# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2015**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
EAGLE US 2 LLC RETIREMENT PENSION PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/28/2013

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

EAGLE US 2 LLC

1000 ABERNATHY ROAD NE
SUITE 1200
ATLANTA, GA 30328

**2b** Employer Identification Number (EIN)
46-1269681

**2c** Plan Sponsor's telephone number
770-395-4500

**2d** Business code (see instructions)
325100

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/11/2016 | JESSE STEPHAN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

Preparer's telephone number

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor

WESTLAKE MANAGEMENT SERVICES, INC.

2801 POST OAK BLVD
SUITE 600
HOUSTON, TX 77056

**3b** Administrator's EIN: 76-0321065

**3c** Administrator's telephone number: 713-960-9111

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

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 1910 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 768 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 701 |
| **b** | Retired or separated participants receiving benefits | **6b** | 939 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 101 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 1741 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 137 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 1878 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B 1I 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ 0 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2015**

**This Form is Open to Public Inspection**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ **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.

**A** Name of plan
EAGLE US 2 LLC RETIREMENT PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
EAGLE US 2 LLC

**D** Employer Identification Number (EIN)
46-1269681

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

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

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2015

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 275262122 |
| **b** Actuarial value | **2b** | 274892106 |

**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 | 1052 | 147366812 | 147366812 |
| **b** For terminated vested participants | 90 | 3181372 | 3181372 |
| **c** For active participants | 768 | 57790502 | 62764390 |
| **d** Total | 1910 | 208338686 | 213312574 |

**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** | 6.24% |
| **6** Target normal cost | **6** | 2824154 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

Signature of actuary — Date: 08/15/2016

SARA M. STONE — Type or print name of actuary

14-07443 — Most recent enrollment number

TOWERS WATSON DELAWARE INC. — Firm name

404-365-1600 — Telephone number (including area code)

3500 LENOX ROAD
SUITE 900
ATLANTA, GA 30326

Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 50688946 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 50688946 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 6.78% | 3436711 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 0 |
| | b(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 6.46% | | 0 |
| | 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 | | 0 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 54125657 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 103.49 % |
| 15 | Adjusted funding target attainment percentage | 15 | 128.86 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 129.77 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 0 | 18(c) 0 |

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| | | | |

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 4.72 % | 6.11 % | 6.81 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 64 |

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

## Part VI Miscellaneous Items

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

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

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

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

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| **a** Target normal cost (line 6) | **31a** | 2824154 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 2824154 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | **33** | 0 |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 0 |

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

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 0 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 0 |

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

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

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

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

**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

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

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

**A** Name of plan
EAGLE US 2 LLC RETIREMENT PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
EAGLE US 2 LLC

**D** Employer Identification Number (EIN)
46-1269681

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE NORTHERN TRUST COMPANY

36-1561860

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

HARBOR FUNDS DISTRIBUTORS, INC.

34-1953393

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

GOLDMAN SACHS

13-3639445

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

CAPITAL RESEARCH AND MANAGEMENT CO.

95-1411037

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

WILLIAM BLAIR INVESTMENT MGT, LLC

222 WEST ADAMS STREET
CHICAGO, IL 60606

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

THE VANGUARD GROUP, INC

23-1945930

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

HARBOR SERVICES GROUP, INC.

34-1953399

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

HARBOR CAPITAL ADVISORS INC.

34-1953397

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

WELLINGTON MANAGEMENT COMPANY LLC

280 CONGRESS STREET
BOSTON, MA 02210

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

FIRST PACIFIC ADVISORS, LLC

20-1362771

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

DELAWARE MANAGEMENT COMPANY

2005 MARKET
PHILADELPHIA, PA 19103

**(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) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 11 50 70 | NONE | 311625 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

WESTERN ASSET MANAGEMENT CO.

95-2705767

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 51 | NONE | 285483 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

NORTHERN TRUST COMPANY

36-1561860

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 21 51 68 | NONE | 92437 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

**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)

MONTAG & CALDWELL, LLC

58-1022504

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 51 68 | NONE | 81383 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

BLACKROCK

94-3112180

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 51 21 24 50 | NONE | 80417 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

LCG ASSOCIATES, INC.

75-1680350

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 17 50 | NONE | 68859 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

BABUSH, NEIMAN, KORNMAN, & JOHNSON

58-0942047

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 51 | NONE | 10500 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name: BABUSH,NEIMAN,KORNMAN & JOHNSON LLP

**b** EIN: 58-0942047

**c** Position: ACCOUNTANT

**d** Address: 5909 PEACHTREE DUNWOODY RD
SUITE 800
ATLANTA, GA 30328

**e** Telephone: 770-261-1900

Explanation: BUSINESS DECISION WAS MADE TO CHOOSE WARREN AVERETT, LLP AS THE NEW ACCOUNTANT FOR THE PLAN.

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2015**

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

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

**A** Name of plan
EAGLE US 2 LLC RETIREMENT PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
EAGLE US 2 LLC

**D** Employer Identification Number (EIN)
46-1269681

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GEORGIA GULF RET PL MASTER RET TR

**b** Name of sponsor of entity listed in (a): AXIALL CORPORATION

| **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) |
|---|---|---|
| 58-1563799-007 | M | 256367609 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2015**

**This Form is Open to Public Inspection**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

**A** Name of plan
EAGLE US 2 LLC RETIREMENT PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
EAGLE US 2 LLC

**D** Employer Identification Number (EIN)
46-1269681

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 275262122 | 256367609 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 275262122 | 256367609 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | 56451 | 63379 |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 56451 | 63379 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 275205671 | 256304230 |

## Part II Income and Expense Statement

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

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

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | -3148841 |
| (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 **income** amounts in column (b) and enter total | 2d | | -3148841 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 14652497 | |
| (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) | | 14652497 |
| 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) | 375004 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 619079 | |
| (4) Other | 2i(4) | 106020 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 1100103 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 15752600 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -18901441 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

**(1)** Name: WARREN AVERETT, LLP **(2)** EIN: 45-4084437

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

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

## Part IV Compliance Questions

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

During the plan year:

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

| | | | Yes | No | N/A | Amount |
|---|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | | 15000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | | | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | | |
| o | Did the plan trust incur unrelated business taxable income? | 4o | | | | |
| p | Were in-service distributions made during the plan year? | 4p | | | | |

**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

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

| **6c** Name of trustee or custodian | **6d** Trustee's or custodian's telephone number |
|---|---|
| | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

**2015**

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

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

**A** Name of plan
EAGLE US 2 LLC RETIREMENT PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
EAGLE US 2 LLC

**D** Employer Identification Number (EIN)
46-1269681

## Part I Distributions

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

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

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

EIN(s): 36-3046063

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:
Stock: 55.0% Investment-Grade Debt: 44.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 1.0%

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

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

## Part VII IRS Compliance Questions

| | | |
|---|---|---|
| **20a** Is the plan a 401(k) plan? | ☐ Yes | ☐ No |
| **20b** If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | ☐ Design-based safe harbor method | ☐ ADP/ACP test |
| **20c** If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? | ☐ Yes | ☐ No |
| **21a** Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): | ☐ Ratio percentage test | ☐ Average benefit test |
| **21b** Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? | ☐ Yes | ☐ No |
| **22a** Has the plan been timely amended for all required tax law changes? | ☐ Yes | ☐ No ☐ N/A |

**22b** Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

**22c** If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

**22d** If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

| | | |
|---|---|---|
| **23** Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? | ☐ Yes | ☐ No |

# AXIALL CORPORATION

**1000 Abernathy Road, Suite 1200, Atlanta Georgia, 30328**

**EAGLE US 2 LLC RETIREMENT PENSION PLAN**

**Financial Statements and Related Notes**

**As of and for the Years Ended**

**December 31, 2015 and 2014**

**EAGLE US 2 LLC RETIREMENT PENSION PLAN**

**As of and For the Years Ended**
**December 31, 2015 and 2014**

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Warren Averett
CPAs AND ADVISORS

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# INDEPENDENT AUDITORS' REPORT

**To the Plan Administrator of and Participants in**
**Eagle US 2 LLC Retirement Pension Plan**

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Eagle US 2 LLC Retirement Pension Plan (the "Plan") which comprise the statement of net assets available for benefits as of December 31, 2015, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

## Auditor's Responsibility

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

## Basis for Disclaimer of Opinion

As permitted by 29 CFR § 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), 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 Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. The Plan administrator informed us that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2015, 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 the 2015 financial statements.

**Other Matter – Supplemental Schedule**
The Schedule of Assets (Held at End of Year) as of December 31, 2015 is required by the DOL's Rules and Regulations for Reporting and Disclosures under the ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

**Other Matter – 2014 Financial Statements**
The financial statements of the Plan as of December 31, 2014, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the custodian. Their report, dated September 9, 2015, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements; (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

**Report on Form and Content in Compliance With DOL Rules and Regulations**
The form and content of the information included in the 2015 financial statements and supplemental schedule, 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, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA.

Warren Averett, LLC

September 16, 2016
Atlanta, Georgia

**EAGLE US 2 LLC RETIREMENT PENSION PLAN**

**Statements of Net Assets Available for Benefits**
**December 31, 2015 and 2014**

| *(in millions)* | December 31, 2015 | December 31, 2014 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value: | | |
| Interest in Axiall Corporation Master Trust | **$ 256.4** | $ 275.3 |
| **TOTAL ASSETS** | **256.4** | 275.3 |
| **LIABILITIES** | | |
| Accrued administrative expenses | **0.1** | 0.1 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | **$ 256.3** | $ 275.2 |

See accompanying notes to financial statements.

**EAGLE US 2 LLC RETIREMENT PENSION PLAN**

**Statement of Changes in Net Assets Available for Benefits**
**For the years ended December 31, 2015 and 2014**

| *(in millions)* | December 31, 2015 | 2014 |
|---|---|---|
| **ADDITIONS TO NET ASSETS ATTRIBUTED TO:** | | |
| Net gain from Axiall Corporation Master Trust | **$ -** | $ 15.1 |
| Transfer from PPG | **-** | 3.3 |
| **TOTAL ADDITIONS** | **-** | 18.4 |
| | | |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:** | | |
| Benefits paid to participants or beneficiaries | **14.7** | 16.7 |
| Net loss from Axiall Corporation Master Trust | **3.1** | - |
| Administrative and investment expenses | **1.1** | 1.1 |
| | | |
| **TOTAL DEDUCTIONS** | **18.9** | 17.8 |
| | | |
| **NET INCREASE (DECREASE)** | **(18.9)** | 0.6 |
| | | |
| **NET ASSETS AVAILABLE FOR BENEFITS** | | |
| Beginning of Period | **275.2** | 274.6 |
| | | |
| End of Period | **$ 256.3** | $ 275.2 |

See accompanying notes to financial statements.

## EAGLE US 2 LLC RETIREMENT PENSION PLAN

### Notes to the Financial Statements

### 1. DESCRIPTION OF THE PLAN

The following description of the *Eagle US 2 LLC Retirement Pension Plan* (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more information.

***General*** — On January 28, 2013, Axiall Corporation ("Axiall") acquired substantially all of the assets and liabilities of PPG Industries, Inc.'s ("PPG") business relating to the production of chlorine, caustic soda and related chemicals (the "Merged Business") through a merger between a subsidiary of PPG and a subsidiary of the Company (the "Merger"). In conjunction with the completion of the Merger, effective as of January 28, 2013, Eagle US 2 LLC (the "Company") established the Plan. Thereafter PPG transferred assets and liabilities in compliance with Section 414(l) of the Internal Revenue Code ("IRC") from the PPG Industries, Inc. Retirement Income Plan to the Plan in accordance with the terms of the merger agreement.

Assets were transferred to the Plan within a day of the January 28, 2013 acquisition based on an initial calculation, with the remaining assets due upon completion of the final calculation under the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). With the completion of the ERISA Section 4044 calculation in July 2014, the remaining assets were transferred to the Plan's Master Trust on July 16, 2014.

The Plan is funded through the Georgia Gulf Retirement Plan Master Retirement Trust ("Master Trust"). Northern Trust Company (the "Trustee") serves as the trustee of the Master Trust.

The Plan is a noncontributory defined benefit pension plan which provides retirement benefits to Lake Charles employees covered by the collective bargaining agreements with Local Lodge 470 of District 161, International Association of Machinists and Aerospace Workers ("Local 470") hired prior to September 1, 2006 and Natrium employees covered by the collective bargaining agreement with The International Chemical Workers' Union Council and its Local No. 45C ("Local 45C") hired prior to August 19, 2010. The Plan is subject to the provisions of ERISA.

The following summarizes various hire, rehire and transfer dates which impact benefit accruals for employees covered under Local 470:

i. Bargaining unit employees covered under Local 470 hired prior to September 1, 2006 are participants in the Plan with on-going benefit service accruals, as defined.

ii. Bargaining unit employees covered under Local 470, rehired on or after September 1, 2006 or transferred on or after August 31, 2012 may have frozen benefits in the Plan. However, these participants do not receive on-going benefit service accruals, as defined.

iii. Bargaining unit employees covered under Local 470 hired on or after September 1, 2006 are not eligible to participate in the Plan.

The following summarizes various hire, rehire and transfer dates which impact benefit accruals for employees that are covered under Local 45C:

i. Bargaining unit employees covered under Local 45C hired before February 16, 2006 are participants in the Plan with on-going benefit service accruals, as defined.

ii. Bargaining unit employees hired on or after February 16, 2006 and before August 19, 2010 may participate in the Plan with benefit service frozen as of December 31, 2013.

iii. Bargaining unit employees rehired or transferred on or after August 19, 2010 may have frozen benefits in the Plan; however, do not receive on-going benefit service accruals, as defined.

iv. Bargaining unit employees hired on or after August 19, 2010 are not eligible to participate in the Plan.

Participants may qualify for one of four types of pension benefits under the Plan: (i) normal retirement pension; (ii) early retirement pension; (iii) disability pension; or (iv) deferred vested retirement pension.

A participant is eligible for normal retirement pension upon attainment of normal retirement age, as defined, and must be a bargaining unit employee on the age of retirement. Benefits are based on years of service at the time of retirement multiplied by the applicable benefit rate, as defined.

If a participant is actively employed, as defined, in the respective bargaining unit or on layoff or official leave of absence, the participant is eligible for an early retirement pension benefit if the participant is at least age 60 and has 10 or more years of benefit service or is at least age 55 and age plus benefit service total at least 85. The early retirement pension benefit is calculated by applying a reduction factor to the normal retirement pension benefit.

If a participant has at least 10 years of benefit service and has been continuously disabled, as defined, for six consecutive months, the participant is eligible for a disability pension benefit. The disability pension benefit varies based upon the qualification of social security benefits, age and hire date.

If a participant terminates employment with the Company before qualification for retirement and has completed 5 or more years of vesting service, the participant will be entitled to a future benefit under the Plan, as defined.

Married retirees will automatically receive their pension benefits in the form of a joint and survivor (spouse) annuity, unless an election is made to receive the benefit in another form. Retirees who are not married on the date pension benefits begin will receive payments in the form of a single life annuity, unless an election is made to receive the benefit in another form.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

***Use of Estimates*** — The preparation of the financial statements in conformity with U.S. GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets, 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 these estimates.

***Risks and Uncertainties*** — The Master Trust utilizes various investment securities, including short-term investments, corporate bonds, common collective trust funds, mutual funds, common stocks, a hedge

fund, and a real estate limited partnership fund (the "Partnership"). 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, mortality and employee demographics, all of which are subject to change. Due to the uncertainties inherent in these estimates and assumptions, the impact in the near term would be material to our financial statements.

***Interest in Master Trust*** — The Company makes contributions to the Master Trust which supports the Plan and other pension plans sponsored by affiliates of the Company. Benefits are paid from the Master Trust to eligible participants of these plans. The assets held by the Master Trust are commingled for investment purposes and are not separately identifiable by plan. All investments held by the Master Trust, which includes short-term investments, corporate bonds, common collective trust funds, mutual funds, common stocks, a hedge fund and the Partnership, are carried at fair value. The short-term investment fund is valued at cost, which approximates fair value. Mutual funds and common stocks are valued at published closing prices on the last business day of the period. The corporate bond and the common collective trust funds are valued at fair market value established by the issuer of the fund, which is based upon the underlying assets held by the fund. The value of the hedge fund is determined by using the Net Asset Value ("NAV") calculation performed by the portfolio managers.

The Master Trust's investment in the Partnership is valued at estimated fair value based on the Plan's proportionate share in the Partnership. The Partnership is valued using industry standards for real estate valuations as contained in the Real Estate Information Standards ("REIS"). The REIS standards define the market value of real estate in a manner consistent with GAAP, as the amount at which an asset could be bought or sold in a current transaction between willing parties. The REIS Property Valuation Standards state that they are intended to generally follow the Uniform Standards of Professional Appraisal Practice ("USPAP"), as adopted by the Appraisal Foundation.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

***Administrative Expenses*** — Administrative expenses, including Trustee fees, are borne by the Plan.

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

## 3. INTEREST IN MASTER TRUST

Each participating plan has an undivided interest in the respective Master Trust. Investment income or loss is allocated based on each plan's allocated share of investments at the beginning of the year, net of each plan's actual contributions, benefit payments and administrative expenses.

As of both December 31, 2015 and 2014, the Plan's interest in the Master Trust was 44 percent. The following table presents the net assets available for plan benefits of the Master Trust as of December 31, 2015 and 2014.

| | December 31, | |
|---|---|---|
| *(in millions)* | **2015** | **2014** |
| Investments, at fair value: | | |
| Short-term investment fund | **$ 8.7** | $ 10.4 |
| Common collective trust funds | **368.4** | 419.9 |
| Mutual funds | **189.2** | 161.1 |
| Common stocks | **17.0** | 32.3 |
| Corporate bond | **0.2** | 0.2 |
| Real estate partnership | **0.1** | 1.2 |
| Long-biased hedge fund | **-** | 0.2 |
| Total Investments, at fair value | **583.6** | 625.3 |
| Accrued income | **0.1** | 0.1 |
| Net due to broker | **(0.1)** | (0.1) |
| Total net assets of Master Trust | **$ 583.6** | $ 625.3 |

The following table presents the investment income of the Master Trust for the year ended December 31, 2015 and 2014:

| *(in millions)* | **2015** | **2014** |
|---|---|---|
| Interest and dividends | **$ 4.2** | $ 5.5 |
| Net appreciation (depreciation) in fair value of investments | **(7.0)** | 26.9 |
| Total Income (loss) | **$ (2.8)** | $ 32.4 |

## 4. FAIR VALUE MEASUREMENTS

Accounting Standards Codification ("ASC") Topic 820, Fair Value Measurements, ("ASC 820") establishes a fair value hierarchy that prioritizes observable and unobservable inputs to valuation techniques used to measure fair value. These levels, in order of highest to lowest priority are described below:

Level 1 — Quoted prices (unadjusted) in active markets for identical assets or liabilities at the measurement date.

Level 2 — Observable prices that are based on inputs not quoted on active markets, but corroborated by market data.

Level 3 — Prices that are unobservable for the asset or liability and are developed based on the best information available under the circumstances, which might include the Company's own data.

The Plan classifies its investments based on the lowest level of input that is significant to the fair value measurement.

A summary of the Master Trust's investments measured at fair value at December 31, 2015 and 2014, is set forth by level within the fair value hierarchy, is as follows:

**December 31, 2015**

| **Asset Category** | **Quoted Prices in Active Markets for Identical Assets (Level 1)** | **Significant Observable Inputs (Level 2)** | **Significant Unobservable Inputs (Level 3)** | **Total** |
|---|---|---|---|---|
| *(In millions)* | | | | |
| Mutual funds | **$ 189.2** | **$ -** | **$ -** | **$ 189.2** |
| Common stocks | **17.0** | **-** | **-** | **17.0** |
| Corporate bonds | **-** | **0.2** | **-** | **0.2** |
| Real estate partnership[2] | **-** | **-** | **0.1** | **0.1** |
| Total | **$ 206.2** | **$ 0.2** | **$ 0.1** | **$ 206.5** |
| Investments measured at net value[3][4] | | | | **377.1** |
| Investments at fair value | | | | **$ 583.6** |

**December 31, 2014**

| Asset Category | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total |
|---|---|---|---|---|
| *(In millions)* | | | | |
| Mutual funds | $ 161.1 | $ - | $ - | $ 161.1 |
| Common stocks | 32.3 | - | - | 32.3 |
| Corporate bonds | - | 0.2 | - | 0.2 |
| Long-biased hedge fund[1] | - | - | 0.2 | 0.2 |
| Real estate partnership[2] | - | - | 1.2 | 1.2 |
| Total | $ 193.4 | $ 0.2 | $ 1.4 | $ 195.0 |
| Investments measured at net value[3][4] | | | | 430.3 |
| Investments at fair value | | | | $ 625.3 |

(1) The Long-biased hedge fund as noted in the table above is the Common Sense Long-Biased BPI (the "Fund"). The Fund's objective is to generate superior, long-term return with minimal risk. The investment is a series in this fund that is 100 percent redeemable. The fair market value for the series is determined by using the NAV calculation performed by the portfolio managers. Liquidation of the Plan's investment in this fund is 100 percent of the Plan's balance at the end of the year with a 100 day holding period. Quarterly liquidation restriction is 25 percent of the Plan's balance with a 100 day holding period.

(2) The Partnership fund noted in the table above is AEW Partners V, L.P, a real-estate partnership fund. The Partnership is valued using industry standards for real estate valuations as contained in the Real Estate Information Standards ("REIS"). The REIS standards define the market value of real estate in a manner consistent with U.S. GAAP, as the amount at which an asset could be bought or sold in a current transaction between willing parties. The REIS Property Valuation Standards state that they are intended to generally follow the USPAP, as adopted by the Appraisal Foundation. The Partnership was formed for the purpose of acquiring, developing, managing, and otherwise dealing in and with real estate investments. In connection with this investment, the Plan was committed to invest funds of $5.0 million of which $4.5 million has been contributed as of December 31, 2015.

(3) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

(4) In accordance with the adoption of ASU 2015-12, if an investment is measured using the net asset value per share (or its equivalent) as the practical expedient in ASC 820 and that investment is in a fund that files a U.S. Department of Labor Form 5500, Annual Return/Report of Employee Benefit Plan, as a direct filing entity, disclosure of that investment's strategy is no longer required. All of the following funds satisfy this requirement.

- Blackrock Intermediate Government Bond Index Fund
- Blackrock Long-duration Corporate Screened Fund
- Blackrock Long-term Government Bond Index Fund
- Northern Trust Collective MSCI ACWI EX-US Index Fund Non-Lending
- Northern Trust Collective Russell 2000 Index Fund, Non-Lending
- Northern Trust Collective S&P 500 Index Fund, Non-Lending
- Wellington Trust Collective CIF High Quality Value Portfolio
- Western Asset Total Return Unconstrained Bond LLC Fund

The following table presents a reconciliation of the beginning and ending balances of the fair value measurements using significant unobservable inputs (Level 3) for the year ended December 31, 2015:

| *In millions* | Long-Biased Hedge Fund | Real Estate Partnership | Total |
|---|---|---|---|
| Beginning balance - January 1, 2015 | **$ 0.2** | **$ 1.2** | **$ 1.4** |
| Realized gains | **-** | **0.4** | **0.4** |
| Unrealized loss | **-** | **(0.5)** | **(0.5)** |
| Sales and disposals | **(0.2)** | **(1.0)** | **(1.2)** |
| Ending balance - December 31, 2015 | **$ -** | **$ 0.1** | **$ 0.1** |
| The amount of total gains and losses for the period included in changes in net assets attributable to changes in unrealized gains related to asset still held at the reporting date | **$ -** | **$ (0.5)** | **$ (0.5)** |

The following table presents a reconciliation of the beginning and ending balances of the fair value measurements using significant unobservable inputs (Level 3) for the year ended December 31, 2014:

| *In millions* | Long-Biased Hedge Fund | Real Estate Partnership | Total |
|---|---|---|---|
| Beginning balance - January 1, 2014 | $ 6.7 | $ 1.1 | $ 7.8 |
| Realized gains | 1.4 | 0.1 | 1.5 |
| Unrealized gains | (1.0) | 0.2 | (0.8) |
| Purchases, issuances and settlements | - | (0.2) | (0.2) |
| Sales and disposals | (6.9) | - | (6.9) |
| Ending balance - December 31, 2014 | $ 0.2 | $ 1.2 | $ 1.4 |
| The amount of total gains and losses for the period included in changes in net assets attributable to changes in unrealized gains related to asset still held at the reporting date | $ (1.0) | $ 0.2 | $ (0.8) |

## 5. FUNDING POLICY

The Company's funding policy is to make cash contributions to the Plan and/or use available credits in amounts as determined by the Plan's independent actuary. The Company has met the minimum funding requirements of ERISA for the Plan years ended December 31, 2015 and 2014.

## 6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to: (i) retired or terminated employees or their beneficiaries, (ii) beneficiaries of employees who have died, and (iii) present employees or their beneficiaries.

The actuarial present value of the accumulated plan benefits is determined by an independent actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (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 effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in the valuations as of January 1, 2015 and 2014, using a beginning-of-year benefit information date, include:

i. Rate of return on investments/discount rate of 6.5 percent for both 2015 and 2014;

ii. Mortality rates for 2015 were updated based on the RP-2014 “Employees” table with blue collar adjustments, projected using Scale MP-2014 for non-annuitants, and RP-2014 “Healthy Annuitants” table with blue collar adjustments, projected using Scale MP-2014 for annuitants;

iii. Mortality rates for 2014 were updated based on the RP-2000 combined healthy mortality tables for males and females with projection to 2020 using Scale AA; and

ii. Unit Cost Method.

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

Under the above assumptions, the actuarial present value of accumulated plan benefits as of January 1, 2015 and 2014 is as follows:

| *(in millions)* | 2015 | 2014 |
|---|---|---|
| **Actuarial present value of accumulated plan benefits** | | |
| Vested benefits: | | |
| Participants currently receiving benefits | **$ 151.0** | $ 137.8 |
| Active employees and participants with deferred benefits | **63.2** | 59.6 |
| Total actuarial present value of vested benefits | **214.2** | 197.4 |
| Nonvested benefits | **5.1** | 5.4 |
| Total actuarial present value of accumulated plan benefits | **$ 219.3** | $ 202.8 |

Under the above assumptions, the changes in the actuarial present value of accumulated plan benefits for the year ending January 1, 2015 are as follows:

| *(in millions)* | |
|---|---|
| Actuarial present value of accumulated plan benefits at beginning of year | $ 202.8 |
| Changes during the year attributable to: | |
| Benefits accumulated | 2.2 |
| Actuarial loss | 2.5 |
| Decrease in discount period | 12.8 |
| Benefits paid to participants | (16.7) |
| Assumption changes | 15.7 |
| Net increase | 16.5 |
| Actuarial present value of accumulated plan benefits at end of year | $ 219.3 |

## 7. TAX STATUS

The Internal Revenue Service has determined and informed the Company, by a letter dated December 15, 2015 (the “IRS Determination Letter”), that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (“IRC”). The Plan and related trust continue to be tax-exempt and therefore, no provision for income taxes has been included in the Plan’s financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions, including the IRS. The Plan is currently under no tax examinations.

## 8. 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 thereunder, and the Plan document.

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.

## 9. FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE

As of and for the years ended December 31, 2015 and 2014, the Plan Administrator elected, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, to have certain financial information certified by the Trustee. The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements that were prepared by the Trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee that the following information is complete and accurate.

| *(in millions)* | 2015 | 2014 |
|---|---|---|
| **Statements of Net Assets Available for Benefits:** | | |
| Investment in Axiall Corporation Master Trust | **$ 256.4** | $ 275.3 |
| | | |
| **Statements of Changes in Net Assets Available for Benefits:** | | |
| Net gain (loss) from the Master Trust | **(3.1)** | 15.1 |

See Note 3. All investment information and balances are disclosed.

## 10. PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are managed by the Trustee of the Master Trust. These transactions qualify as party-in-interest transactions. The Plan paid certain expenses related to Plan operations to various service providers. These transactions are party-in-interest transactions under ERISA.

## 11. SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 16, 2016, which is the date the financial statements were available to be issued and require disclosure under the Subsequent Events topic of ASC 855, Subsequent Events.

On June 10, 2016, the Company's parent company Axiall Corporation entered into an Agreement and Plan of Merger (the "Merger Agreement") with Westlake Chemical Corporation ("Westlake") and Lagoon Merger Sub, Inc., a newly formed wholly owned subsidiary of Westlake ("Merger Sub"). The Merger Agreement provides, among other things and subject to the terms and conditions set forth therein, for the merger of Merger Sub with and into Axiall Corporation (the "Westlake Merger"), with Axiall Corporation surviving the Merger as a wholly owned subsidiary of Westlake in a transaction in which each share of Axiall Corporation's common stock ("Company Common Stock"), issued and outstanding immediately prior to the time the Merger becomes effective, other than certain excluded shares as further described in the Merger Agreement, was converted automatically into the right to receive $33.00 in cash, without interest (the "Merger Consideration"). The Westlake Merger was consummated on August 31 2016. The Company continues to exist as an indirect subsidiary of Axiall Corporation. The Company is in the process of determining the impact the Merger will have on the Plan, if any.

On September 1, 2016, Westlake Management Services, Inc. assumed the responsibilities of "Plan Administrator" for the Plan, replacing the Eagle US 2, LLC Investment Committee, Employee Benefits Administrative Committee, and Employee Benefits Appeals Committee. Eagle US 2, LLC remains the Plan Sponsor.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26
## Schedule of Active Participant Data as of January 1, 2015

| Attained Age | Years of Credited Service | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Under 1 | | 1 to 4 | | 5 to 9 | | 10 to 14 | | 15 to 19 | | 20 to 24 | | 25 to 29 | | 30 to 34 | | 35 to 39 | | 40 & Over | |
| | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. |
| Under 25 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 25 - 29 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 30 - 34 | 0 | | 0 | | 3 | | 2 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 35 - 39 | 0 | | 1 | | 10 | | 19 | | 7 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 40 - 44 | 1 | | 2 | | 6 | | 52 | | 31 | | 4 | | 1 | | 0 | | 0 | | 0 | |
| 45 - 49 | 1 | | 2 | | 9 | | 28 | | 45 | | 31 | | 9 | | 1 | | 0 | | 0 | |
| 50 - 54 | 1 | | 2 | | 3 | | 28 | | 22 | | 42 | | 30 | | 46 | | 8 | | 0 | |
| 55 - 59 | 2 | | 1 | | 15 | | 14 | | 23 | | 34 | | 36 | | 32 | | 51 | | 0 | |
| 60 - 64 | 2 | | 2 | | 4 | | 6 | | 5 | | 9 | | 11 | | 20 | | 26 | | 5 | |
| 65 - 69 | 0 | | 0 | | 1 | | 3 | | 3 | | 0 | | 2 | | 2 | | 6 | | 3 | |
| 70 & Over | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 3 | |

Plan Name: Eagle US 2 LLC Retirement Pension Plan
EIN / PN: 46-1269681 / 002
Plan Sponsor: Eagle US 2 LLC
Valuation Date: January 1, 2015

# SCHEDULE SB ATTACHMENTS

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

**Economic Assumptions**

**Interest rate basis**:

- Applicable month: September
- Interest rate basis: 3-Segment Rates

**Interest rates:**

| | Reflecting Corridors | Not Reflecting Corridors |
|---|---|---|
| First segment rate | 4.72% | 1.15% |
| Second segment rate | 6.11% | 4.06% |
| Third segment rate | 6.81% | 5.15% |
| Effective interest rate | 6.24% | 4.32% |

**Annual rates of increase**

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

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

**Inclusion date**

The valuation date coincident with or next following the enrollment date on which the employee becomes a participant.

**New or rehired employees**

It was assumed there will be no new or rehired employees.

**Mortality**

- Healthy – Funding: Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2030 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2022 using Scale AA).
- Disabled: Prescribed mortality tables per Revenue Ruling 96-7.

**Termination**

Representative rates per 1,000 participants varying by age and service*:

**Representative Termination Rates**

| Rate per 1,000 participants | |
|---|---|
| Age | 3 + Years of Service |
| 25 | 170.0 |
| 30 | 94.0 |
| 35 | 67.0 |
| 40 | 50.0 |
| 45 | 38.0 |
| 50 | 27.0 |
| 55 | 16.0 |

*30% annual turnover in first 3 years

# SCHEDULE SB ATTACHMENTS

**Disability**

Representative incidences per 1,000 participants. All future disabled participants are assumed to become eligible for Social Security disability benefits. The rates at which participants become disabled by age are shown below:

| Rate per 1,000 participants | |
|---|---|
| Age | |
| 25 | 0.90 |
| 30 | 1.10 |
| 35 | 1.40 |
| 40 | 1.90 |
| 45 | 3.00 |
| 50 | 5.10 |
| 55 | 9.60 |
| 60 | 16.60 |

**Retirement**

Rates varying by age and service.

Representative rates for active employees varying by year per 1,000 participants.

| | Rate per 1,000 participants | |
|---|---|---|
| Age | <30 Years of Service | >= 30 Years of Service |
| 55 | 10 | 10 |
| 56 | 10 | 10 |
| 57 | 10 | 10 |
| 58 | 10 | 50 |
| 59 | 10 | 50 |
| 60 | 25 | 50 |
| 61 | 25 | 50 |
| 62 | 150 | 300 |
| 63 | 150 | 300 |
| 64 | 200 | 300 |
| 65 | 1,000 | 1,000 |

# SCHEDULE SB ATTACHMENTS

**Benefit commencement date:**

| | |
|---|---|
| ▪ Preretirement death benefit | Date the employee would have attained (i) age 55 if death occurs after completion of 85 points (age plus service), (ii) age 60 if death occurs following 10 years of service, or (iii) age 65. |
| ▪ Deferred vested benefit | Age 65 |
| ▪ Disability benefit | Age 65 if less than 10 years of vesting service; otherwise, immediately upon disablement. |
| ▪ Retirement benefit | Upon termination of employment |

**Form of payment** For valuation purposes, participants are assumed to elect a single life annuity benefit payment option upon retirement or termination.

**Percent married** 75% of male and 60% of female employees are assumed to be married.

**Spouse age** Male employees are assumed to have spouses three years younger and female employees to have spouses three years older. This assumption is used to value pre-retirement surviving spouse benefits.

**Transfers** Benefits for employees who transferred into the Axiall Blue Union Plan assume no offset for other plans. Net benefits under the Axiall Blue Union Plan are assumed to be zero for former union employees who transferred from the Axiall Blue Union Plan to the pre-merger Retirement Income Plan (Axiall Blue Salaried Plan) after offsetting for the Retirement Income Plan benefit. Benefits are frozen for employees who transfer out of the Axiall Blue Union Plan.

**At-risk assumptions** For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.

**Administrative expenses** The amount included this year for plan-related expenses is $700,000.

**Timing of benefit payments** Annuity payments are payable monthly at the beginning of the month.

# SCHEDULE SB ATTACHMENTS

| 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. |
| **Actuarial value of assets** | Average of the fair market value of assets on the valuation date and one immediately preceding valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).<br><br>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets |
| **Benefits not valued** | ▪ Lower benefit accruals, larger reductions for early retirement and later normal retirement ages for two Natrium active employees hired after February 16, 2006 compared to those hired before 2006.<br><br>▪ Offset to disability benefits for occupational pension from injury or disease.<br><br>▪ All future disabled participants are assumed to be eligible for Social Security disability or old age benefits. Therefore, the temporary supplemental benefit is not valued for future disabled participants. |
| **Participant data** | In preparing this valuation, we have relied upon financial information and participant data provided to us by Axiall Corporation or its designees. |

# SCHEDULE SB ATTACHMENTS

## Assumptions Rationale - Significant Economic Assumptions

A separate memo delivered with this report dated February 4, 2015 will serve as documentation of the rationale for these valuation assumptions in accordance with our understanding of Actuarial Standards of Practice Nos. 4, 6, and 27. All assumptions were selected based on information known at the measurement date and on the premises that the plan will continue and that no events will occur in 2015 that would cause a remeasurement that may cause Axiall to select different assumptions.

## Assumptions Rationale - Significant Demographic Assumptions

| | |
|---|---|
| **Healthy Mortality** | Assumptions used for funding purposes are as prescribed by IRC §430(h). |
| **Disabled Mortality** | Assumptions used for funding purposes are as prescribed by IRC §430(h). |

## 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. |

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2015**

**This Form is Open to Public Inspection**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ **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.

**A** Name of plan
Eagle US 2 LLC Retirement Pension Plan

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Eagle US 2 LLC

**D** Employer Identification Number (EIN)
46-1269681

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

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

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2015

**2** Assets:

| | | |
|---|---|---|
| a Market value | 2a | 275,262,122 |
| b Actuarial value | 2b | 274,892,106 |

**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 | 1,052 | 147,366,812 | 147,366,812 |
| b For terminated vested participants | 90 | 3,181,372 | 3,181,372 |
| c For active participants | 768 | 57,790,502 | 62,764,390 |
| d Total | 1,910 | 208,338,686 | 213,312,574 |

**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 | 6.24% |
| **6** Target normal cost | 6 | 2,824,154 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

Sara M. Stone SMS
Signature of actuary

08/15/2016
Date

Sara M. Stone
Type or print name of actuary

1407443
Most recent enrollment number

Towers Watson Delaware Inc.
Firm name

404-365-1600
Telephone number (including area code)

3500 Lenox Road
Suite 900
Atlanta GA 30326
Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 50,688,946 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 50,688,946 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 6.78% | 3,436,711 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 0 |
| | b(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 6.46% | | 0 |
| | 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 | | 0 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 54,125,657 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 103.49% |
| 15 | Adjusted funding target attainment percentage | 15 | 128.86% |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 129.77% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |
| | | | Totals ► 18(b) | 0 | 18(c) 0 |

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

| | | |
|---|---|---|
| a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 0 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| | | | |

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

21 Discount rate:

| | 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|---|
| a Segment rates: | 4.72% | 6.11% | 6.81% | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| b Applicable month (enter code) | 21b | 4 |
| 22 Weighted average retirement age | 22 | 64 |

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

## Part VI Miscellaneous Items

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

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

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

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| a Target normal cost (line 6) | 31a | 2,824,154 |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 2,824,154 |

| 32 Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| a Net shortfall amortization installment | 0 | 0 |
| b Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | 33 | 0 |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | 34 | 0 |

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

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

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

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

| | | |
|---|---|---|
| a Schedule elected | | ☐ 2 plus 7 years ☐ 15 years |
| b Eligible plan year(s) for which the election in line 41a was made | | ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011 |
| 42 Amount of acceleration adjustment | 42 | 0 |
| 43 Excess installment acceleration amount to be carried over to future plan years | 43 | 0 |

# SCHEDULE SB ATTACHMENTS

**Schedule SB – Statement by Enrolled Actuary**

| | |
|---|---|
| **Plan Sponsor** | Eagle US 2 LLC |
| **EIN/PN** | 46-1269681/002 |
| **Plan Name** | Eagle US 2 LLC Retirement Pension Plan |
| **Valuation Date** | January 1, 2015 |
| **Enrolled Actuary** | Sara M. Stone |
| **Enrollment Number** | 14-07443 |

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.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22
## Description of Weighted Average Retirement Age
## as of January 1, 2015

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

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26
## Schedule of Active Participant Data as of January 1, 2015

| Attained Age | Years of Credited Service | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Under 1 | | 1 to 4 | | 5 to 9 | | 10 to 14 | | 15 to 19 | | 20 to 24 | | 25 to 29 | | 30 to 34 | | 35 to 39 | | 40 & Over | |
| | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. |
| Under 25 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 25 - 29 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 30 - 34 | 0 | | 0 | | 3 | | 2 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 35 - 39 | 0 | | 1 | | 10 | | 19 | | 7 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 40 - 44 | 1 | | 2 | | 6 | | 52 | | 31 | | 4 | | 1 | | 0 | | 0 | | 0 | |
| 45 - 49 | 1 | | 2 | | 9 | | 28 | | 45 | | 31 | | 9 | | 1 | | 0 | | 0 | |
| 50 - 54 | 1 | | 2 | | 3 | | 28 | | 22 | | 42 | | 30 | | 46 | | 8 | | 0 | |
| 55 - 59 | 2 | | 1 | | 15 | | 14 | | 23 | | 34 | | 36 | | 32 | | 51 | | 0 | |
| 60 - 64 | 2 | | 2 | | 4 | | 6 | | 5 | | 9 | | 11 | | 20 | | 26 | | 5 | |
| 65 - 69 | 0 | | 0 | | 1 | | 3 | | 3 | | 0 | | 2 | | 2 | | 6 | | 3 | |
| 70 & Over | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 3 | |

Plan Name: Eagle US 2 LLC Retirement Pension Plan
EIN / PN: 46-1269681 / 002
Plan Sponsor: Eagle US 2 LLC
Valuation Date: January 1, 2015

# SCHEDULE SB ATTACHMENTS

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

**Economic Assumptions**

**Interest rate basis**:

- Applicable month: September
- Interest rate basis: 3-Segment Rates

**Interest rates:**

| | Reflecting Corridors | Not Reflecting Corridors |
|---|---|---|
| First segment rate | 4.72% | 1.15% |
| Second segment rate | 6.11% | 4.06% |
| Third segment rate | 6.81% | 5.15% |
| Effective interest rate | 6.24% | 4.32% |

**Annual rates of increase**

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

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

**Inclusion date**

The valuation date coincident with or next following the enrollment date on which the employee becomes a participant.

**New or rehired employees**

It was assumed there will be no new or rehired employees.

**Mortality**

- Healthy – Funding: Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2030 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2022 using Scale AA).
- Disabled: Prescribed mortality tables per Revenue Ruling 96-7.

**Termination**

Representative rates per 1,000 participants varying by age and service*:

**Representative Termination Rates**

| Rate per 1,000 participants | |
|---|---|
| Age | 3 + Years of Service |
| 25 | 170.0 |
| 30 | 94.0 |
| 35 | 67.0 |
| 40 | 50.0 |
| 45 | 38.0 |
| 50 | 27.0 |
| 55 | 16.0 |

*30% annual turnover in first 3 years

# SCHEDULE SB ATTACHMENTS

**Disability**

Representative incidences per 1,000 participants. All future disabled participants are assumed to become eligible for Social Security disability benefits. The rates at which participants become disabled by age are shown below:

| Rate per 1,000 participants | |
|---|---|
| Age | |
| 25 | 0.90 |
| 30 | 1.10 |
| 35 | 1.40 |
| 40 | 1.90 |
| 45 | 3.00 |
| 50 | 5.10 |
| 55 | 9.60 |
| 60 | 16.60 |

**Retirement**

Rates varying by age and service.

Representative rates for active employees varying by year per 1,000 participants.

| | Rate per 1,000 participants | |
|---|---|---|
| Age | <30 Years of Service | >= 30 Years of Service |
| 55 | 10 | 10 |
| 56 | 10 | 10 |
| 57 | 10 | 10 |
| 58 | 10 | 50 |
| 59 | 10 | 50 |
| 60 | 25 | 50 |
| 61 | 25 | 50 |
| 62 | 150 | 300 |
| 63 | 150 | 300 |
| 64 | 200 | 300 |
| 65 | 1,000 | 1,000 |

# SCHEDULE SB ATTACHMENTS

**Benefit commencement date:**

| | |
|---|---|
| ▪ Preretirement death benefit | Date the employee would have attained (i) age 55 if death occurs after completion of 85 points (age plus service), (ii) age 60 if death occurs following 10 years of service, or (iii) age 65. |
| ▪ Deferred vested benefit | Age 65 |
| ▪ Disability benefit | Age 65 if less than 10 years of vesting service; otherwise, immediately upon disablement. |
| ▪ Retirement benefit | Upon termination of employment |

**Form of payment** For valuation purposes, participants are assumed to elect a single life annuity benefit payment option upon retirement or termination.

**Percent married** 75% of male and 60% of female employees are assumed to be married.

**Spouse age** Male employees are assumed to have spouses three years younger and female employees to have spouses three years older. This assumption is used to value pre-retirement surviving spouse benefits.

**Transfers** Benefits for employees who transferred into the Axiall Blue Union Plan assume no offset for other plans. Net benefits under the Axiall Blue Union Plan are assumed to be zero for former union employees who transferred from the Axiall Blue Union Plan to the pre-merger Retirement Income Plan (Axiall Blue Salaried Plan) after offsetting for the Retirement Income Plan benefit. Benefits are frozen for employees who transfer out of the Axiall Blue Union Plan.

**At-risk assumptions** For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.

**Administrative expenses** The amount included this year for plan-related expenses is $700,000.

**Timing of benefit payments** Annuity payments are payable monthly at the beginning of the month.

# SCHEDULE SB ATTACHMENTS

| 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. |
| **Actuarial value of assets** | Average of the fair market value of assets on the valuation date and one immediately preceding valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).<br><br>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets |
| **Benefits not valued** | ▪ Lower benefit accruals, larger reductions for early retirement and later normal retirement ages for two Natrium active employees hired after February 16, 2006 compared to those hired before 2006.<br><br>▪ Offset to disability benefits for occupational pension from injury or disease.<br><br>▪ All future disabled participants are assumed to be eligible for Social Security disability or old age benefits. Therefore, the temporary supplemental benefit is not valued for future disabled participants. |
| **Participant data** | In preparing this valuation, we have relied upon financial information and participant data provided to us by Axiall Corporation or its designees. |

# SCHEDULE SB ATTACHMENTS

## Assumptions Rationale - Significant Economic Assumptions

A separate memo delivered with this report dated February 4, 2015 will serve as documentation of the rationale for these valuation assumptions in accordance with our understanding of Actuarial Standards of Practice Nos. 4, 6, and 27. All assumptions were selected based on information known at the measurement date and on the premises that the plan will continue and that no events will occur in 2015 that would cause a remeasurement that may cause Axiall to select different assumptions.

## Assumptions Rationale - Significant Demographic Assumptions

| | |
|---|---|
| **Healthy Mortality** | Assumptions used for funding purposes are as prescribed by IRC §430(h). |
| **Disabled Mortality** | Assumptions used for funding purposes are as prescribed by IRC §430(h). |

## 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. |

# SCHEDULE SB ATTACHMENTS

**Schedule SB, Part V**

**Summary of Plan Provisions**

# Lake Charles

## Plan Provisions

The plan's effective date is February 23, 1955 as amended and restated January 1, 2010 (plan in effect immediately prior to spin-off). The acquired plan document was restated and amended effective January 15, 2015. The plan was most recently amended effective September 1, 2015.

Effective September 1, 2006, the plan was closed to new entrants or rehires.

| | |
|---|---|
| **Covered employees** | Lake Charles employees covered by the Collective Bargaining Agreement with Local Lodge 470 of District 161, International Association of Machinists and Aerospace Workers and hired prior to September 1, 2006 |
| **Participation date** | Date of hire |

## Definitions

| | |
|---|---|
| **Vesting service** | Continuous service from date of hire. Generally, a year of vesting service is earned for each calendar year with 870 hours of service. |
| **Pension service** | Continuous service from date of hire. Generally, a year of pension service is earned for each calendar year with 1,500 hours of service. |
| **Normal retirement date (NRD)** | Last day of the month coinciding with the attainment of age 65 |
| **Monthly accrued benefit** | $51.00 time continuous service |

## Eligibility for Benefits

| | |
|---|---|
| **Normal retirement** | Age 65 |
| **Early retirement** | Age 60 with 10 years continuous service or age 55 with age plus years of service equal to at least 85, if earlier |
| **Postponed retirement** | Retirement after normal retirement |
| **Vested termination** | Termination for reasons other than death or retirement after completing five years of vesting service or attainment of normal retirement. |

| | |
|---|---|
| Plan Name: | Eagle US 2 LLC Retirement Pension Plan |
| EIN / PN: | 46-1269681 / 002 |
| Plan Sponsor: | Eagle US 2 LLC |
| Valuation Date: | January 1, 2015 |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Disability** | 10 years continuous service and disability must be total and permanent, first eligible following 6 months of disability or earlier if terminal |
| **Preretirement death benefit** | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse |
| **Special Early Supplement** | Age 55 plus 30 years continuous service |

## Benefits Paid Upon the Following Events

| | |
|---|---|
| **Normal retirement** | Accrued benefit payable immediately |
| **Early retirement** | Accrued benefit reduced by 2.4% for each year prior to 60 or for each year of service less than 35, whichever results in the lesser reduction. |
| **Postponed retirement** | The monthly pension benefit determined as of the actual retirement date. |
| **Vested termination** | Accrued benefit reduced 6.667% per year for commencement prior to normal retirement age if separation from service occurs prior to early retirement. Commencement after normal retirement age is applied retroactively to normal retirement. |
| **Disability** | Accrued benefit payable immediately plus a monthly temporary supplement equal to $15.00 times continuous service. Temporary supplement ends following age 62 or upon eligibility for Social Security disability or old age benefits. |
| **Preretirement death** | Surviving spouse receives 60% of benefit calculated as if participant retired early at first possible date and elected a Joint and Survivor Annuity with 60% continuing to the beneficiary. |
| **Special Early Supplement** | Monthly temporary supplement of $550.00 payable to 62. |

# SCHEDULE SB ATTACHMENTS

## Other Plan Provisions

| | |
|---|---|
| **Forms of payment** | Monthly pension benefits are paid as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 60% Joint and Survivor Annuity option or, if the participant elects and the spouse consents, another optional form offered by the plan. Optional forms include 50%, 75% and 100% Joint and Survivor Annuities. Reduction for Joint and Survivor Annuity options are based on the plan's reduction factors.<br><br>Lump sum cashout if the present value of benefit is $5,000 or less. |
| **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

No future plan changes were recognized in determining minimum and maximum contributions. The Company amended the Union Plan, effective September 1, 2015 to incorporate changes negotiated by the Lake Charles Union. These changes are not material to the valuation, and therefore, are not reflected in the valuation.

## Changes in Benefits Valued Since Prior Year for Lake Charles

The Company amended the Union Plan, effective October 20, 2014 and November 7, 2014, (i) to provide for mandatory cash outs for Participants who are no longer employed or terminate employment and whose accrued benefits have a present value in excess of $1,000 but no exceeding $5,000 and (ii) to temporarily add a voluntary lump sum distribution option for eligible participants.

No other significant changes apart from statutory changes in benefit limits.

# SCHEDULE SB ATTACHMENTS

# Natrium

## Plan Provisions

The original plan's effective date is July 2, 1956, as amended and restated January 1, 2010 (plan in effect immediately prior to spin-off). The acquired plan document was restated and amended effective January 15, 2015. The plan was most recently amended effective September 1, 2015.

Effective August 19, 2010, the plan was closed to new entrants or rehires.

Effective December 31, 2013, benefit accruals were frozen for participants hired on or after February 16, 2006 and before August 19, 2010 coincident with certain other changes for the same participants.

| | |
|---|---|
| **Covered employees** | Natrium employees covered by the Collective Bargaining Agreement with The International Chemical Workers' Union Council and its Local No. 45C and hired prior to August 19, 2010 |
| **Participation date** | Date of hire |

## Definitions

| | |
|---|---|
| **Vesting service** | Continuous service from date of hire. Generally, a year of vesting service is earned for each calendar year with 870 hours of service. |
| **Pension service** | Hired prior to February 16, 2006<br>Continuous service from date of hire. Generally, a year of pension service is earned for each calendar year with 1,500 hours of service.<br><br>Hired on or after February 16, 2006<br>Service frozen December 31, 2013 |
| **Normal retirement date (NRD)** | Hired prior to February 16, 2006<br>Last day of the month coinciding the attainment of age 65<br><br>Hired on or after February 16, 2006<br>Prior to December 31, 2013: last day of the month coinciding the attainment of Social Security Normal Retirement Age (SSNRA)<br><br>Effective December 31, 2013: last day of the month coinciding the attainment of age 65. |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Monthly accrued benefit** | Hired prior to February 16, 2006<br>$51.00 times continuous service<br><br>Hired on or after February 16, 2006<br>Prior to December 31, 2013: $33.00 times continuous service<br><br>Effective December 31, 2013: $51.00 times continuous service. |

## Eligibility for Benefits

| | |
|---|---|
| **Normal retirement** | Hired prior to February 16, 2006<br>Age 65<br><br>Hired on or after February 16, 2006<br>Prior to December 31, 2013: SSNRA<br><br>Effective December 31, 2013: age 65 |
| **Early retirement** | Hired prior to February 16, 2006<br>Age 60 with 10 years continuous service or age 55 with age plus years of service equal to at least 85, if earlier<br><br>Hired on or after February 16, 2006<br>Prior to December 31, 2013: age 60 with 10 years continuous service<br><br>Effective December 31, 2013: age 60 with 10 years continuous service or age 55 with age plus years of service equal to at least 85, if earlier. |
| **Postponed retirement** | Retirement after normal retirement |
| **Vested termination** | Termination for reasons other than death or retirement after completing five years of vesting service or attainment of normal retirement |
| **Disability** | 10 years continuous service and disability must be total and permanent, first eligible following 6 months of disability or earlier if terminal |
| **Preretirement death benefit** | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse |
| **Special Early Supplement** | Age 55 plus 30 years continuous service |

# SCHEDULE SB ATTACHMENTS

## Benefits Paid Upon the Following Events

| | |
|---|---|
| **Normal retirement** | Accrued benefit payable immediately |
| **Early retirement** | Hired prior to February 16, 2006<br>Accrued benefit reduced by 2.4% for each year prior to 60 or for each year of service less than 35, whichever results in the lesser reduction<br><br>Hired on or after February 16, 2006<br>Prior to December 31, 2013: accrued benefit reduced by 2.4% for each year prior to SSNRA<br><br>Effective December 31, 2013: accrued benefit reduced by 2.4% for each year prior to 60 or for each year of service less than 35, whichever results in the lesser reduction. |
| **Postponed retirement** | The monthly pension benefit determined as of the actual retirement date |
| **Vested termination** | Accrued benefit reduced 6.667% per year for commencement prior to normal retirement age if separation from service occurs prior to early retirement. Commencement after normal retirement age is applied retroactively to normal retirement. |
| **Disability** | Hired prior to February 16, 2006<br>Accrued benefit payable immediately plus a monthly temporary supplement equal to $17.50 times continuous service.<br><br>Hired on or after February 16, 2006<br><br>Prior to December 31, 2013: Accrued benefit payable immediately plus a monthly temporary supplement equal to $10.00 times continuous service.<br><br>Effective December 31, 2013: Accrued benefit payable immediately plus a monthly temporary supplement equal to $17.50 times continuous service.<br><br>Temporary supplements above end following age 62 or upon eligibility for Social Security disability or old age benefits. Total disability benefit is offset for any occupational pension from injury or disease. |
| **Preretirement death** | Surviving spouse receives 60% of benefit calculated as if participant retired early at first possible date and elected a Joint and Survivor Annuity with 60% continuing to the beneficiary. |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Special Early Supplement** | Hired prior to February 16, 2006<br>Monthly temporary supplement of $550.00 payable to 62.<br>Hired on or after February 16, 2006<br>Not eligible. |

## Other Plan Provisions

| | |
|---|---|
| **Forms of payment** | Monthly pension benefits are paid as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 60% Joint and Survivor Annuity option or, if the participant elects and the spouse consents, another optional form offered by the plan. Optional forms include 50%, 75% and 100% Joint and Survivor Annuities. Reduction for Joint and Survivor Annuity options are based on the plan's reduction factors.<br>Lump sum cashout if the present value of benefit is $5,000 or less. |
| **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

No future plan changes were recognized in determining minimum and maximum contributions. The Company amended the Union Plan, effective September 1, 2015 to incorporate changes negotiated by the Lake Charles Union. These changes are not material to the valuation, and therefore, are not reflected in the valuation.

## Changes in Benefits Valued Since Prior Year for Natrium

The Company amended the Union Plan, effective October 20, 2014 and November 7, 2014, (i) to provide for mandatory cash outs for Participants who are no longer employed or terminate employment and whose accrued benefits have a present value in excess of $1,000 but no exceeding $5,000 and (ii) to temporarily add a voluntary lump sum distribution option for eligible participants.

No other significant changes apart from statutory changes in benefit limits.

# SCHEDULE SB ATTACHMENTS

**Schedule SB – Statement by Enrolled Actuary**

| | |
|---|---|
| **Plan Sponsor** | Eagle US 2 LLC |
| **EIN/PN** | 46-1269681/002 |
| **Plan Name** | Eagle US 2 LLC Retirement Pension Plan |
| **Valuation Date** | January 1, 2015 |
| **Enrolled Actuary** | Sara M. Stone |
| **Enrollment Number** | 14-07443 |

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.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22
## Description of Weighted Average Retirement Age
## as of January 1, 2015

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

# SCHEDULE SB ATTACHMENTS

**Schedule SB, Part V**

**Summary of Plan Provisions**

# Lake Charles

## Plan Provisions

The plan's effective date is February 23, 1955 as amended and restated January 1, 2010 (plan in effect immediately prior to spin-off). The acquired plan document was restated and amended effective January 15, 2015. The plan was most recently amended effective September 1, 2015.

Effective September 1, 2006, the plan was closed to new entrants or rehires.

| | |
|---|---|
| **Covered employees** | Lake Charles employees covered by the Collective Bargaining Agreement with Local Lodge 470 of District 161, International Association of Machinists and Aerospace Workers and hired prior to September 1, 2006 |
| **Participation date** | Date of hire |

## Definitions

| | |
|---|---|
| **Vesting service** | Continuous service from date of hire. Generally, a year of vesting service is earned for each calendar year with 870 hours of service. |
| **Pension service** | Continuous service from date of hire. Generally, a year of pension service is earned for each calendar year with 1,500 hours of service. |
| **Normal retirement date (NRD)** | Last day of the month coinciding with the attainment of age 65 |
| **Monthly accrued benefit** | $51.00 time continuous service |

## Eligibility for Benefits

| | |
|---|---|
| **Normal retirement** | Age 65 |
| **Early retirement** | Age 60 with 10 years continuous service or age 55 with age plus years of service equal to at least 85, if earlier |
| **Postponed retirement** | Retirement after normal retirement |
| **Vested termination** | Termination for reasons other than death or retirement after completing five years of vesting service or attainment of normal retirement. |

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|---|---|
| Plan Name: | Eagle US 2 LLC Retirement Pension Plan |
| EIN / PN: | 46-1269681 / 002 |
| Plan Sponsor: | Eagle US 2 LLC |
| Valuation Date: | January 1, 2015 |

# SCHEDULE SB ATTACHMENTS

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|---|---|
| **Disability** | 10 years continuous service and disability must be total and permanent, first eligible following 6 months of disability or earlier if terminal |
| **Preretirement death benefit** | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse |
| **Special Early Supplement** | Age 55 plus 30 years continuous service |

## Benefits Paid Upon the Following Events

| | |
|---|---|
| **Normal retirement** | Accrued benefit payable immediately |
| **Early retirement** | Accrued benefit reduced by 2.4% for each year prior to 60 or for each year of service less than 35, whichever results in the lesser reduction. |
| **Postponed retirement** | The monthly pension benefit determined as of the actual retirement date. |
| **Vested termination** | Accrued benefit reduced 6.667% per year for commencement prior to normal retirement age if separation from service occurs prior to early retirement. Commencement after normal retirement age is applied retroactively to normal retirement. |
| **Disability** | Accrued benefit payable immediately plus a monthly temporary supplement equal to $15.00 times continuous service. Temporary supplement ends following age 62 or upon eligibility for Social Security disability or old age benefits. |
| **Preretirement death** | Surviving spouse receives 60% of benefit calculated as if participant retired early at first possible date and elected a Joint and Survivor Annuity with 60% continuing to the beneficiary. |
| **Special Early Supplement** | Monthly temporary supplement of $550.00 payable to 62. |

# SCHEDULE SB ATTACHMENTS

## Other Plan Provisions

| | |
|---|---|
| **Forms of payment** | Monthly pension benefits are paid as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 60% Joint and Survivor Annuity option or, if the participant elects and the spouse consents, another optional form offered by the plan. Optional forms include 50%, 75% and 100% Joint and Survivor Annuities. Reduction for Joint and Survivor Annuity options are based on the plan's reduction factors.<br><br>Lump sum cashout if the present value of benefit is $5,000 or less. |
| **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

No future plan changes were recognized in determining minimum and maximum contributions. The Company amended the Union Plan, effective September 1, 2015 to incorporate changes negotiated by the Lake Charles Union. These changes are not material to the valuation, and therefore, are not reflected in the valuation.

## Changes in Benefits Valued Since Prior Year for Lake Charles

The Company amended the Union Plan, effective October 20, 2014 and November 7, 2014, (i) to provide for mandatory cash outs for Participants who are no longer employed or terminate employment and whose accrued benefits have a present value in excess of $1,000 but no exceeding $5,000 and (ii) to temporarily add a voluntary lump sum distribution option for eligible participants.

No other significant changes apart from statutory changes in benefit limits.

# SCHEDULE SB ATTACHMENTS

# Natrium

## Plan Provisions

The original plan's effective date is July 2, 1956, as amended and restated January 1, 2010 (plan in effect immediately prior to spin-off). The acquired plan document was restated and amended effective January 15, 2015. The plan was most recently amended effective September 1, 2015.

Effective August 19, 2010, the plan was closed to new entrants or rehires.

Effective December 31, 2013, benefit accruals were frozen for participants hired on or after February 16, 2006 and before August 19, 2010 coincident with certain other changes for the same participants.

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|---|---|
| **Covered employees** | Natrium employees covered by the Collective Bargaining Agreement with The International Chemical Workers' Union Council and its Local No. 45C and hired prior to August 19, 2010 |
| **Participation date** | Date of hire |

## Definitions

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|---|---|
| **Vesting service** | Continuous service from date of hire. Generally, a year of vesting service is earned for each calendar year with 870 hours of service. |
| **Pension service** | Hired prior to February 16, 2006<br>Continuous service from date of hire. Generally, a year of pension service is earned for each calendar year with 1,500 hours of service.<br><br>Hired on or after February 16, 2006<br>Service frozen December 31, 2013 |
| **Normal retirement date (NRD)** | Hired prior to February 16, 2006<br>Last day of the month coinciding the attainment of age 65<br><br>Hired on or after February 16, 2006<br>Prior to December 31, 2013: last day of the month coinciding the attainment of Social Security Normal Retirement Age (SSNRA)<br><br>Effective December 31, 2013: last day of the month coinciding the attainment of age 65. |

# SCHEDULE SB ATTACHMENTS

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| **Monthly accrued benefit** | Hired prior to February 16, 2006<br>$51.00 times continuous service<br><br>Hired on or after February 16, 2006<br>Prior to December 31, 2013: $33.00 times continuous service<br><br>Effective December 31, 2013: $51.00 times continuous service. |

## Eligibility for Benefits

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|---|---|
| **Normal retirement** | Hired prior to February 16, 2006<br>Age 65<br><br>Hired on or after February 16, 2006<br>Prior to December 31, 2013: SSNRA<br><br>Effective December 31, 2013: age 65 |
| **Early retirement** | Hired prior to February 16, 2006<br>Age 60 with 10 years continuous service or age 55 with age plus years of service equal to at least 85, if earlier<br><br>Hired on or after February 16, 2006<br>Prior to December 31, 2013: age 60 with 10 years continuous service<br><br>Effective December 31, 2013: age 60 with 10 years continuous service or age 55 with age plus years of service equal to at least 85, if earlier. |
| **Postponed retirement** | Retirement after normal retirement |
| **Vested termination** | Termination for reasons other than death or retirement after completing five years of vesting service or attainment of normal retirement |
| **Disability** | 10 years continuous service and disability must be total and permanent, first eligible following 6 months of disability or earlier if terminal |
| **Preretirement death benefit** | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse |
| **Special Early Supplement** | Age 55 plus 30 years continuous service |

# SCHEDULE SB ATTACHMENTS

## Benefits Paid Upon the Following Events

| | |
|---|---|
| **Normal retirement** | Accrued benefit payable immediately |
| **Early retirement** | Hired prior to February 16, 2006<br>Accrued benefit reduced by 2.4% for each year prior to 60 or for each year of service less than 35, whichever results in the lesser reduction<br><br>Hired on or after February 16, 2006<br>Prior to December 31, 2013: accrued benefit reduced by 2.4% for each year prior to SSNRA<br><br>Effective December 31, 2013: accrued benefit reduced by 2.4% for each year prior to 60 or for each year of service less than 35, whichever results in the lesser reduction. |
| **Postponed retirement** | The monthly pension benefit determined as of the actual retirement date |
| **Vested termination** | Accrued benefit reduced 6.667% per year for commencement prior to normal retirement age if separation from service occurs prior to early retirement. Commencement after normal retirement age is applied retroactively to normal retirement. |
| **Disability** | Hired prior to February 16, 2006<br>Accrued benefit payable immediately plus a monthly temporary supplement equal to $17.50 times continuous service.<br><br>Hired on or after February 16, 2006<br><br>Prior to December 31, 2013: Accrued benefit payable immediately plus a monthly temporary supplement equal to $10.00 times continuous service.<br><br>Effective December 31, 2013: Accrued benefit payable immediately plus a monthly temporary supplement equal to $17.50 times continuous service.<br><br>Temporary supplements above end following age 62 or upon eligibility for Social Security disability or old age benefits. Total disability benefit is offset for any occupational pension from injury or disease. |
| **Preretirement death** | Surviving spouse receives 60% of benefit calculated as if participant retired early at first possible date and elected a Joint and Survivor Annuity with 60% continuing to the beneficiary. |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Special Early Supplement** | Hired prior to February 16, 2006<br>Monthly temporary supplement of $550.00 payable to 62.<br>Hired on or after February 16, 2006<br>Not eligible. |

## Other Plan Provisions

| | |
|---|---|
| **Forms of payment** | Monthly pension benefits are paid as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 60% Joint and Survivor Annuity option or, if the participant elects and the spouse consents, another optional form offered by the plan. Optional forms include 50%, 75% and 100% Joint and Survivor Annuities. Reduction for Joint and Survivor Annuity options are based on the plan's reduction factors.<br>Lump sum cashout if the present value of benefit is $5,000 or less. |
| **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

No future plan changes were recognized in determining minimum and maximum contributions. The Company amended the Union Plan, effective September 1, 2015 to incorporate changes negotiated by the Lake Charles Union. These changes are not material to the valuation, and therefore, are not reflected in the valuation.

## Changes in Benefits Valued Since Prior Year for Natrium

The Company amended the Union Plan, effective October 20, 2014 and November 7, 2014, (i) to provide for mandatory cash outs for Participants who are no longer employed or terminate employment and whose accrued benefits have a present value in excess of $1,000 but no exceeding $5,000 and (ii) to temporarily add a voluntary lump sum distribution option for eligible participants.

No other significant changes apart from statutory changes in benefit limits.