

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u> |                                                                                                                                                                                                                                                                                                                                                 |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                       |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                             |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                       |

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                          | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>THE GILLETTE COMPANY RETIREMENT PLAN FOR COLLECTIVELY-BARGAINED EMPLOYEES</u>                                                                                                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>008</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>06/29/1984</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>008</u>                                                       | <b>1c</b> Effective date of plan<br><u>06/29/1984</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                | <u>008</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>06/29/1984</u>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>THE GILLETTE COMPANY</u><br><br><u>KATHY CHIN</u><br><br><u>1 GILLETTE PARK - 6G</u><br><u>BOSTON, MA 02127</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>04-1366970</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>513-983-7777</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>332900</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>04-1366970</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>513-983-7777</u> | <b>2d</b> Business code (see instructions)<br><u>332900</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>04-1366970</u>                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>513-983-7777</u>                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>332900</u>                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|                                                                                                                                                                                                                                                              |                                                                                                    |                        |                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                                                                                                                                                                             | Filed with authorized/valid electronic signature.<br><br><b>Signature of plan administrator</b>    | 04/15/2016<br><br>Date | PETER JOHANSEN<br><br>Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                                                                                                                                                                             | Filed with authorized/valid electronic signature.<br><br><b>Signature of employer/plan sponsor</b> | 04/15/2016<br><br>Date | PETER JOHANSEN<br><br>Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                                                                                                                                                                             | _____<br><br><b>Signature of DFE</b>                                                               | _____<br><br>Date      | _____<br><br>Enter name of individual signing as DFE                               |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)<br><u>ELIZABETH WILTFONG</u><br><u>DELOITTE TAX LLP</u><br><br><u>1100 WALNUT STREET</u><br><u>SUITE 300</u><br><u>KANSAS CITY, MO 64106-2129</u> |                                                                                                    |                        | Preparer's telephone number (optional)<br><br><u>816-474-6180</u>                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br>THE PROCTER & GAMBLE U.S. BUSINESS SERVICES COMPANY<br>TWO PROCTER AND GAMBLE PLAZA<br>CINCINNATI, OH 45202                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br>26-0048600<br><b>3c</b> Administrator's telephone number<br>513-983-7777                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                             | <b>4b</b> EIN<br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                       | <b>5</b> 990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                       | <b>6a(1)</b> 325                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                             | <b>6a(2)</b> 296                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                           | <b>6b</b> 484                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                             | <b>6c</b> 138                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....                                                                                                                                                                                                                                                                                                                                                 | <b>6d</b> 918                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                    | <b>6e</b> 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....                                                                                                                                                                                                                                                                                                                                                                     | <b>6f</b> 958                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                               | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                    | <b>6h</b> 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                           | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1B 1I 3H<br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                 | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

**Part III****Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

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

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

**11c** Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

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.

|                                                                                                         |                                                                  |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>THE GILLETTE COMPANY RETIREMENT PLAN FOR COLLECTIVELY-BARGAINED EMPLOYEES</div> | <div>B Three-digit plan number (PN) 008</div>                    |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br/>THE GILLETTE COMPANY</div>   | <div>D Employer Identification Number (EIN)<br/>04-1366970</div> |

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 07 Day 01 Year 2014                                                                                                                                                |                            |                           |                          |
| 2 | Assets:                                                                                                                                                                                            |                            |                           |                          |
|   | a Market value                                                                                                                                                                                     | 2a                         | 55222455                  |                          |
|   | b Actuarial value                                                                                                                                                                                  | 2b                         | 55519133                  |                          |
| 3 | Funding target/participant count breakdown                                                                                                                                                         | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|   | a For retired participants and beneficiaries receiving payment                                                                                                                                     | 521                        | 26953367                  | 26953367                 |
|   | b For terminated vested participants                                                                                                                                                               | 144                        | 2785738                   | 2785738                  |
|   | c For active participants                                                                                                                                                                          | 325                        | 14103189                  | 14979802                 |
|   | d Total                                                                                                                                                                                            | 990                        | 43842294                  | 44718907                 |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b)                                                                                                                     |                            |                           |                          |
|   | a Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
|   | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5 | Effective interest rate                                                                                                                                                                            | 5                          | 6.46%                     |                          |
| 6 | Target normal cost                                                                                                                                                                                 | 6                          | 148290                    |                          |

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

|                      |                                                                                                                                                                                                                                                                     |                                                                                                                                                                              |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN HERE</div> | <div>Signature of actuary</div> <div>DAVID A. CORONEL</div> <div>Type or print name of actuary</div> <div>TOWERS WATSON DELAWARE INC.</div> <div>Firm name</div> <div>1001 LAKESIDE AVENUE, SUITE 1500<br/>CLEVELAND, OH 44114</div> <div>Address of the firm</div> | <div>04/08/2016</div> <div>Date</div> <div>14-05724</div> <div>Most recent enrollment number</div> <div>216-937-4000</div> <div>Telephone number (including area code)</div> |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                                                   |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 6141540                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 6141540                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>7.77</u> % .....                                                                                 | 0                     | 477198                 |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 1042148                |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.31</u> % ..... |                       | 65760                  |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 1107908                |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 1107908                |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 7726646                |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 106.87 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 124.15 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 107.60 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 03/10/2016                                                                               | 1148000                           |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 1148000                         |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                                                            |            |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                       |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                                                       | <b>19a</b> |         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                         | <b>19b</b> |         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                    | <b>19c</b> | 1032646 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                                                            |            |         |
| Liquidity shortfall as of end of quarter of this plan year                                                                                                                 |            |         |
| (1) 1st                                                                                                                                                                    | (2) 2nd    | (3) 3rd |
|                                                                                                                                                                            |            |         |
|                                                                                                                                                                            |            |         |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.99 % | 2nd segment:<br>6.32 % | 3rd segment:<br>6.99 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 60                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> |   |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> |   |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>          | 148290             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 148290             |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 1032646            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 1032646            |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                |                                                                                                                         |   |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |   |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |   |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |   |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               | 0 |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               | 0 |  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2014</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

|                                                                                                           |                                                                    |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>THE GILLETTE COMPANY RETIREMENT PLAN FOR COLLECTIVELY-BARGAINED EMPLOYEES</u> | <b>B</b> Three-digit plan number (PN) ▶ <u>008</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>THE GILLETTE COMPANY</u>              | <b>D</b> Employer Identification Number (EIN)<br><u>04-1366970</u> |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

**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)

TOWERS WATSON DELAWARE INC

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 74413                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STATE STREET BANK AND TRUST COMPANY

04-1867445

| (b)<br>Service Code(s)  | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 18 19 25 51<br>62 68 99 | NONE                                                                                              | 28179                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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 |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                           |                                                                    |            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u>  |                                                                    |            |
| <b>A</b> Name of plan<br><u>THE GILLETTE COMPANY RETIREMENT PLAN FOR COLLECTIVELY-BARGAINED EMPLOYEES</u> | <b>B</b> Three-digit plan number (PN) ►                            | <u>008</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>THE GILLETTE COMPANY</u>              | <b>D</b> Employer Identification Number (EIN)<br><u>04-1366970</u> |            |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                  | 1156000               | 1148000         |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 | 54114547              | 53044372        |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                 |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 55270547              | 54192372        |

**Liabilities**

|                                                                           |           |      |      |
|---------------------------------------------------------------------------|-----------|------|------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |      |      |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 4584 | 4221 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |      |      |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |      |      |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 4584 | 4221 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 55265963 | 54188151 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1148000    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1148000   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            | 842510    |
| (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     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 1990510   |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 2918102 |         |
| (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) |         | 2918102 |
| 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) | 74413   |         |
| (2) Contract administrator fees.....                                                | 2i(2) |         |         |
| (3) Investment advisory and management fees.....                                    | 2i(3) | 28179   |         |
| (4) Other.....                                                                      | 2i(4) | 47628   |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |         | 150220  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 3068322 |

**Net Income and Reconciliation**

|                                                         |       |  |          |
|---------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | -1077812 |
| 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 & 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

- 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.).....
- 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.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>c</b> 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  |          |
| <b>d</b> 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  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |          |
| <b>g</b> 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  |          |
| <b>h</b> 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  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                |     | X  |          |
| <b>j</b> 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  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |          |
| <b>n</b> 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. ....                                      |     |    |          |

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

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

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

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

## Part V Trust Information (optional)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

|                                                                                                           |                                                                    |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>THE GILLETTE COMPANY RETIREMENT PLAN FOR COLLECTIVELY-BARGAINED EMPLOYEES</u> | <b>B</b> Three-digit plan number (PN) ▶<br><u>008</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>THE GILLETTE COMPANY</u>              | <b>D</b> Employer Identification Number (EIN)<br><u>04-1366970</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>04-3581074</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>4</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                             | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                 | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                                        |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2014  
v. 140124

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%
- b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

# The Gillette Company Retirement Plan for Collectively-Bargained Employees

Employer ID No.: 04-1366970

Plan Number: 008

Financial Statements as of and for the  
Years Ended June 30, 2015 and 2014 and  
Independent Auditors' Report

# THE GILLETTE COMPANY RETIREMENT PLAN FOR COLLECTIVELY-BARGAINED EMPLOYEES

## TABLE OF CONTENTS

---

|                                                                                                                                                                                                                                                                            | <b>Page</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| INDEPENDENT AUDITORS' REPORT                                                                                                                                                                                                                                               | 1-2         |
| FINANCIAL STATEMENTS:                                                                                                                                                                                                                                                      |             |
| Statements of Net Assets Available for Benefits as of June 30, 2015 and 2014                                                                                                                                                                                               | 3           |
| Statements of Changes in Net Assets Available for Benefits for the<br>Years Ended June 30, 2015 and 2014                                                                                                                                                                   | 4           |
| Notes to Financial Statements as of and for the Years Ended June 30, 2015 and 2014                                                                                                                                                                                         | 5-14        |
| <br>NOTE: All supplemental schedules required by Section 2520.103-10 of the Department of<br>Labor's Rules and Regulations for Reporting and Disclosure under the Employee<br>Retirement Income Security Act of 1974 have been omitted because they are not<br>applicable. |             |

## **INDEPENDENT AUDITORS' REPORT**

To The Procter & Gamble U.S. Business Services Company:

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Gillette Company Retirement Plan for Collectively-Bargained Employees (the "Plan"), which comprise the statements of net assets available for benefits as of June 30, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditors' Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by State Street Bank & Trust Company, the trustee of the Plan, except for comparing such 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 as of June 30, 2015 and 2014 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

### **Disclaimer of Opinion**

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

## **Report on Form and Content in Compliance with Department of Labor Rules and Regulations**

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*

April 14, 2016

# **THE GILLETTE COMPANY RETIREMENT PLAN FOR COLLECTIVELY-BARGAINED EMPLOYEES**

## **STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF JUNE 30, 2015 AND 2014**

|                                                                 | 2015                 | 2014                 |
|-----------------------------------------------------------------|----------------------|----------------------|
| ASSETS:                                                         |                      |                      |
| Investments — at fair value —                                   |                      |                      |
| Plan's interest in The Procter & Gamble Master Retirement Trust | \$ 53,044,372        | \$ 54,114,547        |
| Employer contribution receivable                                | <u>1,148,000</u>     | <u>1,156,000</u>     |
| Total assets                                                    | <u>54,192,372</u>    | <u>55,270,547</u>    |
| LIABILITIES —                                                   |                      |                      |
| Accrued administrative expenses                                 | <u>4,221</u>         | <u>4,584</u>         |
| NET ASSETS AVAILABLE FOR BENEFITS                               | <u>\$ 54,188,151</u> | <u>\$ 55,265,963</u> |

See notes to financial statements.

# THE GILLETTE COMPANY RETIREMENT PLAN FOR COLLECTIVELY-BARGAINED EMPLOYEES

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

---

|                                                                                     | 2015                 | 2014                 |
|-------------------------------------------------------------------------------------|----------------------|----------------------|
| ADDITIONS:                                                                          |                      |                      |
| Employer contributions                                                              | \$ 1,148,000         | \$ 1,156,000         |
| Plan's interest in the Procter & Gamble Master Retirement Trust's investment income | <u>842,510</u>       | <u>3,708,975</u>     |
| Total additions                                                                     | <u>1,990,510</u>     | <u>4,864,975</u>     |
| DEDUCTIONS:                                                                         |                      |                      |
| Benefits paid to participants                                                       | 2,918,102            | 2,855,221            |
| Administrative expenses                                                             | <u>150,220</u>       | <u>151,812</u>       |
| Total deductions                                                                    | <u>3,068,322</u>     | <u>3,007,033</u>     |
| NET (DECREASE) INCREASE                                                             | <u>(1,077,812)</u>   | <u>1,857,942</u>     |
| NET ASSETS AVAILABLE FOR BENEFITS:                                                  |                      |                      |
| Beginning of year                                                                   | <u>55,265,963</u>    | <u>53,408,021</u>    |
| End of year                                                                         | <u>\$ 54,188,151</u> | <u>\$ 55,265,963</u> |

See notes to financial statements.

# THE GILLETTE COMPANY RETIREMENT PLAN FOR COLLECTIVELY-BARGAINED EMPLOYEES

## NOTES TO FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

---

### 1. DESCRIPTION OF THE PLAN

The following description of The Gillette Company Retirement Plan for Collectively Bargained Employees (the “Plan”) provides only general information. Participants should refer to the Plan document for more complete information.

**General** — The Plan is a defined benefit plan maintained principally for the hourly employees of Oral-B Laboratories Iowa City Plant of The Gillette Company, a subsidiary of The Procter & Gamble Company (collectively, the “Company”) covered by the collective bargaining agreement between the Company and the Chauffeurs, Teamsters and Helpers Local Union 238 who have completed one year of service.

Effective December 31, 2000, The Gillette Company Retirement Plan for Janesville Business-to-Business Skilled Workers and The Gillette Company Retirement Plan for Janesville Business-to-Business Production Workers (the “Janesville Union Pension Plans”) were merged with and into this Plan. The retirement or other pension benefit payments to which members of the Janesville Union Pension Plans, or their surviving spouses or beneficiaries, were entitled to receive under such plans are provided under this Plan.

Effective August 2, 2009, the Plan was amended to freeze the accrual of benefits and credited service for participants. In conjunction with the freezing of benefits, each current participant became fully vested in his or her pension benefits without regard to vesting requirements. However, participants continue to remain eligible for early retirement subsidies which become available at the participant’s retirement upon fulfillment of criteria established by the Plan. No additional participants will be eligible for the Plan.

State Street Bank & Trust Company (the “Trustee”) serves as trustee of the Plan, and together with other investment managers, manages the Plan’s investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Procter & Gamble Master Retirement Trust (the “Master Trust”) was established pursuant to a trust agreement between the Company and the Trustee. The assets of the Master Trust are held by the Trustee.

**Pension Benefits** — Under the terms of the Plan document, participants are eligible for benefit payments either upon reaching age 64 or reaching age 55 and completing 10 years of service. Benefit payments are determined by multiplying years of service by a fixed dollar monthly benefit factor based on when the participant retires or terminates employment. The following table presents the current monthly benefit factors:

|                                   | Monthly Benefit<br>Rate<br>Credited Service | Monthly Benefit<br>Rate<br>Credited Past Service |
|-----------------------------------|---------------------------------------------|--------------------------------------------------|
| Retirement/termination date:      |                                             |                                                  |
| January 1, 2005–December 31, 2005 | 35.10                                       | 25.80                                            |
| January 1, 2006–December 31, 2006 | 36.10                                       | 27.30                                            |
| January 1, 2007–December 31, 2007 | 37.10                                       | 29.30                                            |
| January 1, 2008–December 31, 2008 | 38.10                                       | 31.30                                            |
| January 1, 2009 and thereafter    | 39.10                                       | 33.30                                            |

Credited past service relates to service periods prior to June 28, 1984.

**Death and Disability Benefits** — The spouse of a participant who dies after becoming vested and married for one year, but before retirement benefits commence, is eligible to receive a pre-retirement survivor annuity, generally in the form of a monthly annuity for the life of the spouse. Active employees with 10 years of service who become totally disabled and who are eligible for disability benefits under Title II of the Social Security Act receive monthly disability benefits equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age (age 64), at which time disabled participants begin receiving normal retirement benefits. The retirement benefits are equal to the disability benefits.

## 2. DESCRIPTION OF SIGNIFICANT ACCOUNTING POLICIES

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

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

**Risks and Uncertainties** — The Plan utilizes various investment instruments underlying the Plan's interest in the Master Trust including interest bearing cash, common collective trust funds and corporate common stocks. Investment securities, in general, are exposed to various risks, such as interest rate risk, 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.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**Investment Valuation and Income Recognition** — The Plan's investment in the Master Trust at June 30, 2015 and 2014 is presented at fair value, which has been determined based on the fair value of the underlying investments of the Master Trust. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Net appreciation includes the gains and losses on investments bought and sold as well as held during the year on the underlying investments of the Master Trust.

Management fees and operating expenses charged for investments in common collective trust funds were deducted from income earned on a daily basis and were not separately reflected. Consequently, management fees and operating expenses were reflected as a reduction of investment return for such investments.

**Payment of Benefits** — Benefit payments to participants are recorded upon distribution.

**Administrative Expenses** — Fees charged by the Trustee for the management and investment of Plan assets, actuarial fees and routine administrative fees are paid by the Plan. All other expenses of the Plan are paid by the Company.

### **New Accounting Standards**

*ASU 2015-7* - In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, *Fair Value Measurement (Topic 820), Disclosure for Investments in Certain Entities that Calculate Net Asset Value per share (or Its Equivalent)*. The ASU impacts reporting entities that measure an investment's fair value using the net asset value per share (or an equivalent) practical expedient. The amendments in ASU No. 2015-07 eliminate the requirement to classify the investment within the fair value hierarchy. In addition, the requirement to make certain disclosures for all investments eligible to be assessed at fair value with the net asset value per share practical expedient has been removed. Instead, such disclosures are restricted only to investments that the entity has elected to measure using the practical expedient. The new guidance is effective for reporting periods beginning after December 15, 2016 and early adoption is permitted. The ASU is to be applied retrospectively in all periods presented in an entity's financial statements. The Plan is early adopting the standard as of June 30, 2015. The adoption has been reflected in Note 3 to the financial statements.

*ASU 2015-12* - In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts but will continue to provide certain disclosures that help users understand the nature and risks of fully benefit-responsive investment contracts. Upon adoption, contract value will be the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III provides a practical expedient to permit plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and III are not applicable to the Plan. Management has early adopted Part II of ASU 2015-12 and its application was applied retrospectively.

**Subsequent Events** — For the year ended June 30, 2015, subsequent events were evaluated through April 14, 2016, the date the financial statements were available to be issued.

### 3. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

**Asset Valuation Methodology** — Valuation methodologies maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2015 and 2014.

*Common Collective Trust Funds* — Valued at the net asset value of units of a bank collective trust. The net asset value is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value. Transactions (purchases and sales) may occur daily. Redemption for common collective trusts is permitted daily with no other restrictions or notice periods and there are no unfunded commitments. In accordance with GAAP, the common collective trust funds measured at net asset value have not been classified in the fair value hierarchy. The fair value amounts presented in the table below are intended to permit reconciliation to the amounts presented in the Statements of Net Assets Available for Benefits.

**Transfers Between Levels** — The Master Trust's policy is to recognize transfers between levels at the actual date of the event or change in circumstances that caused the transfer. The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. The Plan's policy is to recognize transfers between levels at the actual date of the event or change in circumstances that caused the transfer.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended, June 30, 2015 and 2014, there were no transfers between levels.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of June 30, 2015 and 2014:

| Fair Value Measurements at June 30, 2015               |                                                                |                                               |                                           |                          |
|--------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|--------------------------|
| Asset Group                                            | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Balance at June 30, 2015 |
| Interest bearing cash                                  | \$ 24,545,984                                                  | \$ -                                          | \$ -                                      | \$ 24,545,984            |
| Subtotal                                               | 24,545,984                                                     | -                                             | -                                         | 24,545,984               |
| Investments measured at NAV - Common collective trusts |                                                                |                                               |                                           | 1,778,998,396            |
| Total                                                  | \$ 24,545,984                                                  | \$ -                                          | \$ -                                      | \$ 1,803,544,380         |

| Master Trust Assets<br>Fair Value Measurements at June 30, 2014 |                                                                |                                               |                                           |                          |
|-----------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|--------------------------|
| Asset Group                                                     | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Balance at June 30, 2014 |
| Interest bearing cash                                           | \$ 39,676,861                                                  | \$ -                                          | \$ -                                      | \$ 39,676,861            |
| Subtotal                                                        | 39,676,861                                                     | -                                             | -                                         | 39,676,861               |
| Investments measured at NAV - Common collective trusts          |                                                                |                                               |                                           | 1,904,971,912            |
| Total                                                           | \$ 39,676,861                                                  | \$ -                                          | \$ -                                      | \$ 1,944,648,773         |

#### 4. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the Plan for the years ended June 30, 2015 and 2014. No contributions to the Plan were required in 2015 or 2014. For the years ended June 30, 2015 and 2014, the Company elected to make contributions to the Plan.

#### 5. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the services rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated

employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits payable under all circumstances — retirement, death, disability and termination of employment — are included to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is 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 date of payment.

The actuarial present value of accumulated plan benefits as of June 30, 2014, the measurement date, is as follows:

|                                                                | <b>2014</b>          |
|----------------------------------------------------------------|----------------------|
| Vested benefits:                                               |                      |
| Participants and/or beneficiaries currently receiving benefits | \$ 29,851,726        |
| Other participants                                             | <u>20,075,425</u>    |
| Total vested benefits                                          | 49,927,151           |
| Nonvested benefits                                             | <u>748,954</u>       |
| Total actuarial present value of accumulated plan benefits     | <u>\$ 50,676,105</u> |

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended June 30, 2014, are as follows:

|                                                                            | <b>2014</b>          |
|----------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits — beginning of period | \$ 47,968,121        |
| Increase (decrease) attributable to:                                       |                      |
| Interest due to the decrease in the discount period                        | 2,908,782            |
| Benefits paid                                                              | (2,855,221)          |
| Actuarial (gains)/losses                                                   | 73,994               |
| Assumption changes                                                         | <u>2,580,429</u>     |
| Actuarial present value of accumulated plan benefits — end of period       | <u>\$ 50,676,105</u> |

The significant actuarial assumptions used in the June 30, 2014 and 2013 valuations were:

*Mortality* — The RP-2014 Healthy White Collar Mortality Tables with separate mortality rates for annuitants and non-annuitants with generational projection using Scale MP-2014.

*Retirement* — Active participants are assumed to retire at the following rates, provided they are eligible to retire at such age:

| <b>2014</b> |          |
|-------------|----------|
| <b>Age</b>  | <b>%</b> |
| 55-56       | 10       |
| 57-59       | 15       |
| 60-61       | 20       |
| 62          | 35       |
| 63          | 30       |
| 64          | 25       |
| 65          | 50       |
| 66          | 40       |
| 67          | 40       |
| 68          | 40       |
| 69          | 40       |
| 70          | 100      |

| <b>2013</b> |          |
|-------------|----------|
| <b>Age</b>  | <b>%</b> |
| 60-61       | 5        |
| 62          | 20       |
| 63-64       | 15       |
| 65          | 75       |
| 66          | 80       |
| 67          | 90       |
| 68          | 100      |

*Interest Rate* — 6.00% and 6.25% per annum for 2014 and 2013, respectively

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

## **6. INTEREST IN MASTER TRUST**

The Plan's investment assets are held in a trust account at the Trustee and consist of an undivided interest in an investment account of the Master Trust, a master trust established by the Company and administered by the Trustee. Use of the Master Trust permits the commingling of trust assets with the assets of the Procter & Gamble Puerto Rico Pension Plan and the Procter & Gamble Master Retirement Plan for investment and administrative purposes. The Trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment account to the participating plans. The net investment income/(loss) of the investment assets is allocated by the Trustee to each participating plan based on the relationship of the interest of each plan to the total of the interests of the participating plans.

The net assets and investments of the Master Trust at June 30, 2015 and 2014, are summarized as follows:

|                                                              | <b>2015</b>             | <b>2014</b>             |
|--------------------------------------------------------------|-------------------------|-------------------------|
| Investments —                                                |                         |                         |
| Interest bearing cash                                        | \$ 24,545,984           | \$ 39,676,861           |
| Investments measured at NAV -                                |                         |                         |
| Common collective trusts                                     | <u>1,778,998,396</u>    | <u>1,904,971,912</u>    |
| Total investments — at fair value                            | 1,803,544,380           | 1,944,648,773           |
| Receivables —                                                |                         |                         |
| Accrued investment income                                    | <u>2,167</u>            | <u>1,015</u>            |
| Net assets of The Procter & Gamble                           |                         |                         |
| Master Retirement Trust                                      | <u>\$ 1,803,546,547</u> | <u>\$ 1,944,649,788</u> |
| Plan's interest in The Procter & Gamble                      |                         |                         |
| Master Retirement Trust                                      | \$ 53,044,372           | \$ 54,114,547           |
| Plan's interest in Master Trust as a percentage of the total | 3%                      | 3%                      |

The net investment income of the Master Trust for the years ended June 30, 2015 and 2014, is summarized below:

|                                                | <b>2015</b>          | <b>2014</b>           |
|------------------------------------------------|----------------------|-----------------------|
| Interest income                                | \$ <u>102,207</u>    | \$ <u>18,399</u>      |
| Net appreciation in fair value of investments: |                      |                       |
| Common collective trust funds                  | <u>31,026,483</u>    | <u>134,477,458</u>    |
| Net appreciation in fair value of investments  | <u>31,026,483</u>    | <u>134,477,458</u>    |
| Investment income of Master Trust              | <u>\$ 31,128,690</u> | <u>\$ 134,495,857</u> |

## 7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The Company is a party-in-interest, as defined by ERISA. However, the administrative exemption provided under ERISA allows the Company to provide administrative services to the Plan. There were no fees paid by the Plan to the Company for administrative services for the years ended June 30, 2015 and 2014.

The Plan's investment in the Master Trust as of June 30, 2015 and 2014 is managed by the Trustee as defined by the Plan and, therefore these transactions qualify as exempt party-in-interest transactions.

Fees paid by the Plan to the Trustee for investment management services were \$28,179 and \$26,058 for the years ended June 30, 2015 and 2014, respectively.

## **8. FEDERAL INCOME TAX STATUS**

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated September 13, 2012, that the Plan was designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). The Plan has been amended and restated since receiving the determination letter from the IRS. The Plan is subject to routine audits by taxing jurisdictions at any time. The Company and the Plan administrator have concluded that the Plan, as designed and operated, complies with the applicable requirements of the IRC and the Plan remains tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

## **9. INFORMATION CERTIFIED BY THE TRUSTEE**

The following is a summary of the unaudited information regarding the Plan as of June 30, 2015 and 2014 and for the years then ended, included in the Plan's financial statements that was prepared by or derived from information prepared by State Street Bank & Trust Company, the trustee of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that such information is complete and accurate.

|                                                                                       | <b>2015</b>   | <b>2014</b>   |
|---------------------------------------------------------------------------------------|---------------|---------------|
| Statements of Net Assets Available for Benefits —                                     |               |               |
| Investments — at fair value —                                                         |               |               |
| Plan's interest in The Procter & Gamble Master Retirement Trust                       | \$ 53,044,372 | \$ 54,114,547 |
| Statements of Changes in Net Assets Available for Benefits —                          |               |               |
| * Plan's interest in the Procter & Gamble Master Retirement Trust's investment income | 842,510       | 3,708,975     |

Note 3 and Note 6: All investment balances and investment information, excluding the classification of investments in Note 3.

\* Represents the net appreciation in value of the Plan's investments (including securities bought and sold as well as held during the years ended June 30, 2015 and 2014).

## **10. PLAN TERMINATION**

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

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

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide 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.

\* \* \* \* \*

|                         |                                                                                  |
|-------------------------|----------------------------------------------------------------------------------|
| <b>Plan Name</b>        | <b>The Gillette Company Retirement Plan For Collectively-Bargained Employees</b> |
| <b>Plan Sponsor EIN</b> | <b>04-1366970</b>                                                                |
| <b>ERISA Plan #</b>     | <b>008</b>                                                                       |
| <b>Plan Year Ending</b> | <b>June 30, 2015</b>                                                             |

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).**

| <b>Form/Schedule</b> | <b>Line #</b> | <b>Description</b>                                          | <b>Attachment</b> |
|----------------------|---------------|-------------------------------------------------------------|-------------------|
| 5500 Sch. H          | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Held at End of Year)                    |                   |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H          | Line 4j       | Schedule of Reportable Transactions                         |                   |
| 5500 Sch. H          | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |

|                         |                                                                                  |
|-------------------------|----------------------------------------------------------------------------------|
| <b>Plan Name</b>        | <b>The Gillette Company Retirement Plan For Collectively-Bargained Employees</b> |
| <b>Plan Sponsor EIN</b> | <b>04-1366970</b>                                                                |
| <b>ERISA Plan #</b>     | <b>008</b>                                                                       |
| <b>Plan Year Ending</b> | <b>June 30, 2015</b>                                                             |

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

| <b>Form /<br/>Schedule</b> | <b>Line#</b>    | <b>Description</b>                                                                        | <b>Attachment Title<br/>(if different from Description)</b> | <b>Attach-<br/>ment</b> |
|----------------------------|-----------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------|
| <b>5500 Sch. SB</b>        | <b>None</b>     | Statement by Enrolled Actuary                                                             |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Actuarial Information Based on Pre-PPA Funding Rules                                      |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line E</b>   | Information for Each Individual Employer                                                  |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 4</b>   | Additional Information for Plans in At-Risk Status                                        |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 7</b>   | Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 8</b>   | Late Election to Apply Balances to Quarterly Installments                                 |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 9</b>   | Explanation of Credit Balance Discrepancy                                                 |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 18</b>  | Contributions Made to the Plan for the Plan Year                                          |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 19</b>  | Discounted Employer Contributions                                                         |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 20c</b> | Liquidity Requirement Certification                                                       |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 22</b>  | Description of Weighted Average Retirement Age                                            |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 23</b>  | Information on Use of Multiple Mortality Tables                                           |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 23</b>  | Information on Use of Substitute Mortality Tables                                         |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Part V</b>   | Statement of Actuarial Assumptions/Methods                                                |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Part V</b>   | Summary of Plan Provisions                                                                |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 24</b>  | Change in Actuarial Assumptions                                                           |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 25</b>  | Change in Method                                                                          |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 26</b>  | Schedule of Active Participant Data                                                       |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Balances Subject to Binding Agreement with PBGC                                           |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Alternative 17-Year Funding Schedule of Airlines                                          |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 32</b>  | Schedule of Amortization Bases                                                            |                                                             |                         |
| <b>5500 Sch. SB</b>        |                 | Other Attachment [Enter Description]                                                      |                                                             |                         |

|                         |                                                                                  |
|-------------------------|----------------------------------------------------------------------------------|
| <b>Plan Name</b>        | <b>The Gillette Company Retirement Plan For Collectively-Bargained Employees</b> |
| <b>Plan Sponsor EIN</b> | <b>04-1366970</b>                                                                |
| <b>ERISA Plan #</b>     | <b>008</b>                                                                       |
| <b>Plan Year Ending</b> | <b>June 30, 2015</b>                                                             |

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

| <b>Form /<br/>Schedule</b> | <b>Line#</b>    | <b>Description</b>                                                                        | <b>Attachment Title<br/>(if different from Description)</b> | <b>Attach-<br/>ment</b> |
|----------------------------|-----------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------|
| <b>5500 Sch. SB</b>        | <b>None</b>     | Statement by Enrolled Actuary                                                             |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Actuarial Information Based on Pre-PPA Funding Rules                                      |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line E</b>   | Information for Each Individual Employer                                                  |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 4</b>   | Additional Information for Plans in At-Risk Status                                        |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 7</b>   | Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 8</b>   | Late Election to Apply Balances to Quarterly Installments                                 |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 9</b>   | Explanation of Credit Balance Discrepancy                                                 |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 18</b>  | Contributions Made to the Plan for the Plan Year                                          |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 19</b>  | Discounted Employer Contributions                                                         |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 20c</b> | Liquidity Requirement Certification                                                       |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 22</b>  | Description of Weighted Average Retirement Age                                            |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 23</b>  | Information on Use of Multiple Mortality Tables                                           |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 23</b>  | Information on Use of Substitute Mortality Tables                                         |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Part V</b>   | Statement of Actuarial Assumptions/Methods                                                |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Part V</b>   | Summary of Plan Provisions                                                                |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 24</b>  | Change in Actuarial Assumptions                                                           |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 25</b>  | Change in Method                                                                          |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 26</b>  | Schedule of Active Participant Data                                                       |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Balances Subject to Binding Agreement with PBGC                                           |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Alternative 17-Year Funding Schedule of Airlines                                          |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 32</b>  | Schedule of Amortization Bases                                                            |                                                             |                         |
| <b>5500 Sch. SB</b>        |                 | Other Attachment [Enter Description]                                                      |                                                             |                         |

|                         |                                                                                  |
|-------------------------|----------------------------------------------------------------------------------|
| <b>Plan Name</b>        | <b>The Gillette Company Retirement Plan For Collectively-Bargained Employees</b> |
| <b>Plan Sponsor EIN</b> | <b>04-1366970</b>                                                                |
| <b>ERISA Plan #</b>     | <b>008</b>                                                                       |
| <b>Plan Year Ending</b> | <b>June 30, 2015</b>                                                             |

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

| <b>Form /<br/>Schedule</b> | <b>Line#</b>    | <b>Description</b>                                                                        | <b>Attachment Title<br/>(if different from Description)</b> | <b>Attach-<br/>ment</b> |
|----------------------------|-----------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------|
| <b>5500 Sch. SB</b>        | <b>None</b>     | Statement by Enrolled Actuary                                                             |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Actuarial Information Based on Pre-PPA Funding Rules                                      |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line E</b>   | Information for Each Individual Employer                                                  |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 4</b>   | Additional Information for Plans in At-Risk Status                                        |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 7</b>   | Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 8</b>   | Late Election to Apply Balances to Quarterly Installments                                 |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 9</b>   | Explanation of Credit Balance Discrepancy                                                 |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 18</b>  | Contributions Made to the Plan for the Plan Year                                          |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 19</b>  | Discounted Employer Contributions                                                         |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 20c</b> | Liquidity Requirement Certification                                                       |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 22</b>  | Description of Weighted Average Retirement Age                                            |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 23</b>  | Information on Use of Multiple Mortality Tables                                           |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 23</b>  | Information on Use of Substitute Mortality Tables                                         |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Part V</b>   | Statement of Actuarial Assumptions/Methods                                                |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Part V</b>   | Summary of Plan Provisions                                                                |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 24</b>  | Change in Actuarial Assumptions                                                           |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 25</b>  | Change in Method                                                                          |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 26</b>  | Schedule of Active Participant Data                                                       |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Balances Subject to Binding Agreement with PBGC                                           |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Alternative 17-Year Funding Schedule of Airlines                                          |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 32</b>  | Schedule of Amortization Bases                                                            |                                                             |                         |
| <b>5500 Sch. SB</b>        |                 | Other Attachment [Enter Description]                                                      |                                                             |                         |

|                         |                                                                                  |
|-------------------------|----------------------------------------------------------------------------------|
| <b>Plan Name</b>        | <b>The Gillette Company Retirement Plan For Collectively-Bargained Employees</b> |
| <b>Plan Sponsor EIN</b> | <b>04-1366970</b>                                                                |
| <b>ERISA Plan #</b>     | <b>008</b>                                                                       |
| <b>Plan Year Ending</b> | <b>June 30, 2015</b>                                                             |

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

| <b>Form /<br/>Schedule</b> | <b>Line#</b>    | <b>Description</b>                                                                        | <b>Attachment Title<br/>(if different from Description)</b> | <b>Attach-<br/>ment</b> |
|----------------------------|-----------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------|
| <b>5500 Sch. SB</b>        | <b>None</b>     | Statement by Enrolled Actuary                                                             |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Actuarial Information Based on Pre-PPA Funding Rules                                      |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line E</b>   | Information for Each Individual Employer                                                  |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 4</b>   | Additional Information for Plans in At-Risk Status                                        |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 7</b>   | Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 8</b>   | Late Election to Apply Balances to Quarterly Installments                                 |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 9</b>   | Explanation of Credit Balance Discrepancy                                                 |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 18</b>  | Contributions Made to the Plan for the Plan Year                                          |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 19</b>  | Discounted Employer Contributions                                                         |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 20c</b> | Liquidity Requirement Certification                                                       |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 22</b>  | Description of Weighted Average Retirement Age                                            |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 23</b>  | Information on Use of Multiple Mortality Tables                                           |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 23</b>  | Information on Use of Substitute Mortality Tables                                         |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Part V</b>   | Statement of Actuarial Assumptions/Methods                                                |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Part V</b>   | Summary of Plan Provisions                                                                |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 24</b>  | Change in Actuarial Assumptions                                                           |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 25</b>  | Change in Method                                                                          |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 26</b>  | Schedule of Active Participant Data                                                       |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Balances Subject to Binding Agreement with PBGC                                           |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Alternative 17-Year Funding Schedule of Airlines                                          |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 32</b>  | Schedule of Amortization Bases                                                            |                                                             |                         |
| <b>5500 Sch. SB</b>        |                 | Other Attachment [Enter Description]                                                      |                                                             |                         |

|                         |                                                                                  |
|-------------------------|----------------------------------------------------------------------------------|
| <b>Plan Name</b>        | <b>The Gillette Company Retirement Plan For Collectively-Bargained Employees</b> |
| <b>Plan Sponsor EIN</b> | <b>04-1366970</b>                                                                |
| <b>ERISA Plan #</b>     | <b>008</b>                                                                       |
| <b>Plan Year Ending</b> | <b>June 30, 2015</b>                                                             |

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

| <b>Form /<br/>Schedule</b> | <b>Line#</b>    | <b>Description</b>                                                                        | <b>Attachment Title<br/>(if different from Description)</b> | <b>Attach-<br/>ment</b> |
|----------------------------|-----------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------|
| <b>5500 Sch. SB</b>        | <b>None</b>     | Statement by Enrolled Actuary                                                             |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Actuarial Information Based on Pre-PPA Funding Rules                                      |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line E</b>   | Information for Each Individual Employer                                                  |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 4</b>   | Additional Information for Plans in At-Risk Status                                        |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 7</b>   | Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 8</b>   | Late Election to Apply Balances to Quarterly Installments                                 |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 9</b>   | Explanation of Credit Balance Discrepancy                                                 |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 18</b>  | Contributions Made to the Plan for the Plan Year                                          |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 19</b>  | Discounted Employer Contributions                                                         |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 20c</b> | Liquidity Requirement Certification                                                       |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 22</b>  | Description of Weighted Average Retirement Age                                            |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 23</b>  | Information on Use of Multiple Mortality Tables                                           |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 23</b>  | Information on Use of Substitute Mortality Tables                                         |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Part V</b>   | Statement of Actuarial Assumptions/Methods                                                |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Part V</b>   | Summary of Plan Provisions                                                                |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 24</b>  | Change in Actuarial Assumptions                                                           |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 25</b>  | Change in Method                                                                          |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 26</b>  | Schedule of Active Participant Data                                                       |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Balances Subject to Binding Agreement with PBGC                                           |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Alternative 17-Year Funding Schedule of Airlines                                          |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 32</b>  | Schedule of Amortization Bases                                                            |                                                             |                         |
| <b>5500 Sch. SB</b>        |                 | Other Attachment [Enter Description]                                                      |                                                             |                         |

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u>                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |

► **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.

|                                                                                                                                                                                                                                                                                                   |                                                             |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>The Gillette Ret Plan for Coll. Barg. Employees                                                                                                                                                                                                                          | <b>B</b> Three-digit plan number (PN) ►                     | 008 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>The Gillette Company                                                                                                                                                                                                  | <b>D</b> Employer Identification Number (EIN)<br>04-1366970 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                             |     |

|                                                                                                                                                                                                                 |                            |                           |                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|--|
| <b>Part I Basic Information</b>                                                                                                                                                                                 |                            |                           |                          |  |
| <b>1</b> Enter the valuation date:      Month <u>07</u> Day <u>01</u> Year <u>2014</u>                                                                                                                          |                            |                           |                          |  |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |  |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 55222455                  |                          |  |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 55519133                  |                          |  |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |  |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 521                        | 26953367                  | 26953367                 |  |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 144                        | 2785738                   | 2785738                  |  |
| <b>c</b> For active participants .....                                                                                                                                                                          | 325                        | 14103189                  | 14979802                 |  |
| <b>d</b> Total .....                                                                                                                                                                                            | 990                        | 43842294                  | 44718907                 |  |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                |                            |                           |                          |  |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |  |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |                          |  |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 6.46%                     |                          |  |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 148290                    |                          |  |

**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.

|                  |                                                                                                                                                                                                                                                                        |                                                                                                                                                        |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b> | David A. Coronel<br>_____<br>Signature of actuary<br><br>David A. Coronel<br>_____<br>Type or print name of actuary<br>Towers Watson Delaware Inc.<br>_____<br>Firm name<br><br>1001 Lakeside Avenue, Suite 1500<br>Cleveland OH 44114<br>_____<br>Address of the firm | April 8, 2016<br>_____<br>Date<br>1405724<br>_____<br>Most recent enrollment number<br>216-937-4000<br>_____<br>Telephone number (including area code) |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|

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) 2014  
v. 140124

| Part II Beginning of Year Carryover and Prefunding Balances |                                                                                                                                                              | (a) Carryover balance | (b) Prefunding balance |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>                                                    | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                              | 0                     | 6141540                |
| <b>8</b>                                                    | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                           | 0                     | 0                      |
| <b>9</b>                                                    | Amount remaining (line 7 minus line 8) .....                                                                                                                 | 0                     | 6141540                |
| <b>10</b>                                                   | Interest on line 9 using prior year's actual return of <u>7.77%</u> .....                                                                                    | 0                     | 477198                 |
| <b>11</b>                                                   | Prior year's excess contributions to be added to prefunding balance:                                                                                         |                       |                        |
|                                                             | a Present value of excess contributions (line 38a from prior year) .....                                                                                     |                       | 1042148                |
|                                                             | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.31%</u> ..... |                       | 65760                  |
|                                                             | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
|                                                             | c Total available at beginning of current plan year to add to prefunding balance .....                                                                       |                       | 1107908                |
|                                                             | d Portion of (c) to be added to prefunding balance .....                                                                                                     |                       | 1107908                |
| <b>12</b>                                                   | Other reductions in balances due to elections or deemed elections .....                                                                                      | 0                     | 0                      |
| <b>13</b>                                                   | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                           | 0                     | 7726646                |

| Part III Funding Percentages |                                                                                                                                                                  |           |         |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b>                    | Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 106.87% |
| <b>15</b>                    | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 124.15% |
| <b>16</b>                    | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 107.60% |
| <b>17</b>                    | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %       |

| Part IV Contributions and Liquidity Shortfalls                                    |                                   |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 03/10/2016                                                                        | 1148000                           |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                   |                                   |                                 | <b>18(b)</b>             | 1148000                           | <b>18(c)</b>                    |
|                                                                                   |                                   |                                 |                          |                                   | 0                               |

|                                                                                                                               |                                                                                                                |                                                                     |         |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                                                                |                                                                     |         |
| a                                                                                                                             | Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b>                                                          |         |
| <b>b</b>                                                                                                                      | Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b>                                                          |         |
| <b>c</b>                                                                                                                      | Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b>                                                          | 1032646 |
|                                                                                                                               |                                                                                                                |                                                                     |         |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                                                                |                                                                     |         |
| a                                                                                                                             | Did the plan have a "funding shortfall" for the prior year? .....                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |         |
| <b>b</b>                                                                                                                      | If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No            |         |
| <b>c</b>                                                                                                                      | If line 20a is "Yes," see instructions and complete the following table as applicable:                         |                                                                     |         |
| Liquidity shortfall as of end of quarter of this plan year                                                                    |                                                                                                                |                                                                     |         |
| (1) 1st                                                                                                                       | (2) 2nd                                                                                                        | (3) 3rd                                                             | (4) 4th |
|                                                                                                                               |                                                                                                                |                                                                     |         |

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

|                                                                                                                                                                                              |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.99% | 2nd segment:<br>6.32% | 3rd segment:<br>6.99%                               |
|                                                                                                                                                                                              |                       |                       | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       | <b>22</b> 60                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |           |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b> |                                                                     |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> |   |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> |   |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 148290             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 148290             |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 1032646            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 1032646            |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                |           |                                         |                                                                                           |
|------------------------------------------------------------------------------------------------|-----------|-----------------------------------------|-------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |           |                                         |                                                                                           |
| <b>a</b> Schedule elected .....                                                                |           | <input type="checkbox"/> 2 plus 7 years | <input type="checkbox"/> 15 years                                                         |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               |           | <input type="checkbox"/> 2008           | <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b> | 0                                       |                                                                                           |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b> | 0                                       |                                                                                           |

## SCHEDULE SB ATTACHMENTS

---

### Schedule SB – Statement by Enrolled Actuary

|                          |                                                                   |
|--------------------------|-------------------------------------------------------------------|
| <b>Plan Sponsor</b>      | The Gillette Company                                              |
| <b>EIN/PN</b>            | 04-1366970/008                                                    |
| <b>Plan Name</b>         | The Gillette Retirement Plan for Collectively Bargained Employees |
| <b>Valuation Date</b>    | July 1, 2014                                                      |
| <b>Enrolled Actuary</b>  | David A. Coronel                                                  |
| <b>Enrollment Number</b> | 14-05724                                                          |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

|                 |                                                                   |
|-----------------|-------------------------------------------------------------------|
| Plan Name:      | The Gillette Retirement Plan for Collectively Bargained Employees |
| EIN / PN:       | 04-1366970 / 008                                                  |
| Plan Sponsor:   | The Gillette Company                                              |
| Valuation Date: | July 1, 2014                                                      |

<http://ratct.internal.towerswatson.com/clients/604661/6046612015Valuation-AllPlans/Documents/2014 PY Oral B Schedule SB Attachments.docx>

## SCHEDULE SB ATTACHMENTS

---

**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of July 1, 2014**

See Statement of Actuarial Assumptions and Methods (Schedule SB, Part V) for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

| Age of Retirement<br>(A) | Rates of Retirement<br>(B) | % Retiring<br>(C) | Weighted Ages<br>(A)*(C) |
|--------------------------|----------------------------|-------------------|--------------------------|
| 55                       | 10.00%                     | 10.00%            | 5.5000                   |
| 56                       | 10.00%                     | 9.00%             | 5.0400                   |
| 57                       | 15.00%                     | 12.15%            | 6.9255                   |
| 58                       | 15.00%                     | 10.33%            | 5.9900                   |
| 59                       | 15.00%                     | 8.78%             | 5.1792                   |
| 60                       | 20.00%                     | 9.95%             | 5.9693                   |
| 61                       | 20.00%                     | 7.96%             | 4.8550                   |
| 62                       | 35.00%                     | 11.14%            | 6.9085                   |
| 63                       | 30.00%                     | 6.21%             | 3.9111                   |
| 64                       | 25.00%                     | 3.62%             | 2.3177                   |
| 65                       | 50.00%                     | 5.43%             | 3.5308                   |
| 66                       | 40.00%                     | 2.17%             | 1.4341                   |
| 67                       | 40.00%                     | 1.30%             | 0.8735                   |
| 68                       | 40.00%                     | 0.78%             | 0.5319                   |
| 69                       | 40.00%                     | 0.47%             | 0.3238                   |
| 70                       | 100.00%                    | 0.70%             | 0.4928                   |

**Retirement Age =====>      60**

Plan Name:            The Gillette Retirement Plan for Collectively Bargained Employees  
EIN / PN:            04-1366970 / 008  
Plan Sponsor:        The Gillette Company  
Valuation Date:      July 1, 2014

## SCHEDULE SB ATTACHMENTS

### Schedule SB, Line 24 Change in Actuarial Assumptions

Assumed retirement rates and termination rates were updated to better reflect plan experience. The updated rates are as follows:

#### Retirement

##### a. Active Participants

Active participants are assumed to retire at the following rates, provided they are eligible to retire at such age.

| Age | Retirement Rates | Age | Retirement Rates |
|-----|------------------|-----|------------------|
| <55 | 0.0%             | 63  | 30.0%            |
| 55  | 10.0%            | 64  | 25.0%            |
| 56  | 10.0%            | 65  | 50.0%            |
| 57  | 15.0%            | 66  | 40.0%            |
| 58  | 15.0%            | 67  | 40.0%            |
| 59  | 15.0%            | 68  | 40.0%            |
| 60  | 20.0%            | 69  | 40.0%            |
| 61  | 20.0%            | 70  | 100.0%           |
| 62  | 35.0%            |     |                  |

##### b. Vested Rights Participants are assumed to retire at age 65.

#### Termination

The rates at which participants terminate by age and gender are given below:

| Age | Male Withdrawal Rates | Female Withdrawal Rates |
|-----|-----------------------|-------------------------|
| 30  | 7.310%                | 13.306%                 |
| 35  | 7.160%                | 9.529%                  |
| 40  | 7.010%                | 7.313%                  |
| 45  | 6.860%                | 6.658%                  |
| 50  | 6.710%                | 7.564%                  |
| 55  | 0.000%                | 0.000%                  |

Plan Name: The Gillette Retirement Plan for Collectively Bargained Employees  
EIN / PN: 04-1366970 / 008  
Plan Sponsor: The Gillette Company  
Valuation Date: July 1, 2014

# SCHEDULE SB ATTACHMENTS

---

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

### Plan Sponsor

The Gillette Company

### EIN/PN

04-1366970/008

### Economic Assumptions

#### Interest rate basis:

- |                       |                 |
|-----------------------|-----------------|
| ▪ Applicable month    | March           |
| ▪ Interest rate basis | 3-Segment Rates |

#### Interest rates:

- |                           | Reflecting<br>Corridors | Not Reflecting<br>Corridors |
|---------------------------|-------------------------|-----------------------------|
| ▪ First segment rate      | 4.99%                   | 1.20%                       |
| ▪ Second segment rate     | 6.32%                   | 4.06%                       |
| ▪ Third segment rate      | 6.99%                   | 5.10%                       |
| ▪ Effective interest rate | 6.46%                   | 4.33%                       |

#### Annual rates of increase

- |                                     |     |
|-------------------------------------|-----|
| ▪ Compensation:                     | N/A |
| ▪ Future Social Security wage bases | N/A |
| ▪ Statutory limits on compensation  | N/A |

Plan Name: The Gillette Retirement Plan for Collectively Bargained Employees  
EIN / PN: 04-1366970 / 008  
Plan Sponsor: The Gillette Company  
Valuation Date: July 1, 2014

## SCHEDULE SB ATTACHMENTS

### Demographic Assumptions

|                                                 |                                                                                                                                                                                                 |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Inclusion date</b>                           | The valuation date coincident with or next following the date on which the employee becomes a participant.                                                                                      |
| <b>New or rehired employees</b>                 | It was assumed there will be no new or rehired employees.                                                                                                                                       |
| <b>Administrative “and investment” expenses</b> | Plan-related expenses are assumed to equal “non-PBGC” expenses for the prior year plus an estimate of current year PBGC premiums to be paid from the trust. For 2014, this amount is \$148,290. |

### Mortality

- Healthy The prescribed mortality assumption under IRC §430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants.
- Disabled The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code for healthy lives using static tables with separate mortality rates for annuitants and non-annuitants.

### Retirement

#### c. Active Participants

Active participants are assumed to retire at the following rates, provided they are eligible to retire at such age.

| Age | Retirement Rates | Age | Retirement Rate |
|-----|------------------|-----|-----------------|
| <55 | 0.0%             | 63  | 30.0%           |
| 55  | 10.0%            | 64  | 25.0%           |
| 56  | 10.0%            | 65  | 50.0%           |
| 57  | 15.0%            | 66  | 40.0%           |
| 58  | 15.0%            | 67  | 40.0%           |
| 59  | 15.0%            | 68  | 40.0%           |
| 60  | 20.0%            | 69  | 40.0%           |
| 61  | 20.0%            | 70  | 100.0%          |
| 62  | 35.0%            |     |                 |

#### d. Terminated Vested Participants: Age 65

Plan Name: The Gillette Retirement Plan for Collectively Bargained Employees  
 EIN / PN: 04-1366970 / 008  
 Plan Sponsor: The Gillette Company  
 Valuation Date: July 1, 2014

## SCHEDULE SB ATTACHMENTS

### Disability rates

The rates at which participants become disabled by age are shown below:

| Age | Rates |
|-----|-------|
| 30  | 0.1%  |
| 40  | 0.2%  |
| 50  | 0.5%  |
| 60  | 1.2%  |

### Termination rates

The rates at which participants are assumed to leave the company by age and gender are shown below:

| Age | Male Withdrawal Rate | Female Withdrawal Rate |
|-----|----------------------|------------------------|
| 30  | 7.310%               | 13.306%                |
| 35  | 7.160                | 9.529                  |
| 40  | 7.010                | 7.313                  |
| 45  | 6.860                | 6.658                  |
| 50  | 6.710                | 7.564                  |
| 55  | 0.000                | 0.000                  |

### Form of payment

For valuation purposes, participants are assumed to elect the normal form.

### Percent married

For purposes of valuing the pre-retirement surviving spouse's benefit, 95% of eligible participants are assumed to be married.

### Spouse age

Male spouses are assumed to be one year older than female spouses.

### Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month.

### Methods

#### Valuation date

First day of plan year

#### Funding target

Present value of accrued benefits as required by regulations under IRC §430.

#### Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Plan Name: The Gillette Retirement Plan for Collectively Bargained Employees  
 EIN / PN: 04-1366970 / 008  
 Plan Sponsor: The Gillette Company  
 Valuation Date: July 1, 2014

## SCHEDULE SB ATTACHMENTS

---

**Actuarial value of assets [for determining minimum required contributions]**

An average value of assets is determined based on the market value as of the valuation date and the market values on the two preceding 12 month periods. Adjustments are made to the asset values for contributions, benefit payments, expenses and expected investment returns over the period between the respective preceding determination dates and the current valuation date, as applicable.

**Benefits not valued**

All benefits described in the Plan Provisions section of this report were valued.

### Source of Prescribed Methods

**Funding methods**

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Plan Name: The Gillette Retirement Plan for Collectively Bargained Employees  
EIN / PN: 04-1366970 / 008  
Plan Sponsor: The Gillette Company  
Valuation Date: July 1, 2014

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB, Part V Summary of Plan Provisions

### Plan Sponsor

The Gillette Company

### Plan

The Gillette Retirement Plan for Collectively Bargained Employees

### Plan Provisions

The plan was originally effective June 29, 1984. The plan was last amended on June 23, 2010.

#### Covered employees

Oral-B:

Eligible employees participate on the January 1 or July 1 after the completion of one year of service. An "eligible employee" is one who is an employee of Oral-B Laboratories and a member of the Chauffeurs, Teamsters and Helpers Local Union 238. Participation is frozen effective August 2, 2009.

Parker Pen:

There are no longer any active employees of the Arrow Park facilities. All participants merged into the Oral-B plan are retirees or deferred vested participants.

### Definitions

#### Credited service

For purposes of accruing benefits, an employee will earn one year of credited service for each plan year with 1,600 hours of service. For years with less than 1,600 hours, 1/10 of a year of credited service shall be earned for each 160 hours worked. For the short 1984 plan year, employees will earn 1/12 of a year of credited service for each month with 83 1/3 hours. No service will be credited for hours worked after August 2, 2004.

#### Credited past service

Years and months of employment while an eligible employee as of June 28, 1984.

Plan Name: The Gillette Retirement Plan for Collectively Bargained Employees  
EIN / PN: 04-1366970 / 008  
Plan Sponsor: The Gillette Company  
Valuation Date: July 1, 2014

## SCHEDULE SB ATTACHMENTS

---

**Eligibility and Vesting  
Service**

For purposes of eligibility and vesting, an employee will accrue one year of service for each year with 1,000 hours, .75 of a year of service for years with 750 hours, but less than 1,000, and .5 of a year of service for years with 500 but less than 750 hours. Service prior to the effective date is included. One year of service is credited for the year of hire regardless of the number of hours of service.

**Normal retirement date  
(NRD)**

Age 65. For Oral B participants, terminations occurring on or after January 1, 2006, age 64.

Plan Name: The Gillette Retirement Plan for Collectively Bargained Employees  
EIN / PN: 04-1366970 / 008  
Plan Sponsor: The Gillette Company  
Valuation Date: July 1, 2014

## SCHEDULE SB ATTACHMENTS

### Accrued benefit

#### a. Formula – Oral-B

| Termination Date     | Monthly Benefit Rate |                       |
|----------------------|----------------------|-----------------------|
|                      | Credited Service     | Credited Past Service |
| 06/29/84 to 12/02/84 | \$14.00              | \$0.00                |
| 12/03/84 to 12/02/85 | 14.50                | 0.50                  |
| 12/03/85 to 12/02/86 | 15.00                | 1.00                  |
| 12/03/86 to 11/28/87 | 15.50                | 1.50                  |
| 11/29/87 to 12/03/88 | 16.00                | 2.00                  |
| 12/04/88 to 12/02/89 | 16.50                | 2.50                  |
| 12/03/89 to 12/01/90 | 17.00                | 3.00                  |
| 12/02/90 to 11/30/91 | 18.25                | 4.25                  |
| 12/01/91 to 12/05/92 | 19.25                | 5.25                  |
| 12/06/92 to 12/31/93 | 20.25                | 6.25                  |
| 01/01/94 to 12/31/94 | 21.25                | 7.25                  |
| 01/01/95 to 12/31/95 | 22.25                | 8.25                  |
| 01/01/96 to 12/31/96 | 23.25                | 9.25                  |
| 01/01/97 to 12/31/97 | 24.25                | 10.25                 |
| 01/01/98 to 12/31/98 | 25.50                | 12.75                 |
| 01/01/99 to 12/31/99 | 26.75                | 15.00                 |
| 01/01/00 to 12/31/00 | 29.00                | 18.00                 |
| 01/01/01 to 12/31/01 | 30.00                | 19.00                 |
| 01/01/02 to 12/31/02 | 31.00                | 20.00                 |
| 01/01/03 to 12/31/03 | 32.50                | 21.80                 |
| 01/01/04 to 12/31/04 | 33.80                | 23.80                 |
| 01/01/05 to 12/31/05 | 35.10                | 25.80                 |
| 01/01/06 to 12/31/06 | 36.10                | 27.30                 |
| 01/01/07 to 12/31/07 | 37.10                | 29.30                 |
| 01/01/08 to 12/31/08 | 38.10                | 31.30                 |
| 01/01/09 and after   | 39.10                | 33.30                 |

#### b. Formula-Parker Pen

All Parker Pen employees are inactive as of January 1, 2001. The benefits for these participants are governed by the terms of the Parker Pen plans at the date of termination.

Plan Name: The Gillette Retirement Plan for Collectively Bargained Employees  
 EIN / PN: 04-1366970 / 008  
 Plan Sponsor: The Gillette Company  
 Valuation Date: July 1, 2014

## SCHEDULE SB ATTACHMENTS

### Eligibility for Benefits

|                                    |                                                                                                                                                                     |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Age 65. For Oral B participants, terminations occurring on or after January 1, 2006, age 64.                                                                        |
| <b>Early retirement</b>            | Age 55 with 10 or more years of service.                                                                                                                            |
| <b>Postponed retirement</b>        | Retirement after normal retirement eligibility.                                                                                                                     |
| <b>Vested termination</b>          | Five years of service.                                                                                                                                              |
| <b>Disability</b>                  | Total and permanent disability while actively employed and the completion of 10 years of service.                                                                   |
| <b>Preretirement death benefit</b> | The spouse of a participant who dies after becoming vested and married for one year but before retirement benefits commence is eligible to receive a death benefit. |

### Benefits Paid Upon the Following Events

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>    | Benefit is the accrued benefit                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Early retirement</b>     | Benefit is the accrued benefit payable at the normal retirement date. A participant may elect to commence benefits prior to normal retirement. The benefit will be reduced by 0.25% for each month that the commencement of benefits precedes normal retirement.                                                                                                                                                                                                   |
| <b>Postponed retirement</b> | Benefit is the accrued benefit at the actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Vested termination</b>   | Benefit is the accrued benefit payable at the normal retirement date. If the participant has 10 or more years of service, benefits may commence at anytime between the ages of 55 and normal retirement age. In this case, the benefit will be reduced in the same manner as for early retirement. For former Parker Pen participants the benefit reduction for early commencement is 4/10th of 1% for each month the benefit begins before normal retirement age. |
| <b>Disablement</b>          | A temporary benefit equal to the accrued benefit as of the date of disability is payable immediately, with no reduction for early commencement, until the early or normal retirement date. While in receipt of the temporary benefit, the employee shall be deemed active, except that no additional credited service shall be earned. At retirement, the employee will receive a regular retirement benefit based on the accrued benefit.                         |

Plan Name: The Gillette Retirement Plan for Collectively Bargained Employees  
 EIN / PN: 04-1366970 / 008  
 Plan Sponsor: The Gillette Company  
 Valuation Date: July 1, 2014

## SCHEDULE SB ATTACHMENTS

---

**Preretirement death**      The benefit payable to the spouse is equal to one-half of the joint and 50% survivor benefit that would have been payable to the participant on the earliest retirement date.

### Other Plan Provisions

**Normal forms of payment**      Single: Single life annuity

Married: An actuarially reduced joint and 50% survivor annuity. If the spouse should die within five years of the benefit commencement date, the employee will be reinstated to the basic pension amount the month following the spouse's death.

**Optional forms of payment**      Joint and Survivor: 66 2/3%, 75%, or 100%

**Pension Increases**      None

**Plan participants' contributions**      None

**Maximum on benefits and pay**      All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

### Future Plan Changes

Towers Watson is not aware of any future plan changes that are required to be reflected.

### Changes in Plan Provisions Since Last Actuarial Valuation

There have been no changes since the prior funding valuation.

### Substantive Commitment

None.

Plan Name:      The Gillette Retirement Plan for Collectively Bargained Employees  
EIN / PN:      04-1366970 / 008  
Plan Sponsor:      The Gillette Company  
Valuation Date:      July 1, 2014

## SCHEDULE SB ATTACHMENTS

### Schedule SB, Line 26 Schedule of Active Participant Data as of July 1, 2014

| Attained Age | Years of Credited Service |           |               |           |               |           |                 |           |                 |           |                 |           |                 |           |                 |           |                 |           |                      |           |
|--------------|---------------------------|-----------|---------------|-----------|---------------|-----------|-----------------|-----------|-----------------|-----------|-----------------|-----------|-----------------|-----------|-----------------|-----------|-----------------|-----------|----------------------|-----------|
|              | <u>Under 1</u>            |           | <u>1 to 4</u> |           | <u>5 to 9</u> |           | <u>10 to 14</u> |           | <u>15 to 19</u> |           | <u>20 to 24</u> |           | <u>25 to 29</u> |           | <u>30 to 34</u> |           | <u>35 to 39</u> |           | <u>40 &amp; Over</u> |           |
|              | No.                       | Avg. Ben. | No.           | Avg. Ben. | No.           | Avg. Ben. | No.             | Avg. Ben. | No.             | Avg. Ben. | No.             | Avg. Ben. | No.             | Avg. Ben. | No.             | Avg. Ben. | No.             | Avg. Ben. | No.                  | Avg. Ben. |
| Under 25     | 0                         | 0         | 0             | 0         | 0             | 0         | 0               | 0         | 0               | 0         | 0               | 0         | 0               | 0         | 0               | 0         | 0               | 0         | 0                    | 0         |
| 25 - 29      | 0                         | 0         | 5             | 0         | 0             | 0         | 0               | 0         | 0               | 0         | 0               | 0         | 0               | 0         | 0               | 0         | 0               | 0         | 0                    | 0         |
| 30 - 34      | 0                         | 0         | 8             | 0         | 1             | 0         | 0               | 0         | 0               | 0         | 0               | 0         | 0               | 0         | 0               | 0         | 0               | 0         | 0                    | 0         |
| 35 - 39      | 1                         | 0         | 9             | 0         | 3             | 0         | 22              | 5,603     | 0               | 0         | 0               | 0         | 0               | 0         | 0               | 0         | 0               | 0         | 0                    | 0         |
| 40 - 44      | 1                         | 0         | 6             | 0         | 3             | 0         | 36              | 5,595     | 3               | 0         | 1               | 0         | 0               | 0         | 0               | 0         | 0               | 0         | 0                    | 0         |
| 45 - 49      | 0                         | 0         | 3             | 0         | 6             | 0         | 44              | 5,710     | 4               | 0         | 1               | 0         | 0               | 0         | 0               | 0         | 0               | 0         | 0                    | 0         |
| 50 - 54      | 0                         | 0         | 5             | 0         | 7             | 0         | 36              | 5,559     | 3               | 0         | 1               | 0         | 5               | 0         | 0               | 0         | 0               | 0         | 0                    | 0         |
| 55 - 59      | 2                         | 0         | 3             | 0         | 1             | 0         | 18              | 0         | 3               | 0         | 8               | 0         | 29              | 14,602    | 0               | 0         | 0               | 0         | 0                    | 0         |
| 60 - 64      | 0                         | 0         | 4             | 0         | 3             | 0         | 11              | 0         | 2               | 0         | 2               | 0         | 18              | 0         | 0               | 0         | 0               | 0         | 0                    | 0         |
| 65 - 69      | 0                         | 0         | 1             | 0         | 1             | 0         | 1               | 0         | 0               | 0         | 0               | 0         | 3               | 0         | 0               | 0         | 0               | 0         | 0                    | 0         |
| 70 & Over    | 0                         | 0         | 0             | 0         | 0             | 0         | 0               | 0         | 0               | 0         | 0               | 0         | 0               | 0         | 0               | 0         | 0               | 0         | 0                    | 0         |

Plan Name: The Gillette Retirement Plan for Collectively Bargained Employees  
 EIN / PN: 04-1366970 / 008  
 Plan Sponsor: The Gillette Company  
 Valuation Date: July 1, 2014

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2014</b><br><br>This Form is Open to Public Inspection |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                |                                                                                                                                                                                    |                                            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                   |                                                                |                                                                                                                                                                                    |                                            |
| For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u> |                                                                |                                                                                                                                                                                    |                                            |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or |                                            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan;    | <input type="checkbox"/> a DFE (specify) _____                                                                                                                                     |                                            |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report;              | <input type="checkbox"/> the final return/report;                                                                                                                                  |                                            |
|                                                                                                          | <input type="checkbox"/> an amended return/report;             | <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                    |                                            |
| C If the plan is a collectively-bargained plan, check here: .....                                        | <input checked="" type="checkbox"/>                            |                                                                                                                                                                                    |                                            |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558;                 | <input type="checkbox"/> automatic extension;                                                                                                                                      | <input type="checkbox"/> the DFVC program; |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                                                                                                                    |                                            |

|                                                                                                                                                                                                            |  |                                                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                      |  |                                                                     |  |
| <b>1a Name of plan</b><br>THE GILLETTE COMPANY RETIREMENT PLAN<br>FOR COLLECTIVELY-BARGAINED EMPLOYEES                                                                                                     |  | <b>1b Three-digit plan number (PN) ▶</b> <u>008</u>                 |  |
|                                                                                                                                                                                                            |  | <b>1c Effective date of plan</b><br><u>06/29/1984</u>               |  |
| <b>2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)</b><br>THE GILLETTE COMPANY<br><br>KATHY CHIN<br>1 GILLETTE PARK - 6G<br><br>BOSTON MA 02127 |  | <b>2b Employer identification Number (EIN)</b><br><u>04-1366970</u> |  |
|                                                                                                                                                                                                            |  | <b>2c Plan Sponsor's telephone number</b><br><u>(513) 983-7777</u>  |  |
|                                                                                                                                                                                                            |  | <b>2d Business code (see instructions)</b><br><u>332900</u>         |  |

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

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

|                                                                                                                                                                                                                      |                                    |                  |                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------|-----------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                                                                                                                                     |                                    | <u>4/14/2016</u> | <b>PETER JOHANSEN</b>                                           |
|                                                                                                                                                                                                                      | Signature of plan administrator    | Date             | Enter name of individual signing as plan administrator          |
| <b>SIGN HERE</b>                                                                                                                                                                                                     |                                    | <u>4/14/2016</u> | <b>PETER JOHANSEN</b>                                           |
|                                                                                                                                                                                                                      | Signature of employer/plan sponsor | Date             | Enter name of individual signing as employer or plan sponsor    |
| <b>SIGN HERE</b>                                                                                                                                                                                                     |                                    |                  |                                                                 |
|                                                                                                                                                                                                                      | Signature of DFE                   | Date             | Enter name of individual signing as DFE                         |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)<br>ELIZABETH WILTFONG<br>DELOITTE TAX LLP<br>1100 WALNUT STREET<br>SUITE 300<br>KANSAS CITY MO 64106-2129 |                                    |                  | Preparer's telephone number (optional)<br><u>(816) 474-6180</u> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>THE PROCTER & GAMBLE U.S. BUSINESS SERVICES COMPANY<br><br>TWO PROCTER AND GAMBLE PLAZA<br><br>CINCINNATI OH 45202                                                                                                                                                                                                               |  | <b>3b</b> Administrator's EIN<br>26-0048600<br><br><b>3c</b> Administrator's telephone number<br>(513) 983-7777                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b> 990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                |  | <b>6a(1)</b> 325                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(2)</b> 296                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                   |  | <b>6b</b> 484                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6c</b> 138                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. ....                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>6d</b> 918                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                                             |  | <b>6e</b> 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>f</b> Total. Add lines 6d and 6e. ....                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>6f</b> 958                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                           |  | <b>6h</b> 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><br>1B 1I 3H                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

**Part III****Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

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

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

**11c** Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

## SCHEDULE SB ATTACHMENTS

---

### Schedule SB – Statement by Enrolled Actuary

|                          |                                                                   |
|--------------------------|-------------------------------------------------------------------|
| <b>Plan Sponsor</b>      | The Gillette Company                                              |
| <b>EIN/PN</b>            | 04-1366970/008                                                    |
| <b>Plan Name</b>         | The Gillette Retirement Plan for Collectively Bargained Employees |
| <b>Valuation Date</b>    | July 1, 2014                                                      |
| <b>Enrolled Actuary</b>  | David A. Coronel                                                  |
| <b>Enrollment Number</b> | 14-05724                                                          |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

|                 |                                                                   |
|-----------------|-------------------------------------------------------------------|
| Plan Name:      | The Gillette Retirement Plan for Collectively Bargained Employees |
| EIN / PN:       | 04-1366970 / 008                                                  |
| Plan Sponsor:   | The Gillette Company                                              |
| Valuation Date: | July 1, 2014                                                      |

<http://natct.internal.towerswatson.com/clients/604661/6046612015Valuation-AllPlans/Documents/2014 PY Oral B Schedule SB Attachments.docx>