to PPG Auto Glass effective October 1, 2000.

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
051	Barberton	03/03/2008	50.00	50.00	50.00	50.00
053	Oak Creek	10/29/2007	50.00	50.00	50.00	50.00
058	Lake Charles	09/01/2006	51.00	51.00	51.00	51.00
064	Natrium	02/16/2006	51.00	48.00	48.00	51.00
064	Natrium II	08/18/2005	33.00	33.00	33.00	33.00
067	Springdale Hourly	06/30/2008	46.00	46.00	46.00	46.00
072	Kokomo	04/01/1989	19.50	17.50	18.50	19.50
076	East Point	10/08/2007	36.50	36.50	36.50	36.50
082	Delaware	02/25/2007	50.00	50.00	50.00	50.00
082	Delaware II	02/25/2007	35.00	35.00	35.00	35.00
083	Memphis C&S	03/31/1998	13.00	13.00	13.00	13.00
087	Circleville	09/26/2004	50.50	50.50	50.50	50.50
087	Circleville II	09/26/2004	33.00	33.00	33.00	33.00
088	Roanoke C&S	08/29/1996	13.00	12.00	12.00	13.00
091	Stockertown	10/08/1992	18.00	16.00	17.00	18.00
094	Torrance	09/27/1999	30.00	30.00	30.00	30.00
098	Ewart	05/20/2007	26.00	26.00	26.00	26.00
086	Lansing	01/25/1999	20.00	20.00	20.00	20.00
184	Greensboro C&S	01/11/2002	20.00	20.00	20.50	21.00

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

050	Glass CIO (Ford City)	02/09/1990	18.95	18.95	18.95	18.95
			20.20	20.20	20.20	20.20
			21.70	21.70	21.70	21.70

* Minimum required contribution has been determined based on funding target and normal cost recognizing the highest benefit committed to as of January 1, 2009.

Schedule SB, Part V — Summary of Plan Provisions**Benefit Level Depends on Service**

Number	Appendix Name	Date of Most Recent Contract	Benefit Level on 1/1/2009	Benefit Level in Year of Contract*		
				1	2	3
050	Glass CIO** (except Ford City)	03/19/2003	\$ 26.00	\$ 25.00	\$ 25.00	\$ 25.00
			28.00	27.00	27.00	27.00
			30.00	29.00	29.00	29.00
060	Greensburg	06/05/1990	21.00	21.00	21.00	21.00
			23.00	23.00	23.00	23.00
			25.00	25.00	25.00	25.00
073	Mt. Zion	03/12/2003	25.00	25.00	25.00	25.00
			27.00	27.00	27.00	27.00
			29.00	29.00	29.00	29.00
078	Glass Clerical (Ford City)	02/01/1990	18.95	18.95	18.95	18.95
			20.20	20.20	20.20	20.20
			21.70	21.70	21.70	21.70
078	Glass Clerical (Creighton)	08/30/1999	23.00	23.00	23.00	23.00
			25.00	25.00	25.00	25.00
			27.00	27.00	27.00	27.00
078	Glass Clerical (Crystal City)	10/30/1990	20.50	20.50	N/A	N/A
			22.50	22.50	N/A	N/A
			24.50	24.50	N/A	N/A
081	Fresno	10/22/2008	25.00	25.00	25.00	25.00
			27.00	27.00	27.00	27.00
			29.00	29.00	29.00	29.00
095	Crystal City	10/30/1990	20.50	20.50	N/A	N/A
			22.50	22.50	N/A	N/A
			24.50	24.50	N/A	N/A
097	Louisville	10/05/2006	36.00	36.00	36.00	36.00

* Minimum required contribution has been determined based on funding target and normal cost recognizing the highest benefit committed to as of January 1, 2009.

** Creighton goes to \$26/\$28/\$30 in 4th year of contract.

Schedule SB, Part V — Summary of Plan Provisions

The following appendices have Special 30-year retirement minimum guaranteed monthly benefits, payable to age 62 as follows:

Number	Appendix Name	Effective Date	Guaranteed Monthly Benefits	
			Age < 56	Age > 56
050	Glass CIO (except Ford City*)	Current	\$ 1,215	\$ 1,515
060	Greensburg (Age 56 requirement waived due to plant closure)	Current	1,215	1,515
073	Mt. Zion	Current	1,215	1,515
078	Glass Clerical (Creighton only)	Current	1,215	1,515
078	Glass Clerical (Crystal City)(Age 56 waived since Plant shutdown)	Current	1,515	1,515
081	Fresno	Current	1,215	1,515
095	Crystal City (Age 56 requirement not effective since plant shutdown)	Current	1,515	1,515

* For Ford City Age 56 requirement waived due to plant closure.

Early Retirement Reduction Percentages *(continued)*

Greensburg, Mt. Zion, Glass Clerical, Fresno, Glass CIO, Springdale Hourly and Crystal City

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

Schedule SB, Part V — Summary of Plan Provisions

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 retirement 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 retirement 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 Section 415(b):** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **Benefit restrictions:** Benefit restrictions (if applicable) are ignored in this valuation.

Significant events

To the best of our knowledge, no events occurred during the year that would significantly affect the valuation results.

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

► 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 Pension Plan	B Three-digit plan number (PN) <u>091</u>
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		415,087,769
b Actuarial value.....	2b		456,596,546
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	3,370	260,695,039
b For terminated vested participants.....	3b	1,984	30,879,658
c For active participants:			
(1) Non-vested benefits.....	3c(1)		10,230,693
(2) Vested benefits.....	3c(2)		106,716,845
(3) Total active.....	3c(3)	2,659	116,947,538
d Total.....	3d	8,013	408,522,235
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		8.22 %
6 Target normal cost.....	6		6,588,325

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	Date <u>08-04301</u>
	Arthur L. Noonan Type or print name of actuary	Most recent enrollment number <u>(412) 355-8800</u>
	Mercer Firm name	Telephone number (including area code)
	Six PPG Place, Suite 400 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)	151,296,666	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	4,226,709	0
9 Amount remaining (Item 7 minus item 8)	147,069,957	0
10 Interest on item 9 using prior year's actual return of <u>(20.95)%</u>	(30,811,156)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		41,134,465
b Interest on (a) using prior year's effective rate of <u>6.08%</u>		1,358,496
c Total available at beginning of current plan year to add to prefunding balance		42,492,961
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)	116,258,801	0

Part III Funding percentages

14 Funding target attainment percentage	14	83.31 %
15 Adjusted funding target attainment percentage	15	111.76 %
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	100.10 %
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	18,000,000				
09/14/2010	34,000,000				
Totals ►			18(b)	52,000,000	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	46,364,114

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 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is 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	6,588,325
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	6,588,325
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	4,613,269	0
36 Additional cash requirement (item 34 minus item 35)	36	1,975,056
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	46,364,114
38 Interest-adjusted excess contributions for current year (see instructions)	38	44,389,058
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