

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 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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☒		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>SAINT-GOBAIN RETIREMENT INCOME PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>004</u>
		1c	Effective date of plan <u>07/01/1941</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SAINT-GOBAIN DELAWARE CORPORATION</u> <u>20 MOORES ROAD</u> <u>MALVERN, PA 19355</u>	2b	Employer Identification Number (EIN) <u>23-2615170</u>
		2c	Plan Sponsor's telephone number <u>610-893-6000</u>
		2d	Business code (see instructions) <u>327900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2017	JOHN SWEENEY
	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 BENEFITS COMMITTEE C/O SAINT-GOBAIN CORPORATION 20 MOORES ROAD MALVERN, PA 19355	3b Administrator's EIN 23-2615166
	3c Administrator's telephone number 610-893-6000
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 34827
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6a(1) 10582 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6a(2) 10767 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6b 11457 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6c 10028 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6d 32252 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6e 2482 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6f 34734 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6g </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> 6h 195 </div>
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: 1A 1B 1C 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan SAINT-GOBAIN RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 SAINT-GOBAIN DELAWARE CORPORATION	D Employer Identification Number (EIN) 23-2615170

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	004134	121	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 86890**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 87284**c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3) 27652

(4) Transferred from separate account

7c(4)

(5) Other (specify below)

7c(5) 38330

▶ CHANGE IN ANNUITY ALLOCATION

(6) Total additions **7c(6)** 65982**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 153266**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1) 49248

(2) Administration charge made by carrier.....

7e(2) 17035

(3) Transferred to separate account

7e(3)

(4) Other (specify below)

7e(4) 93

▶ PRIOR PERIOD INTEREST RATE CHANGES

(5) Total deductions **7e(5)** 66376**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 86890

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>SAINT-GOBAIN RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SAINT-GOBAIN DELAWARE CORPORATION</u>	D Employer Identification Number (EIN) <u>23-2615170</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>2684236171</u>
b Actuarial value	2b <u>2764166213</u>
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.....	<u>13530</u> <u>1197150747</u> <u>1197150747</u>
b For terminated vested participants.....	<u>10900</u> <u>371006150</u> <u>371006150</u>
c For active participants.....	<u>10582</u> <u>641910490</u> <u>665966707</u>
d Total.....	<u>35012</u> <u>2210067387</u> <u>2234123604</u>
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 <u>6.09 %</u>
6 Target normal cost.....	6 <u>44997565</u>

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		<u>09/29/2017</u>
	Signature of actuary	Date
<u>DAVID WILICK</u>	Type or print name of actuary	<u>17-05498</u>
		Most recent enrollment number
<u>MERCER</u>	Firm name	<u>609-520-2548</u>
<u>ONE UNIVERSITY SQUARE DRIVE</u> <u>SUITE 100</u> <u>PRINCETON, NJ 08540-6455</u>	Address of the firm	Telephone number (including area code)

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	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)	0	0
10	Interest on line 9 using prior year's actual return of <u>-1.84</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		565170828
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.29</u> %		35549245
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		600720073
d	Portion of (c) to be added to prefunding balance		600720073
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	600720073

Part III		Funding Percentages	
14	Funding target attainment percentage	14	96.83%
15	Adjusted funding target attainment percentage	15	123.72%
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	102.19%
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	
09/15/2017	205000000	0	
		Totals ►	18(b) 205000000 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 185353924
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:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
b	Applicable month (enter code)	21b	4			
22	Weighted average retirement age	22	62			
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute					
Part VI	Miscellaneous Items					
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No					
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No					
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No					
27	If the plan is 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	44997565			
b	Excess assets, if applicable, but not greater than line 31a	31b	0			
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	44997565			
		Carryover balance	Prefunding balance			
35	Balances elected for use to offset funding requirement	0	0			
36	Additional cash requirement (line 34 minus line 35)	36	44997565			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	185353924			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	140356359			
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				
43	Excess installment acceleration amount to be carried over to future plan years	43				

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan SAINT-GOBAIN RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 SAINT-GOBAIN DELAWARE CORPORATION	D Employer Identification Number (EIN) 23-2615170

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation CAPITAL INTERNATIONAL, INC.

95-4154361

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation EATON VANCE TRUST COMPANY	TWO INTERNATIONAL PLACE BOSTON, MA 02110
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 14 17 50	NONE KNOWN	2395316	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INSTITUTIONAL ASSET MGT

04-3532603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52 68	NONE KNOWN	1087418	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

MFS INSTITUTIONAL ADVISORS

04-3247425

(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?
27 28 50 51 52 68	NONE KNOWN	1040608	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

STATE STREET BANK AND TRUST COMPANY

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 25 28 50 51 62 99	NONE KNOWN	777789	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

PRUDENTIAL INSURANCE CO.

22-2540245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	599767	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(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?
27 28 50 51	NONE KNOWN	545538	Yes ☐ No ☒	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)

CRAMER ROSENTHAL MCGLYNN, LLC

13-3977282

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE KNOWN	517975	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

LAZARD ASSET MANAGEMENT LLC

13-5545100

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE KNOWN	490578	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

BARROW, HANLEY, MEWHINNEY & STRAUSS

75-2403190

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	463104	Yes ☐ No ☒	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)

TEMPLETON INVESTMENT COUNSEL, LLC

94-3385113

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52 68	NONE KNOWN	445063	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

T ROWE PRICE ASSOCIATES, INC.

52-0556948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE KNOWN	385265	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

NISA INVESTMENT ADVISORS, LLC

48-1140940

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	351364	Yes ☐ No ☒	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)

MARTINGALE ASSET MANAGEMENT, L.P.

04-2956583

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	254872	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY INVESTMENT MGT, INC.

13-3040307

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE KNOWN	239391	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

MORGAN LEWIS & BOCKIUS LLP

23-0891050

(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?
29 50	NONE KNOWN	214634	Yes ☐ No ☒	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)

SAINT-GOBAIN DELAWARE CORPORATION

23-2615170

(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?
14 50	PLAN SPONSOR	190603	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROCATON INVESTMENT ADVISORS, LLC

04-3638035

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	178364	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COLUMBUS CIRCLE INVESTORS

06-1404803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE KNOWN	126442	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

ELKINS MCSHERRY LLC

04-3463496

(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 KNOWN	26250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLOOMBERG FINANCE L.P.

731 LEXINGTON AVENUE
NEW YORK, NY 10022

(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?
49 50	NONE KNOWN	21841	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRICEWATERHOUSE COOPERS LLP

13-4008324

(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 KNOWN	16644	Yes ☐ No ☒	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)

CURCIO WEBB, LLC

36-4171366

(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?
50 70	NONE KNOWN	11619	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLANTE & MORAN PLLC

38-1357951

(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 50	NONE KNOWN	10788	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2016</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016					
A Name of plan SAINT-GOBAIN RETIREMENT INCOME PLAN				B Three-digit plan number (PN)	004
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SAINT-GOBAIN DELAWARE CORPORATION				D Employer Identification Number (EIN) 23-2615170	
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: SAINT-GOBAIN CORP DEF BEN MASTER TR					
b Name of sponsor of entity listed in (a): SAINT-GOBAIN DELAWARE CORPORATION					
c EIN-PN 04-3170702-001		d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2655454524		
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)		

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule D (Form 5500) 2016 v.160205

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
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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) 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
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan SAINT-GOBAIN RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 SAINT-GOBAIN DELAWARE CORPORATION	D Employer Identification Number (EIN) 23-2615170	

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)	640000000	205000000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	2071086039	2655454524
(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)	87284	86890
(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	2711173323 2860541414
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2711173323 2860541414

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	205000000
	(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)	205000000
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)	65889
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	65889
(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)		89139927
(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		294205816

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	131890768	
(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)		131890768
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)	3551316	
(2) Contract administrator fees.....	2i(2)	17035	
(3) Investment advisory and management fees.....	2i(3)	6619492	
(4) Other	2i(4)	2759114	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		12946957
j Total expenses. Add all expense amounts in column (b) and enter total	2j		144837725

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		149368091
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
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		20000000
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 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4014155. (See instructions.)

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 sections 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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>SAINT-GOBAIN RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SAINT-GOBAIN DELAWARE CORPORATION</u>	D Employer Identification Number (EIN) <u>23-2615170</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3581074</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>563</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

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

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

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: <u>40.0</u> % Investment-Grade Debt: <u>59.0</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>1.0</u> % b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☒ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

Saint-Gobain Retirement Income Plan

**Financial Statements
December 31, 2016 and 2015**

Supplemental Schedule as of December 31, 2016

**Saint-Gobain Retirement Income Plan
Index to Financial Statements**

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Independent Auditor's Report

To the Participants and Administrator
Saint-Gobain Retirement Income Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Saint-Gobain Retirement Income Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2016 and 2015 and the related statement of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2015 and the related statement of changes in accumulated plan 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (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 8, which was certified by State Street Bank & Trust Company (the "Trustee") and Aetna Life Insurance Company (the "Custodian"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee and the Custodian hold the Plan's investment assets and execute related transactions. The plan administrator has obtained certifications from the Trustee and the Custodian as of and for the years ended December 31, 2016 and 2015 that the information provided to the plan administrator by the Trustee and the Custodian is complete and accurate.

To the Participants and Administrator
Saint-Gobain Retirement Income Plan

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2016 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under 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.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee and the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moran, PLLC

Schaumburg, Illinois
October 2, 2017

Saint-Gobain Retirement Income Plan
Statement of Net Assets Available for Benefits
December 31, 2016 and 2015

	December 31, 2016	December 31, 2015
<hr/>		
Assets		
Investments		
Plan interest in Saint-Gobain Corporation		
Defined Benefit Master Trust (Note 3)	\$ 2,655,454,524	\$ 2,071,086,039
Immediate participation guarantee contract		
at contract value (Note 2)	86,890	87,284
Total investments	<u>2,655,541,414</u>	<u>2,071,173,323</u>
Employer contributions receivable	205,000,000	640,000,000
Net Assets Available for Benefits	<u><u>\$ 2,860,541,414</u></u>	<u><u>\$ 2,711,173,323</u></u>

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

Saint-Gobain Retirement Income Plan
Statement of Changes in Net Assets Available for Benefits
December 31, 2016 and 2015

Years Ended December 31,	2016	2015
Additions		
Investment income (loss)		
Plan interest in Saint-Gobain Corporation		
Defined Benefit Master Trust		
investment income (loss) (Note 3)	\$ 89,139,927	\$ (33,591,982)
Interest income	16,641	429
Total investment income (loss)	89,156,568	(33,591,553)
Employer contributions	205,000,000	640,000,000
Total additions	294,156,568	606,408,447
Deductions		
Benefits paid	131,841,520	120,342,255
Investment and administrative expenses	12,946,957	22,751,909
Total deductions	144,788,477	143,094,164
Net Increase	149,368,091	463,314,283
Net Assets Available for Benefits		
Beginning of year	2,711,173,323	2,247,859,040
End of year	\$ 2,860,541,414	\$ 2,711,173,323

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

Saint-Gobain Retirement Income Plan
Statement of Accumulated Plan Benefits
December 31, 2015

	December 31, 2015
<hr/>	
Actuarial Present Value of Accumulated Plan Benefits	
Vested benefits	
Participants receiving benefit payments	\$ 1,426,335,140
Other vested participants	1,385,838,686
Total vested benefits	<u>2,812,173,826</u>
Non-vested benefits	<u>24,547,174</u>
Total Actuarial Present Value of Accumulated Plan Benefits (Note 2)	<u><u>\$ 2,836,721,000</u></u>

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

Saint-Gobain Retirement Income Plan
Statement of Changes in Accumulated Plan Benefits
December 31, 2015

Year Ended December 31,	2015
<hr/>	
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 2,860,588,766
Increase (decrease) during the year attributable to:	
Benefits accumulated and gains	75,081,067
Interest due to decrease in discount period	111,816,135
Assumption change	(90,427,267)
Benefits paid	(120,342,255)
Plan amendments (Note 2)	4,554
Net decrease	<u>(23,867,766)</u>
Total Actuarial Present Value of Accumulated Plan Benefits at End of Year (Note 2)	<u><u>\$ 2,836,721,000</u></u>

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

Saint-Gobain Retirement Income Plan
Notes to Financial Statements
December 31, 2016 and 2015

1. Description of Plan

The description of the Saint-Gobain Retirement Income Plan (the “Plan”) in the Notes to the Financial Statements provides general summary information. Participants should refer to the plan document for a more complete description of the Plan.

General

The Plan is a defined benefit pension plan administered by Saint-Gobain Corporation (“SGC”), an indirect wholly owned subsidiary of Compagnie de Saint-Gobain (“CSG”) of Paris, France. Substantially all of the employees of SGC and its subsidiaries and certain affiliates of CSG (the “Company”) in the United States (“U.S.”) are covered by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan is an amalgamation of predecessor plans and plan amendments with requirements and benefits varying considerably by location and/or business unit. The Plan assets, except for the immediate participation guarantee contract, are held by the Saint-Gobain Corporation Defined Benefit Master Trust (the “Trust”) (see note 3).

Pension Benefits

Individuals, hired before January 1, 2001, with five or more years of service are entitled to annual pension benefits beginning at normal retirement age of 65. Benefits are calculated as a percentage of annual compensation per years of service or as a flat dollar amount per years of service. Eligibility for early retirement with reduced benefits begins either at age 50 or age 55, after completion of 5 to 15 years of service. Participants may normally elect to receive their pension benefits in the form of a life annuity, a joint and survivor annuity, or as life annuity with a certain period. A participant may elect to receive the present value of their accumulated plan benefit as a lump-sum distribution upon retirement or termination provided it does not exceed \$10,000.

Eligible individuals, hired on or after January 1, 2001, earn benefits computed in accordance with a cash balance formula which vest after three years of service. Participant accounts earn pay credits, a percentage of eligible earnings based on their years of service, as follows: 1 to 8 years – 3%; 9 to 15 years – 3.5%; 16 or more years – 4%. In addition, the participant accounts earn interest credits, reset annually, based on the average yield of the 30-year U.S. Treasury Bond over a twelve-month period beginning with the month of November of the prior year.

Death and Disability Benefits

Generally, if a married participant hired before January 1, 2001, dies prior to receiving retirement benefits, a death benefit equal to 50% (joint and survivor benefits) of the participant’s pension is paid to the participant’s spouse. Other survivor benefits for participants hired before January 1, 2001, at some locations and/or business units may be different from those previously described.

If a participant hired on or after January 1, 2001, dies prior to receiving their retirement benefit, their vested account balance under the cash balance formula is paid to their survivor.

Active participants who become totally and permanently disabled may continue to accrue benefits until normal retirement date at the same earnings rate in effect at the time of their change in status. Disability benefits vary by location and/or business unit and may be different from those previously described.

Saint-Gobain Retirement Income Plan
Notes to Financial Statements
December 31, 2016 and 2015

1. Description of Plan (continued)

Investment and Administrative Expenses

The Plan pays all investment and administrative expenses.

2. Summary of Significant Accounting Policies

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the U.S. requires management 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 at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's interest in the Trust is stated at fair value (see note 3). Interest bearing cash is valued at its outstanding balance. For purposes of determining the fair value of the assets held by the Trust, investments in corporate stocks and certain registered investment companies are stated at fair market value using quoted market prices of a national securities exchange. The investments in government securities, and corporate debt instruments are valued using quoted market prices and/or other market data for the same or comparable instruments or transactions in establishing the prices, discounted cash flow models, or other pricing models. Common and collective trusts and certain registered investment companies are valued at net asset value per share (or its equivalent) of the fund, based on the fair market values of the underlying net assets.

The Immediate Participation Guarantee Contract with Aetna Life Insurance Company ("Aetna") covers approximately 120 hourly employees, principally from a plant in Kansas. Benefits are paid and guaranteed by Aetna. The contract is recorded at contract value which represents costs plus accrued interest income less withdrawals. Contract value of the Aetna contract was \$86,890 and \$87,284 as of December 31, 2016 and 2015, respectively.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. The Trust allows for the use of derivatives to help manage its investment mix in accordance with its investment strategy and policy. The derivatives most commonly used are highly-liquid exchange-traded futures. The use of derivative instruments is not believed to materially increase the credit or market risk of the Trust's investments.

During 2016 and 2015, the Trust entered into foreign currency, equity and interest rate futures contracts, with the objective of gaining exposure to the foreign currency, equity and interest rate markets, in order to maintain its investment mix in accordance with its investment strategy and policy. Futures contracts are valued at their quoted daily settlement prices. Fluctuations in the value of the contracts are recorded in the Trust's Statement of Net Assets Available for Benefits as an asset or liability, and in the Statement of Changes in Net Assets Available for Benefits as part of investment income (loss).

Saint-Gobain Retirement Income Plan
Notes to Financial Statements
December 31, 2016 and 2015

2. Summary of Significant Accounting Policies (continued)

Contributions to the Trust and payments of retirement benefits are accounted for specifically by the Plan. The Plan's relative interest in the Trust is determined based on its proportionate share of assets contributed to the Trust, as adjusted for contributions and retirement benefits (see note 3). Realized gains and losses from security transactions and the change in unrealized appreciation or depreciation of investments and net investment income (interest and dividend income less expenses) are allocated monthly to the Plan based on its relative interest in the Trust. The Plan has an undivided interest in the Trust.

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 or have been credited. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered or credited to the valuation date. Benefits provided by annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial method in use is the projected unit credit actuarial cost method. The significant assumptions used in the valuation as of December 31, 2015 were as follows:

- | | |
|-------------------------|---|
| 1. Discount rate | 4.25% per annum |
| 2. Retirement age | Rates graded by age, ranging from 55 to 70 and above |
| 3. Mortality table used | Healthy participants: MRP-2007 no collar with generational projection scale MMP-2007. MRP-2007 uses the same underlying data that was used by the Society of Actuaries to develop RP-2014. Disabled participants: Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits. |
| 4. Termination | Rates graded by age, ranging from 20 to 55 |

Saint-Gobain Retirement Income Plan
Notes to Financial Statements
December 31, 2016 and 2015

2. Summary of Significant Accounting Policies (continued)

The valuation reflects changes in actuarial assumptions since the December 31, 2014 valuation. The discount rate increased from 4.00% to 4.25%. The cash balance interest accumulation rate for the Retirement Accumulation Plan increased from 2.75% to 3.00%.

The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits (see note 6).

Recent Accounting Pronouncements

During 2016, the Plan adopted Accounting Standards Update (ASU) Nos. 2015-07, *Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)*, 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960)*, *Defined Contribution Pension Plans (Topic 962)*, and *Health and Welfare Benefit Plans (Topic 965) – I. Fully Benefit-Responsive Investment Contracts, II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient*, and 2016-01, *Financial Instruments – Overall (Subtopic 825-10): Recognition and Measurement of Financial Assets and Financial Liabilities*. ASU No. 2015-07 amended ASC 820, *Fair Value Measurements*, and removed the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share as a practical expedient. Part II of ASU No. 2015-12 was applicable to the Plan, and modified the investment disclosures under ASC 820 and 962. ASU No. 2016-01 exempts all entities that are not public business entities from disclosing fair value information for financial instruments not recorded at fair value. These standards were adopted retrospectively and had no impact on the Plan's net assets or changes in net assets.

In February 2017, the FASB issued ASU No. 2017-06, *Plan Accounting: Defined Benefit Pension Plans (Topic 960)*, *Defined Contribution Pension Plans (Topic 962)* and *Welfare Benefit Plans (Topic 965); Employee Benefit Master Trust Reporting*. The ASU amends the master trust disclosure to require additional disclosures related to the Plan's interest in the master trust. This ASU is effective for fiscal years beginning after December 15, 2018 and is required to be applied retrospectively for all comparative periods presented. Management does not expect the adoption of this ASU to have a significant impact on the Plan's financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 2, 2017, which is the date the financial statements were available to be issued.

3. Fair Value Measurement and Interest in Master Trust

Fair Value Measurement

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the observable and unobservable inputs and valuation techniques used to measure fair value.

Saint-Gobain Retirement Income Plan
Notes to Financial Statements
December 31, 2016 and 2015

3. Fair Value Measurement and Interest in Master Trust (continued)

The fair value hierarchy used to measure fair value into three broad levels is as follows:

Level 1 – In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets and liabilities in active markets, and other inputs such as interest rates and yield curves observable at commonly quoted intervals.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

A summary of net assets held by the Trust including those measured at fair value on a recurring basis as of December 31, 2016 is as follows:

	Total	Level 1	Level 2
Interest bearing cash	\$ 65,348,064	\$ -	\$ 65,348,064
Government securities	797,593,385	-	797,593,385
Corporate debt instruments	717,958,687	-	717,958,687
Corporate stocks	652,310,203	652,310,203	-
Registered investment companies	43,331,609	43,331,609	-
Total investments at fair value	<u>\$ 2,276,541,948</u>	<u>\$ 695,641,812</u>	<u>\$ 1,580,900,136</u>

Investments measured at NAV:

Common/collective trusts	\$ 276,130,405
Registered investment companies	90,508,874
Total investments measured at NAV	<u>\$ 366,639,279</u>

Other assets and liabilities:

Cash	\$ 1,930,309
Receivables	13,916,842
Total assets	<u>15,847,151</u>
Liabilities	<u>3,573,854</u>
Total other assets and liabilities	<u>12,273,297</u>
Net Assets of Master Trust	<u><u>\$ 2,655,454,524</u></u>

Saint-Gobain Retirement Income Plan
Notes to Financial Statements
December 31, 2016 and 2015

3. Fair Value Measurement and Interest in Master Trust (continued)

A summary of net assets held by the Trust including those measured at fair value on a recurring basis as of December 31, 2015 is as follows:

	Total	Level 1	Level 2
Interest bearing cash	\$ 48,285,320	\$ -	\$ 48,285,320
Government securities	509,705,549	-	509,705,549
Corporate debt instruments	450,446,612	-	450,446,612
Corporate stocks	653,862,634	653,862,634	-
Registered investment companies	47,099,002	47,099,002	-
Total investments at fair value	<u>\$ 1,709,399,117</u>	<u>\$ 700,961,636</u>	<u>\$ 1,008,437,481</u>

Investments measured at NAV:

Common/collective trusts	\$ 276,862,436
Registered investment companies	76,192,614
Total investments measured at NAV	<u>\$ 353,055,050</u>

Other assets and liabilities:

Cash	\$ 1,157,662
Receivables	9,870,802
Total assets	<u>11,028,464</u>
Liabilities	<u>2,396,592</u>
Total other assets and liabilities	<u>8,631,872</u>
Net Assets of Master Trust	<u><u>\$ 2,071,086,039</u></u>

Common collective trusts represent investments in actively-managed trusts that invest primarily in equity securities or fixed income investments which may include common stocks, options, futures, corporate bonds, U.S. and non-U.S. municipal securities, and interest rate swaps. Registered investment companies are principally invested in equity securities.

There were no significant redemption restrictions, redemption notification requirements, or unfunded commitments.

Interest in Master Trust

The investments of the Plan, except the Immediate Participation Guarantee Contract, are held in a trust and maintained in the Trust by State Street Bank & Trust Company (the "Trustee"). At December 31, 2016 and 2015, the Plan owned 100.0% of the fair market value of the Trust's net assets.

Investment income (loss) of the Master Trust for the years ended December 31, 2016 and 2015, is as follows:

	2016	2015
Net appreciation/(depreciation) of investments	\$ 44,728,563	\$ (76,514,982)
Dividends and interest	44,411,364	42,923,000
Total investment income (loss) of the Master Trust	<u>\$ 89,139,927</u>	<u>\$ (33,591,982)</u>

Saint-Gobain Retirement Income Plan
Notes to Financial Statements
December 31, 2016 and 2015

3. Fair Value Measurement and Interest in Master Trust (continued)

Derivative Instruments

The Plan investment policies specifically prohibit the use of derivatives for speculative purposes. The Trust holds investments in funds that are party to certain agreements, which are designed to manage exposures to foreign exchange, equity and interest rate risks. Interest rate, equity and foreign currency instruments are used to hedge changes in the fair value of assets that result from interest rate changes, equity and currency fluctuations, or as an efficient substitute for traditional securities. The investment managers, on behalf of the Trust, manage foreign currency, equity and interest rate counterparty credit risks by limiting exposure to and by monitoring the financial condition of counterparties. In the unlikely event that a counterparty fails to meet the terms of a foreign currency, equity or an interest rate instrument, the Trust's risk is limited to the fair value of the instrument.

Derivatives that are assets and/or liabilities are included in investments at fair value in the Statement of Net Assets Available for Benefits. The net assets of the Plan reflect the fair value of the derivative instruments in a loss position as an offset against the fair value of derivative instruments in a gain position. Gains and/or losses arising from derivatives are recognized in current year investment income.

The notional amounts of interest rate future contracts in a buy position were \$34,000,000 and \$19,200,000 as of December 31, 2016 and 2015, respectively. The notional amounts of interest rate future contracts in a sell position were \$21,400,000 and \$15,200,000 as of December 31, 2016 and 2015, respectively. The notional amounts of foreign currency forward contracts were \$472,800 and \$0 as of December 31, 2016 and 2015, respectively.

4. Funding Policy

The Company contributes to the Plan at such times and in such amounts as considered necessary so that contributions are sufficient to provide benefits as actuarially calculated under the terms of the Plan. Contributions to the Plan are designed to fund at least the minimum required by ERISA. The Plan met the minimum funding requirements of ERISA for 2016 and 2015.

5. Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated February 27, 2013, that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

6. Plan Termination

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

Saint-Gobain Retirement Income Plan
Notes to Financial Statements
December 31, 2016 and 2015

6. Plan Termination (continued)

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") up to the applicable limitations.
- c. All other vested benefits not insured by the PBGC.
- d. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. 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; however, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

7. Risks and Uncertainties

Investment securities, in general, are exposed to various risks, including interest rate, market, and credit. Due to the level of the risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect the amounts reported in the Statement of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

The actuarial present value of accumulated plan benefits is determined based on certain economic and demographic assumptions, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in estimates and assumptions in the near term would be material to the financial statements.

8. Unaudited Financial Information

The following information, certified by the Trustee and Aetna as of and for the years ended December 31, 2016 and 2015, was relied upon in the preparation of the financial statements and supplemental schedule:

Information provided by State Street Bank and Trust Company:

1. Trust assets at December 31, 2016 and 2015 (see note 3)
2. Trust investment activity for the years ended December 31, 2016 and 2015 (see note 3)

Saint-Gobain Retirement Income Plan
Notes to Financial Statements
December 31, 2016 and 2015

8. Unaudited Financial Information (continued)

Information provided by Aetna Life Insurance Company:

1. Custodial assets at December 31, 2016 and 2015
2. Investment activity for the years ended December 31, 2016 and 2015

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, no auditing procedures were performed with respect to the information certified by the Trustee and Aetna other than comparison with information contained in the financial statements.

9. Related Party Transactions

Certain investments, such as interest bearing cash, common/collective trusts, and registered investment companies, are managed by the Trustee. The Immediate Participation Guarantee Contract is managed by Aetna. Transactions in these investments, therefore, qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

10. Subsequent Events

In July 2017, the Plan offered a limited window for deferred participants to elect voluntary lump-sum distributions and be removed from the Plan. The election window will be open from October 9, 2017 through November 17, 2017 and payments are scheduled to be made in 2017. The impact of the lump-sum window is not reflected in the Statement of Accumulated Plan Benefits and Statement of Changes in Accumulated Plan Benefits disclosed in the accompanying financial statements.

Schedule SB, Line 26 — Schedule of Active Participant Data**Distribution of active participants and average salary for salaried related plans**

Years of benefit service/average valuation compensation as of January 1, 2016										
Attained age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		247 45,835	1 *							
25-29		504 57,910	124 57,579	2 *						
30-34		506 65,578	216 68,603	73 63,944	5 *					
35-39		438 68,301	228 73,061	164 77,205	108 77,769	3 *				
40-44	1 *	404 72,976	222 79,668	182 82,733	162 82,682	70 78,329	8 *			
45-49		374 77,810	215 83,213	209 79,283	207 95,707	116 83,349	105 78,096	8 *		
50-54		390 75,240	219 81,340	264 88,855	258 94,447	118 98,521	174 85,363	55 86,954	6 *	
55-59		288 73,410	187 79,469	201 78,594	235 89,805	129 87,025	169 88,805	83 96,173	197 82,153	6 *
60-64		122 69,213	95 71,274	133 75,819	172 87,850	70 94,283	95 88,649	47 109,155	99 98,832	81 84,017
65-69		26 67,739	19 *	37 74,180	56 84,710	14 *	10 *	3 *	10 *	15 *
70+		5 *	5 *	12 *	4 *		3 *	3 *		3 *

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average pay for 2015 limited to \$265,000.

* Average pay is not shown for cells with fewer than 20 participants.

Schedule SB, Line 26 — Schedule of Active Participant Data**Distribution of active hourly plan participants with flat dollar benefits**

Years of benefit service as of January 1, 2016										
Attained age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		1								
25-29		3	10	1						
30-34			20	22	5					
35-39		2	30	34	33	2				
40-44		5	27	50	65	28				
45-49		4	19	43	96	42	45			
50-54		2	29	62	71	45	64	35	5	
55-59		1	22	43	61	38	58	51	91	19
60-64			16	20	27	19	30	17	58	49
65-69			3	4	3	5	4	1	7	7
70+			2	1	1	1	1		2	3

Schedule SB, Line 26 — Schedule of Active Participant Data**Distribution of active participants with a cash balance account**

Years of benefit service/average cash balance** as of January 1, 2016										
Attained age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		247 2,617	1 *							
25-29		504 4,528	124 9,764	2 *						
30-34		506 5,498	216 13,500	71 17,727						
35-39		437 6,085	221 15,142	151 25,170	25 25,152	1 *				
40-44		402 6,174	213 16,481	159 28,943	28 19,623	16 *	2 *			
45-49		374 6,880	206 18,618	186 29,878	33 25,290	19 *	13 *			
50-54		388 6,669	218 17,642	229 32,993	37 31,310	17 *	11 *	11 *	2 *	
55-59		286 6,756	181 16,718	170 29,795	31 45,047	17 *	13 *	4 *	17 *	
60-64		122 7,146	94 16,336	113 29,053	21 31,581	9 *	9 *	5 *	13 *	3 *
65-69		26 7,174	19 *	32 28,914	11 *	4 *			1 *	2 *
70+		5 *	5 *	11 *			1 *			1 *

* Average cash balance is not displayed for age/service groupings with fewer than 20 members.

** This scatter displays the average cash balance accounts for active participants with account-based benefits.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions for January 1, 2016 Funding Valuation****Discount rate sponsor elections**

• Segment rates or full yield curve	Segment		
• Look-back months	4		
		<u>Stabilized rates</u>	<u>Nonstabilized rates</u>
• First 5 years		4.43%	1.34%
• Next 15 years		5.91%	4.03%
• Over 20 years		6.65%	5.06%

These assumptions are prescribed by the IRS.

Mortality sponsor elections

- Healthy and disabled participants Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA. These assumptions are prescribed by the IRS.

Cash balance plans

- Interest accumulation rate
 - Retirement Accumulation Plan IAS19 discount rate minus 125 basis points (3.00% for 2016). Historically, the difference between high quality corporate bond rates (used to determine the IAS 19 discount rate) and the 30-Year Treasury rate has been roughly 125 basis points.
 - Carborundum Salaried
 - Regular 5.0%
 - Supplemental 7.5%
- Whipsaw calculations No

Other economic assumptions

- Salary increases 3.50% per year. This assumption has been used historically for the plan and has not produced significant gains or losses. Recent data suggests that it is appropriate for the valuation.
- Social Security wage base 3.25% per year. The Social Security wage base assumption is determined based on an evaluation of the projected inflation rates used by Social Security Trustees.
- Increase in maximum salary and benefit limitations 2.50% per year. This assumption is based on the inflation assumption periodically published by Mercer Investment Consulting in their Capital Market Outlook.
- Expected investment return 6.50% for 2015 and 2016, and 7.50% per year for 2014. The expected rate of return on plan assets is based on the 50th percentile simulated investment return using market capital market assumptions published in Mercer Investment Consulting's *Capital Markets Outlook* for the plan's target asset mix. For 2015 and 2016, alpha is assumed to equal investment expenses.

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

- Expenses

Expenses for the current year are assumed equal to expenses from the prior year, adjusted by the expected change in PBGC premiums. For 2016, expenses are assumed to be \$5,812,000.

Demographic assumptions

- Withdrawal

Attained age	Withdrawal rate	
	Less than 5 years of service	5 or more years of service
20	36%	26%
25	31	21
30	24	14
35	21	11
40	19	9
45	17	7
50	16	6
55	0	0

Withdrawal rates were developed based on an experience study undertaken in 2011 using data from 2006-2010. Plan experience is reviewed annually for reasonability.

- Disability incidence

The disability incidence table is based on the Conference of Consulting Actuaries 1985 Pension Disability Study Class 1 rates.

- Retirement age

Attained age	Rate
Under 55	0%
55	5%
56	5%
57	6%
58	6%
59	6%
60	7%
61	9%
62	15%
63	20%
64	20%
65	50%
66	40%
67	40%
68	30%
69	30%
70 and above	100%

The retirement rates are based on an experience study undertaken in 2011 using data from 2006-2010. Plan experience is reviewed annually for reasonability.

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

- Benefit commencement age for
 - Future vested deferred Unreduced retirement age
 - Current vested deferred Unreduced retirement age
- Spouse assumptions **Male participants** **Female participants**
 - Percentage married 80% 80%
 - Spouse age difference 3 years younger 3 years older

Form of payment	<u>Single life</u>	<u>50% J&S</u>	<u>100% J&S</u>
• Active retirements	50%	25%	25%
• Future vested deferred	50%	25%	25%
• Current vested deferred	50%	25%	25%
• Lump sum	Employees who are eligible for lump sum benefits are assumed to elect lump sums.		

Actuarial Methods***Asset Methods***

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

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

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.
- **Disabled participants:** The liabilities for participants on long-term disability have been included with the liabilities for terminated vested participants. Some participants who become disabled before retirement continue to earn credited service during their disability. These participants are valued assuming they will remain disabled until normal retirement.

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

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

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- This plan provides disability/death benefits that are only partially based on a participant's accrued benefit or years of service. This benefit is allocated to funding target based on the accrued benefit on the valuation date plus a portion of the excess of the benefit over the accrued benefit multiplied by the ratio of the participant's service at the beginning of the plan year to their service at each decrement age. This benefit is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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 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**2016****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

- 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.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information

1a Name of plan SAINT-GOBAIN RETIREMENT INCOME PLAN	1b Three-digit plan number (PN) ▶ 004
	1c Effective date of plan 07/01/1941
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) SAINT-GOBAIN DELAWARE CORPORATION 20 MOORES ROAD MALVERN PA 19355	2b Employer Identification Number (EIN) 23-2615170 2c Plan Sponsor's telephone number 610-893-6000 2d Business code (see instructions) 327900

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

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

SIGN HERE		<u>10/12/17</u>	JOHN J. SWEENEY, III
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2016)

3a Plan administrator's name and address ☐ Same as Plan Sponsor BENEFITS COMMITTEE C/O SAINT-GOBAIN CORPORATION 20 MOORES ROAD MALVERN PA 19355	3b Administrator's EIN 23-2615166 3c Administrator's telephone number 610-893-6000
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 34,827
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) 10,582
a(2) Total number of active participants at the end of the plan year	6a(2) 10,767
b Retired or separated participants receiving benefits.....	6b 11,457
c Other retired or separated participants entitled to future benefits	6c 10,028
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 32,252
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 2,482
f Total. Add lines 6d and 6e	6f 34,734
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 195
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: 1A 1B 1C	
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) ☒ 1 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

**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

2016**This Form is Open to Public
Inspection**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan SAINT-GOBAIN RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SAINT-GOBAIN DELAWARE CORPORATION	D Employer Identification Number (EIN) 23-2615170
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date Month <u>01</u> Day <u>01</u> Year <u>2016</u>			
2 Assets			
a Market value	2a	2,684,236,171	
b Actuarial value	2b	2,764,166,213	
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	13,530	1,197,150,747	1,197,150,747
b For terminated vested participants	10,900	371,006,150	371,006,150
c For active participants	10,582	641,910,490	665,966,707
d Total	35,012	2,210,067,387	2,234,123,604
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	6.09%	
6 Target normal cost	6	44,997,565	

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	<u>D.W.</u>	<u>9/29/2017</u>
Signature of actuary		Date
DAVID WILLOCK		1705498
Type or print name of actuary		Most recent enrollment number
MERCER		609-520-2548
Firm name		Telephone number (including area code)
ONE UNIVERSITY SQUARE DRIVE SUITE 100 PRINCETON NJ 08540-6455		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2016
v. 160205**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	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)	0	0
10 Interest on line 9 using prior year's actual return of <u>-1.84%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		565,170,828
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.29%</u>		35,549,245
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		600,720,073
d Portion of (c) to be added to prefunding balance		600,720,073
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	600,720,073

Part III Funding Percentages

14 Funding target attainment percentage	14	96.83%
15 Adjusted funding target attainment percentage	15	123.72%
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	102.19%
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
09/15/2017	205,000,000	0			
Totals ▶	18(b)	205,000,000	18(c)		0

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

a Contributions allocated toward unpaid minimum required 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	185,353,924

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 4.43 %	2nd segment 5.91 %	3rd segment 6.65 % ☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No			
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No			
27 If the plan is 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 44,997,565
b Excess assets, if applicable, but not greater than line 31a			31b 0
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 44,997,565
	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 44,997,565
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 185,353,924
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 140,356,359
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
43 Excess installment acceleration amount to be carried over to future plan years			43

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5.0%	10,000	500	27,500
56	5.0%	9,500	475	26,600
57	6.0%	9,025	542	30,894
58	6.0%	8,483	509	29,522
59	6.0%	7,974	478	28,202
60	7.0%	7,496	525	31,500
61	9.0%	6,971	627	38,247
62	15.0%	6,344	952	59,024
63	20.0%	5,392	1,078	67,914
64	20.0%	4,314	863	55,232
65	50.0%	3,451	1,726	112,190
66	40.0%	1,725	690	45,540
67	40.0%	1,035	414	27,738
68	30.0%	621	186	12,648
69	30.0%	435	131	9,039
70	100.0%	304	304	21,280
Total			10,000	623,070
Average				62

Schedule SB, Part V — Summary of Plan Provisions

Summary of plan provisions

Hourly benefit levels that were reflected for the first time in this valuation are highlighted.

In general, the actuarial equivalence basis used to convert the normal form of benefits to optional forms of benefits is based on the GAR 94 mortality table and 6% interest.

In general, compensation for participants with salaried related benefits is defined as base pay plus bonus plus overtime.

Unless noted herein, the company bears the full cost of benefits under each plan formula.

Schedule SB, Part V — Summary of Plan Provisions**Cash Balance Benefit (Saint-Gobain Retirement Accumulation Plan)**

Effective January 1, 2001, a cash balance structure (SG RAP) was created. As of January 1, 2016, this benefit structure covers all new hires.

Salaried employees hired on or after January 1, 2001 and non-union hourly employees hired on or after January 1, 2008 participate in the SG RAP if they are employed at a participating location. Union hourly employees at the locations specified below join the SG RAP if they were hired on or after the dates shown.

Location	Actuarial Location Code	Effective Date
<u>Akron Hourly</u>		
Diamond Street	81	11/14/2010
Gilchrist Road	82	02/01/2013
Soddy-Daisy	89	04/29/2010
<u>BPB Gypsum Hourly</u>		
Cody	WH	07/01/2009
Ft. Dodge	WJ	07/01/2011
L'Anse	WM	11/19/2008
<u>Carborundum Corporation Hourly</u>		
Niagara Falls	CA/CD	01/01/2010
<u>CertainTeed Corporation Hourly</u>		
Athens	3F	05/01/2011
Avery	1B	11/01/2009
Berlin Service Center	3G	03/25/2015
Celotex - Freemont	1S	03/01/2013
Shakopee-Teamsters	1H	05/01/2011
Shakopee-Engineers	1P	05/01/2011
Hagerstown	7B	12/15/2010
Kansas City #7	3K	03/01/2010
<u>Corhart Hourly</u>		
Buckhannon	SD	05/01/2011

Schedule SB, Part V — Summary of Plan Provisions

Contents

Akron Hourly
Bird Incorporated
BPB (Gypsum) Hourly
BPB (Gypsum) Salaried
Calmar
Carborundum Abrasives Company
Carborundum Corporation Hourly
Carborundum Corporation Salaried
CertainTeed Hourly
CertainTeed Salaried
ChemFab
Coated Abrasives Hourly
Corhart Hourly
Corhart Salaried
Furon Hourly – CHR Industries
Norandex Union
Norton Unified
Saint-Gobain Retirement Accumulation Plan
SG Containers – Salaried
Solon Technologies Hourly

Schedule SB, Part V — Summary of Plan Provisions**Akron Hourly**

	Bryan Plant	Diamond Street
<i>Status</i>	Active accruing	Active accruing
<i>Effective Date</i>	January 1, 1980, as amended to date.	November 18, 1961, as amended to date.
<i>Eligibility</i>	Immediate.	Immediate.
<i>Normal Retirement</i>	Age 65.	Age 65.
<i>Early Retirement</i>	Age 55 and 10 years of service.	Age 55 and 10 years of service.
<i>Disability Retirement</i>	15 years of service.	10 years of service.
<i>Normal Retirement Benefit</i>	Years of service with a maximum of 35 years, multiplied by the monthly benefit level below: <u>Effective:</u> January 1, 2015 – \$28.00	Years of service multiplied by the monthly benefit level below: <u>Effective:</u> May 11, 2014 – \$39.00
<i>Early Retirement Benefit</i>	Benefit is reduced .5% per month prior to age 65. For terminated vested participants who had 10 or more years of service at termination, benefits can commence as early as age 55 and the benefit is reduced .5% per month prior to age 65.	Benefit is reduced .4% per month prior to age 65. For terminated vested participants who had 10 or more years of service at termination, benefits can commence as early as age 55 and the benefit is reduced .4% per month prior to age 65.
<i>Disability Benefit</i>	\$50 per month.	Payable at age 65 based on continued service to age 65 and the benefit multiplier in effect at disablement.
<i>Normal Form of Benefit</i>	Life annuity. If married, reduced Joint and 50% Survivor annuity.	Life annuity guaranteed for 5 years. If married, reduced Joint and 50% Survivor annuity.
<i>Optional Forms of Benefit (in addition to Normal Form of Benefit)</i>	Age 62 or 65 Level Income; Joint and 66-2/3%, 75% or 100% Survivor annuity; 5, 10, or 15 Year Certain and Life Annuity	Joint and 50%, 66-2/3%, 75% or 100% Survivor annuity guaranteed for 5 years; 10, 15 or 20 Year Certain and Life annuity. In addition, all optional forms have a deferred coverage option.
<i>Spouse's Benefit</i>	50% of the member's accrued benefit commencing on the member's earliest retirement date reduced for early commencement.	50% of the member's accrued benefit commencing on the member's earliest retirement date reduced for early commencement.
<i>Termination and Vesting</i>	5 years of service.	5 years of service.

Schedule SB, Part V — Summary of Plan Provisions**Akron Hourly (continued)**

	Gilchrist Road	Ravenna Ceramics
Status	Active accruing	Closed
Effective Date	October 1, 1964, as amended to date.	January 1, 1980, as amended to date.
Eligibility	Immediate.	Immediate.
Normal Retirement	Age 65.	Age 65.
Early Retirement	Age 55 and 15 years of service.	Age 55 and 5 years of service.
Disability Retirement	10 years of service.	5 years of service.
Normal Retirement Benefit	Years of service multiplied by the monthly benefit level below: <u>Effective:</u> February 1, 2013 - \$42.00	Years of service multiplied by the monthly benefit level below: <u>Effective:</u> November 17, 2003 – \$28.75
Early Retirement Benefit	Benefit is reduced .4% per month prior to age 65. For terminated vested participants who had 15 or more years of service at termination, benefits can commence as early as age 55 and the benefit is reduced .4% per month prior to age 65.	Benefit is reduced .5% per month prior to age 65. For terminated vested participants, the benefit is reduced .5% per month prior to age 65.
Disability Benefit	\$31.00 per month per year of service.	\$250 per month.
Normal Form of Benefit	Life annuity guaranteed for 5 years. If married, reduced Joint and 50% Survivor annuity.	Life annuity. If married, reduced Joint and 50% Survivor annuity.
Optional Forms of Benefit (in addition to Normal Form of Benefit)	Joint and 50%, 66-2/3%, 75% or 100% Survivor annuity guaranteed for 5 years; 10, 15 or 20 Year Certain and Life annuity. In addition, all optional forms have a deferred coverage option.	Level Income; Joint and 66-2/3%, 75% or 100% Survivor annuity; 5, 10 or 15 Year Certain and Life annuity.
Spouse's Benefit	50% of the member's accrued benefit commencing on the member's earliest retirement date reduced for early commencement.	50% of the member's accrued benefit commencing on the member's earliest retirement date reduced for early commencement.
Termination and Vesting	5 years of service.	5 years of service.

Schedule SB, Part V — Summary of Plan Provisions**Akron Hourly (continued)**

	Soddy-Daisy Plant	Tallmadge Fabrication
Status	Active accruing	Closed
<i>Effective Date</i>	May 2, 1976, as amended to date.	May 1, 1969, as amended to date.
<i>Eligibility</i>	Immediate.	Immediate.
<i>Normal Retirement</i>	Age 65.	Age 65.
<i>Early Retirement</i>	Age 55 and 15 years of service.	Age 55 and 5 years of service.
<i>Disability Retirement</i>	15 years of service.	5 years of service.
<i>Normal Retirement Benefit</i>	Years of service multiplied by the monthly benefit level below: <u>Effective:</u> April 29, 2013 - \$35.00	Years of service multiplied by the monthly benefit level below: <u>Effective:</u> April 1, 2002 – \$26.75
<i>Early Retirement Benefit</i>	Benefit is reduced .5% per month prior to age 65. For terminated vested participants who had 15 or more years of service at termination, benefits can commence as early as age 55 and the benefit is reduced .5% per month prior to age 65.	Benefit is reduced .5% per month prior to age 65. For terminated vested participants, the benefit is reduced .5% per month prior to age 65.
<i>Disability Benefit</i>	\$250 per month.	\$250 per month.
<i>Normal Form of Benefit</i>	Life annuity. If married, reduced Joint and 50% Survivor annuity.	Life annuity. If married, reduced Joint and 50% Survivor annuity.
<i>Optional Forms of Benefit (in addition to Normal Form of Benefit)</i>	Level Income; Joint and 66-2/3%, 75% or 100% Survivor annuity; 5, 10 or 15 Year Certain and Life annuity.	Level Income; Joint and 66-2/3%, 75% or 100% Survivor annuity; 5, 10 or 15 Year Certain and Life annuity.
<i>Spouse's Benefit</i>	50% of the member's accrued benefit commencing on the member's earliest retirement date reduced for early commencement.	50% of the member's accrued benefit commencing on the member's earliest retirement date reduced for early commencement.
<i>Termination and Vesting</i>	5 years of service.	5 years of service.

Schedule SB, Part V — Summary of Plan Provisions**Akron Hourly (continued)**

Quartz International	
<i>Status</i>	Sold
<i>Effective Date</i>	January 1, 2001, as amended to date.
<i>Eligibility</i>	Immediate.
<i>Normal Retirement</i>	Age 65.
<i>Early Retirement</i>	Age 55 and 10 years of service.
<i>Disability Retirement</i>	15 years of service.
<i>Normal Retirement Benefit</i>	Years of service multiplied by the monthly benefit level below: <u>Effective:</u> January 1, 2001 – \$25.00
<i>Early Retirement Benefit</i>	Benefit is reduced .5% per month prior to age 65. For terminated vested participants who had 10 or more years of service at termination, benefits can commence as early as age 55 and the benefit is reduced .5% per month prior to age 65.
<i>Disability Benefit</i>	\$50 per month.
<i>Normal Form of Benefit</i>	Life annuity. If married, reduced Joint and 50% Survivor annuity.
<i>Optional Forms of Benefit (in addition to Normal Form of Benefit)</i>	Level Income; Joint and 66-2/3%, 75% or 100% Survivor annuity; 5, 10 or 15 Year Certain and Life annuity.
<i>Spouse's Benefit</i>	50% of the member's accrued benefit commencing on the member's earliest retirement date reduced for early commencement.
<i>Termination and Vesting</i>	5 years of service.

Schedule SB, Part V — Summary of Plan Provisions**Bird Incorporated**

<i>Status</i>	Frozen
<i>Effective Date</i>	January 1, 1963, as amended to date.
<i>Normal Retirement Date</i>	The date as listed by individual in the plan document.
<i>Normal Retirement Benefit</i>	The monthly amount of retirement income commencing at normal retirement date is listed by participant in the plan document. Effective June 30, 1982 the plan was frozen and all benefits were fully vested.

Schedule SB, Part V — Summary of Plan Provisions**BPB (Gypsum) Hourly**

	Apex, NV	Carrollton, KY
<i>Status</i>	Active accruing	Active accruing
<i>Effective Date</i>	July 26, 2000, as amended to date.	July 26, 2000, as amended to date.
<i>Eligibility</i>	January 1 next following age 20½ and 6 months of vesting service or 1,000 hours of service, whichever is earlier. The earliest eligibility date is April 26, 2002.	January 1 next following age 20½ and 6 months of vesting service or 1,000 hours of service, whichever is earlier.
<i>Vesting Service</i>	Hours worked divided by 1,000 but not greater than 1 in any given plan year. Vesting service is not credited prior to December 15, 2000.	Hours worked divided by 1,000 but not greater than 1 in any given plan year.
<i>Benefit Service</i>	Hours worked divided by 1,000 but not greater than 1 in any given plan year. Benefit service is not credited prior to April 26, 2002.	Hours worked divided by 1,000 but not greater than 1 in any given plan year.
<i>Normal Retirement</i>	Age 65 and 5 years of vesting service.	Age 65 and 5 years of vesting service.
<i>Early Retirement</i>	Age 50 and 10 years of vesting service.	Age 50 and 10 years of vesting service.
<i>Disability Retirement</i>	None.	None
<i>Normal Retirement Benefit</i>	Years of benefit service multiplied by the monthly benefit level below: <u>Effective:</u> April 1, 2006 – \$24.50	Years of benefit service multiplied by the monthly benefit level below: <u>Effective:</u> April 1, 2006 - \$24.50
<i>Early Retirement Benefit</i>	Benefit is reduced actuarially prior to age 65. For terminated vested participants who had 10 or more years of service at termination, benefits can commence as early as age 50 and the benefit is reduced actuarially from age 65.	Benefit is reduced actuarially prior to age 65. For terminated vested participants who had 10 or more years of service at termination, benefits can commence as early as age 50 and the benefit is reduced actuarially from age 65.
<i>Disability Benefit</i>	None.	None.
<i>Normal Form of Benefit</i>	Life annuity. If married, reduced Joint and 50% Survivor annuity.	Life annuity. If married, reduced Joint and 50% Survivor annuity.
<i>Optional Forms of Benefit (in addition to Normal Form of Benefit)</i>	If married, Joint and 75% or 100% Survivor annuity; 10 Year Certain and Life annuity.	If married, Joint and 75% or 100% Survivor annuity; 10 Year Certain and Life annuity.
<i>Spouse's Benefit</i>	50% of the member's accrued benefit commencing on the member's earliest retirement date reduced for early commencement and Joint and Survivor coverage.	50% of the member's accrued benefit commencing on the member's earliest retirement date reduced for early commencement and Joint and Survivor coverage.
<i>Termination and Vesting</i>	5 years of vesting service.	5 years of vesting service.

Schedule SB, Part V — Summary of Plan Provisions**BPB (Gypsum) Hourly (continued)**

	Cody, WY	Ft. Dodge, LA
<i>Status</i>	Active accruing	Active accruing
<i>Effective Date</i>	July 26, 2000, as amended to date.	July 26, 2000, as amended to date.
<i>Eligibility</i>	January 1 next following age 20½ and 6 months of vesting service or 1,000 hours of service, whichever is earlier.	January 1 next following age 20½ and 6 months of vesting service or 1,000 hours of service, whichever is earlier.
<i>Vesting Service</i>	Hours worked divided by 1,000 but not greater than 1 in any given year.	Hours worked divided by 1,000 but not greater than 1 in any given year.
<i>Benefit Service</i>	Hours worked divided by 2,080 but not greater than 1 in any given year.	Hours worked divided by 1,900 but not greater than 1 in any given year.
<i>Normal Retirement</i>	Age 65 and 5 years of vesting service.	Age 65 and 5 years of vesting service.
<i>Early Retirement</i>	Age 55 and 15 years of vesting service.	Age 55 and 15 years of vesting service.
<i>Disability Retirement</i>	5 years of vesting service.	10 years of vesting service.
<i>Normal Retirement Benefit</i>	Years of service multiplied by the monthly benefit level below: <u>Effective:</u> June 30, 2013 – \$25.00	Years of service multiplied by the monthly benefit level below: <u>Effective:</u> July 1, 2011 – \$27.80
<i>Early Retirement Benefit</i>	Benefit is reduced actuarially prior to age 65. Terminated vested participants cannot receive their benefit prior to age 65.	Benefit is reduced actuarially prior to age 65. Terminated vested participants cannot receive their benefit prior to age 65.
<i>Disability Benefit</i>	Accrued normal retirement benefit offset by Workers' Comp, if applicable.	Accrued normal retirement benefit offset by Workers' Comp, if applicable.
<i>Normal Form of Benefit</i>	Life annuity. If married, reduced Joint and 50% Survivor annuity.	Life annuity. If married, reduced Joint and 50% Survivor annuity.
<i>Optional Forms of Benefit (in addition to Normal Form of Benefit)</i>	Joint and 50% or 75% Survivor annuity 10 Year Certain and Life annuity.	Joint and 50% or 75% Survivor annuity 10 Year Certain and Life annuity.
<i>Spouse's Benefit</i>	50% of the member's accrued benefit commencing on the member's earliest retirement date reduced for early commencement and Joint and Survivor coverage.	50% of the member's accrued benefit commencing on the member's earliest retirement date reduced for early commencement and Joint and Survivor coverage.
<i>Termination and Vesting</i>	5 years of vesting service.	5 years of vesting service.

Schedule SB, Part V — Summary of Plan Provisions**BPB (Gypsum) Hourly (continued)**

	Jacksonville, FL	Junction City, KS
<i>Status</i>	Closed	Active accruing
<i>Effective Date</i>	July 26, 2000, as amended to date.	July 26, 2000, as amended to date.
<i>Eligibility</i>	January 1 next following age 20½ and 6 months of vesting service on 1,000 hours of service, whichever is earlier.	January 1 next following age 20½ and 6 months of vesting service on 1,000 hours of service, whichever is earlier. The earliest eligibility date is April 1, 2004.
<i>Vesting Service</i>	Hours worked divided by 1,000 but not greater than 1 in any given plan year.	Hours worked divided by 1,000 but not greater than 1 in any given plan year.
<i>Benefit Service</i>	Hours worked divided by 1,400 but not greater than 1 in any given plan year.	Hours worked divided by 1,000 but not greater than 1 in any given plan year. Benefit Service is not credited prior to April 1, 2004.
<i>Normal Retirement</i>	Age 65 and 5 years of vesting service.	Age 65 and 5 years of vesting service.
<i>Early Retirement</i>	Age 60 and 10 years of vesting service.	Age 50 and 10 years of vesting service.
<i>Disability Retirement</i>	10 years of vesting service.	None.
<i>Normal Retirement Benefit</i>	Years of service multiplied by the monthly benefit level below: <u>Effective:</u> March 1, 2009 – \$26.75	Years of service multiplied by the monthly benefit level below: <u>Effective:</u> April 1, 2006 – \$24.50
<i>Early Retirement Benefit</i>	Benefit is reduced .5% per month prior to age 65. Terminated vested participants cannot receive their benefit prior to age 65.	Benefit is reduced actuarially prior to age 65. Terminated vested participants cannot receive their benefit prior to age 65.
<i>Disability Benefit</i>	Accrued normal retirement benefit offset by Workers' Comp, if applicable with a minimum of \$65 per month.	None.
<i>Normal Form of Benefit</i>	Life annuity. If married, reduced Joint and 50% Survivor annuity.	Life annuity. If married, reduced Joint and 50% Survivor annuity.
<i>Optional Forms of Benefit (in addition to Normal Form of Benefit)</i>	If married, Joint and 100% Survivor annuity.	If married, Joint and 75% or 100% Survivor annuity; 10 Year Certain and Life annuity.
<i>Spouse's Benefit</i>	50% of the member's accrued benefit commencing on the member's earliest retirement date reduced for early commencement and Joint and Survivor coverage.	50% of the member's accrued benefit commencing on the member's earliest retirement date reduced for early commencement and Joint and Survivor coverage.
<i>Termination and Vesting</i>	5 years of vesting service.	5 years of vesting service.

Schedule SB, Part V — Summary of Plan Provisions**BPB (Gypsum) Hourly (continued)**

	L'Anse, MI	Largo, IN
<i>Status</i>	Active accruing	Closed
<i>Effective Date</i>	July 26, 2000, as amended to date.	July 26, 2000, as amended to date.
<i>Eligibility</i>	January 1 next following age 20½ and 6 months of vesting service or 1,000 hours of service, whichever is earlier.	January 1 next following age 20½ and 6 months of vesting service or 1,000 hours of service, whichever is earlier.
<i>Vesting Service</i>	Hours worked divided by 1,000 but not greater than 1 in any given plan year.	Hours worked divided by 1,000 but not greater than 1 in any given plan year.
<i>Benefit Service</i>	Hours worked divided by 1,900 but not greater than 1 in any given plan year.	Hours worked divided by 2,080 but not greater than 1 in any given plan year.
<i>Normal Retirement</i>	Age 65 and 5 years of vesting service.	Age 65 and 5 years of vesting service.
<i>Early Retirement</i>	Age 55 and 15 years of vesting service.	Age 55 and 15 years of vesting service.
<i>Disability Retirement</i>	10 years of vesting service.	15 years of vesting service.
<i>Normal Retirement Benefit</i>	Years of service multiplied by the monthly benefit level below: <u>Effective:</u> September 21, 2011 – \$32.50	Years of service multiplied by the monthly benefit level below: <u>Effective:</u> January 26, 2008 – \$23.00
<i>Early Retirement Benefit</i>	Benefit is reduced actuarially prior to age 65. For terminated vested participants who had 15 or more years of service at termination, benefits can commence as early as age 55 and the benefit is reduced actuarially from age 65.	Benefit is reduced actuarially prior to age 65. Terminated vested participants cannot receive their benefit prior to age 65.
<i>Disability Benefit</i>	Accrued normal retirement benefit offset by Workers' Comp if applicable.	Accrued normal retirement benefit offset by Workers' Comp if applicable.
<i>Normal Form of Benefit</i>	Life annuity. If married, reduced Joint and 50% Survivor annuity.	Life annuity. If married, reduced Joint and 50% Survivor annuity.
<i>Optional Forms of Benefit (in addition to Normal Form of Benefit)</i>	Joint and 50% Survivor annuity; 10 Year Certain and Life annuity.	Joint and 50% Survivor annuity; 10 Year Certain and Life annuity.
<i>Spouse's Benefit</i>	50% of the member's accrued benefit commencing on the member's earliest retirement date reduced for early commencement and Joint and Survivor coverage.	50% of the member's accrued benefit commencing on the member's earliest retirement date reduced for early commencement and Joint and Survivor coverage.

Schedule SB, Part V — Summary of Plan Provisions**BPB (Gypsum) Hourly (continued)**

	L'Anse, MI	Largo, IN
<i>Termination and Vesting</i>	5 years of vesting service.	5 years of vesting service. Participants who terminated employment due to the downsizing as of June 30, 2001 or the plan closing on September 16, 2005 became 100% vested regardless of years of vesting service.

Schedule SB, Part V — Summary of Plan Provisions**BPB (Gypsum) Hourly (continued)**

	Mohave County, AZ	Nashville, AR
<i>Status</i>	Active accruing	Active accruing
<i>Effective Date</i>	July 26, 2000, as amended to date.	July 26, 2000, as amended to date.
<i>Eligibility</i>	January 1 next following age 20½ and 6 months of vesting service or 1,000 hours of service, whichever is earlier. The earliest eligibility date is April 26, 2002.	January 1 next following age 20½ and 6 months of vesting service or 1,000 hours of service, whichever is earlier. The earliest eligibility date is April 26, 2002.
<i>Vesting Service</i>	Hours worked divided by 1,000 but not greater than 1 in any given plan year. Vesting Service is not credited prior to December 15, 2000.	Hours worked divided by 1,000 but not greater than 1 in any given plan year.
<i>Benefit Service</i>	Hours worked divided by 1,000 but not greater than 1 in any given plan year. Benefit Service is not counted prior to April 26, 2002.	Hours worked divided by 1,000 but not greater than 1 in any given plan year. Benefit Service is not counted prior to April 26, 2002.
<i>Normal Retirement</i>	Age 65 and 5 years of vesting service.	Age 65 and 5 years of vesting service.
<i>Early Retirement</i>	Age 50 and 10 years of vesting service.	Age 50 and 10 years of service.
<i>Disability Retirement</i>	None.	None.
<i>Normal Retirement Benefit</i>	Years of service multiplied by the monthly benefit level below: <u>Effective:</u> April 1, 2006 – \$24.50	Years of service multiplied by the monthly benefit level below: <u>Effective:</u> April 1, 2006 – \$24.50
<i>Early Retirement Benefit</i>	Benefit is reduced actuarially prior to age 65. For terminated vested participants who had 10 or more years of service at termination, benefits can commence as early as age 50 and the benefit is reduced actuarially from age 65.	Benefit is reduced actuarially prior to age 65. For terminated vested participants who had 10 or more years of service at termination, benefits can commence as early as age 50 and the benefit is reduced actuarially from age 65.
<i>Disability Benefit</i>	None.	None.
<i>Normal Form of Benefit</i>	Life annuity. If married, reduced Joint and 50% Survivor annuity.	Life annuity. If married, reduced Joint and 50% Survivor annuity.
<i>Optional Forms of Benefit (in addition to Normal Form of Benefit)</i>	If married, Joint and 75% or 100% Survivor annuity; 10 Year Certain and Life annuity.	If married, Joint and 75% or 100% Survivor annuity; 10 Year Certain and Life annuity.
<i>Spouse's Benefit</i>	50% of the member's accrued benefit commencing on the member's earliest retirement date reduced for early commencement and Joint and Survivor coverage.	50% of the member's accrued benefit commencing on the member's earliest retirement date reduced for early commencement and Joint and Survivor coverage.
<i>Termination and Vesting</i>	5 years of vesting service.	5 years of vesting service.

Schedule SB, Part V — Summary of Plan Provisions**BPB (Gypsum) Hourly (continued)**

	Plymouth, WI	St. George, UT
<i>Status</i>	Active accruing	Active accruing
<i>Effective Date</i>	July 26, 2000, as amended to date.	July 26, 2000, as amended to date.
<i>Eligibility</i>	January 1 next following age 20½ and 6 months of vesting service or 1,000 hours of service, whichever is earlier.	January 1 next following age 20½ and 6 months of vesting service or 1,000 hours of service, whichever is earlier. The earliest eligibility date is April 26, 2002.
<i>Vesting Service</i>	Hours worked divided by 1,000 but not greater than 1 in any given plan year.	Hours worked divided by 1,000 but not greater than 1 in any given plan year. Vesting Service is not credited prior to December 15, 2000.
<i>Benefit Service</i>	Hours worked divided by 1,000 but not greater than 1 in any given plan year. Benefit Service is not credited prior to April 1, 2004.	Hours worked divided by 1,000 but not greater than 1 in any given plan year. Benefit Service is not credited prior to April 26, 2002.
<i>Normal Retirement</i>	Age 65 and 5 years of vesting service.	Age 65 and 5 years of vesting service.
<i>Early Retirement</i>	Age 50 and 10 years of vesting service.	Age 50 and 10 years of vesting service.
<i>Disability Retirement</i>	None.	None.
<i>Normal Retirement Benefit</i>	Years of service multiplied by the monthly benefit level below: <u>Effective:</u> April 1, 2006 – \$24.50	Years of service multiplied by the monthly benefit level below: <u>Effective:</u> April 1, 2006 – \$24.50
<i>Early Retirement Benefit</i>	Benefit is reduced actuarially prior to age 65. Terminated vested participants cannot receive their benefit prior to age 65.	Benefit is reduced actuarially prior to age 65. For terminated vested participants who had 10 or more years of service at termination, benefits can commence as early as age 50 and the benefit is reduced actuarially from age 65.
<i>Disability Benefit</i>	None.	None.
<i>Normal Form of Benefit</i>	Life annuity. If married, reduced Joint and 50% Survivor annuity.	Life annuity. If married, reduced Joint and 50% Survivor annuity.
<i>Optional Forms of Benefit (in addition to Normal Form of Benefit)</i>	If married, Joint and 75% or 100% Survivor annuity; 10 Year Certain and Life annuity.	If married, Joint and 75% or 100% Survivor annuity; 10 Year Certain and Life annuity.
<i>Spouse's Benefit</i>	50% of the member's accrued benefit commencing on the member's earliest retirement date reduced for early commencement and Joint and Survivor coverage.	50% of the member's accrued benefit commencing on the member's earliest retirement date reduced for early commencement and Joint and Survivor coverage.
<i>Termination and Vesting</i>	5 years of vesting service.	5 years of vesting service.

Schedule SB, Part V — Summary of Plan Provisions

BPB (Gypsum) Salaried													
<i>Status</i>	Active accruing												
<i>Effective Date</i>	July 26, 2000, as amended to date.												
<i>Eligibility</i>	<p>An employee becomes a member of the plan on the January 1 following the attainment of age 20½ and the completion of six months of service.</p> <p>Employees from the following acquisitions became participants as of the date shown below. Pre-acquisition service from date of hire is credited towards eligibility except for Western Mining and Minerals whose eligibility service starts from 12/15/2000.</p> <table> <tr> <td><u>Company</u></td><td><u>Date of Participation</u></td></tr> <tr> <td>Celotex</td><td>July 26, 2000</td></tr> <tr> <td>James Hardie Gypsum</td><td>April 26, 2002</td></tr> <tr> <td>Western Mining Minerals</td><td>April 26, 2002</td></tr> <tr> <td>Marco</td><td>April 1, 2004</td></tr> <tr> <td>Capaul</td><td>April 1, 2004</td></tr> </table> <p>Benefit service is credited from date of hire for Celotex employees and date of participation for all other acquired companies.</p>	<u>Company</u>	<u>Date of Participation</u>	Celotex	July 26, 2000	James Hardie Gypsum	April 26, 2002	Western Mining Minerals	April 26, 2002	Marco	April 1, 2004	Capaul	April 1, 2004
<u>Company</u>	<u>Date of Participation</u>												
Celotex	July 26, 2000												
James Hardie Gypsum	April 26, 2002												
Western Mining Minerals	April 26, 2002												
Marco	April 1, 2004												
Capaul	April 1, 2004												
<i>Normal Retirement</i>	The first day of the month next following the later of a member's 65th birthday or the 5 th anniversary of plan participation.												
<i>Early Retirement</i>	A member may retire at his request on the first day of any month subsequent to his 50th birthday and completion of 10 years of service.												
<i>Normal Retirement Benefit</i>	<p><u>For Employees Born Before 1938</u></p> <p>(i) .90% of average monthly compensation multiplied by years of service, plus</p> <p>(ii) .75% of average monthly compensation in excess of Covered Compensation multiplied by years of service not in excess of 35 years.</p> <p><u>For Employees Born in the Years 1938 through 1954</u></p> <p>(i) .90% of average monthly compensation multiplied by years of service, plus</p> <p>(ii) .70% of average monthly compensation in excess of Covered Compensation multiplied by years of service not in excess of 35 years.</p> <p><u>For Employees Born after 1954</u></p> <p>(i) .90% of average monthly compensation multiplied by years of service, plus</p> <p>(ii) .65% of average monthly compensation in excess of Covered Compensation multiplied by years of service not in excess of 35 years.</p> <p>Each of the above benefits is reduced by the Terminated Plan Annuity Benefit, if any.</p>												

Schedule SB, Part V — Summary of Plan Provisions**BPB (Gypsum) Salaried (continued)**

<i>Normal Retirement Benefit (continued)</i>	The minimum benefit amount payable to an employee who is eligible for a Normal Retirement Benefit shall be determined by applying whichever of the above formulas is applicable, but counting only years of service after December 31, 1988, and without any reduction for the Terminated Plan Annuity Benefit.
<i>Early Retirement Benefit</i>	<p>Upon early retirement, the benefit is determined as for normal retirement except it is based on credited service and average monthly compensation at the early retirement date. If benefits commence before the normal retirement date the benefit is reduced actuarially.</p> <p>Benefits for participants who retire on or after age 62 and after completing 30 years of service are not reduced for early commencement.</p> <p>For terminated vested participants who had 10 or more years of service at termination, benefits can commence as early as age 50 and the benefit is reduced actuarially prior to age 65.</p>
<i>Rule of 80 Retirement Benefit</i>	<p>A member may retire with no actuarial reduction when his age plus years of service total 80 or more. The benefit is determined as for normal retirement except it is based on credited service and average monthly compensation at the actual date of retirement. The percentages in part (ii) of the normal retirement benefit formulas will be reduced if necessary to comply with regulations.</p> <p>Effective November 30, 2006, benefits earned after January 1, 2007 are not eligible for the Rule of 80 provisions.</p>
<i>Disability Benefit</i>	The benefit is computed the same way as early retirement with no special provisions.
<i>Normal Form of Benefit</i>	Retirement benefits are normally paid for the duration of the single member's life. The normal form of benefit for the married member is a reduced benefit payable for life with 50% of such reduced benefit continued to his or her spouse upon the death of such member.
<i>Optional Forms of Benefit</i>	<p>In addition to the normal form of benefit, the following forms of benefit are available on an actuarial equivalent basis:</p> <ul style="list-style-type: none"> • Level Income • Joint and 50% Survivor annuity • Joint and 75% Survivor annuity • Joint and 100% Survivor annuity • 10 Year Certain and Life annuity
<i>Spouse's Benefit</i>	<p>If a vested, married member dies, the spouse receives a benefit equal to 50% of the member's accrued benefit actuarially reduced for early commencement.</p> <p>These benefits are payable commencing on the member's earliest retirement date.</p>
<i>Termination and Vesting</i>	If a member terminates employment with at least 5 years of service, he becomes fully vested in the amount of his accrued benefit. Participants who terminated employment due to the closing of Port Clinton, Quincy, Dittston, and Lagro plants became 100% vested regardless of years of vesting service.

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

<i>Status</i>	Sold
<i>Effective Date</i>	January 1, 1959, as amended to date.
<i>Eligibility</i>	Age 21 and one year of service.
<i>Normal Retirement</i>	The first day of the month coincident with or next following a member's 65 th birthday.
<i>Early Retirement</i>	A member may retire at his request on the first day of any month subsequent to his 55th birthday and completion of 10 years of service.
<i>Normal Retirement Benefit</i>	<p>The monthly amount of retirement income commencing at normal retirement date is: (A)+(B)+(C), not less than (D) or (E).</p> <p>(A) 1.1% of average monthly compensation below covered compensation times year of credited service up to 35 years.</p> <p>(B) 1.5% of average monthly compensation above covered compensation times years of credited service up to 35 years.</p> <p>(C) 1.3% of average monthly compensation times years of service in excess of 35 years.</p> <p>(D) \$8.00 per month per year of service.</p> <p>(E) The frozen accrued benefit calculated under the Realex Corporation Retirement Income Plan as of July 31, 1989.</p>
<i>Early Retirement Benefit</i>	<p>Upon early retirement, the benefit is determined in the same manner as at normal retirement except it is based on credited service and average monthly compensation at the early retirement date. Early retirement benefits are reduced by 6% for each year retirement precedes age 62.</p> <p>For terminated vested participants who had 10 or more years of service at termination, benefits can commence as early as age 55 and the benefit is reduced by 6% for each year retirement precedes age 65.</p>
<i>Normal Form of Benefit</i>	Retirement benefits are normally paid for the duration of the single member's life. The normal form of benefit for the married member is a reduced benefit payable for life with 50% of such reduced benefit payable to his or her spouse upon the death of such member.
<i>Optional Forms of Benefit</i>	<p>In addition to the normal form of benefit, the following forms of benefit are available on an actuarial equivalent basis:</p> <ul style="list-style-type: none"> – Joint and 66-2/3% Survivor annuity (spouse only) – Joint and 75% Survivor annuity (spouse only) – Joint and 100% Survivor annuity (spouse only) – 10-Year Certain and Life annuity
<i>Spouse's Benefit</i>	Upon the death of a participant with a surviving spouse, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his earliest retirement age, retired with a qualified joint and 50% survivor annuity, then died the next day.
<i>Termination and Vesting</i>	If a member terminates employment with at least 5 years of service, he is fully vested in the amount of his accrued benefit. Participants who terminated employment due to the sale of the company on June 30, 2006 became 100% vested regardless of years of service.

Schedule SB, Part V — Summary of Plan Provisions**Carborundum Abrasives Company**

<i>Status</i>	Closed												
<i>Effective Date</i>	August 1, 1984, as amended to date.												
<i>Eligibility</i>	An employee becomes a member of the plan after the completion of one year of service, provided he has been credited with at least 1,000 hours.												
<i>Normal Retirement</i>	The first day of the month next following a member's 65th birthday.												
<i>Early Retirement</i>	A member may retire at his request on the first day of any month subsequent to his 55th birthday and 10 years of vesting service.												
<i>Disability Retirement</i>	A member who is totally and permanently disabled while employed may retire provided he has attained age 60 and completed 10 years of service.												
<i>Normal Retirement Benefit</i>	The monthly amount of retirement income is equal to number of years of service multiplied by the monthly benefit level below: Effective August 1, 2002 - \$35.00												
<i>Early Retirement Benefit</i>	<p>Upon early retirement, the benefit is determined as for normal retirement except it is based on credited service at the early retirement date. If benefits commence before age 60 the benefit is reduced as follows:</p> <table> <tr> <th><u>Retirement Age</u></th><th><u>% Reduction</u></th></tr> <tr> <td>59</td><td>9.5%</td></tr> <tr> <td>58</td><td>17.9%</td></tr> <tr> <td>57</td><td>25.3%</td></tr> <tr> <td>56</td><td>31.9%</td></tr> <tr> <td>55</td><td>37.7%</td></tr> </table> <p>For terminated vested participants, benefits can commence as early as age 55 and the benefit is reduced actuarially from age 65.</p>	<u>Retirement Age</u>	<u>% Reduction</u>	59	9.5%	58	17.9%	57	25.3%	56	31.9%	55	37.7%
<u>Retirement Age</u>	<u>% Reduction</u>												
59	9.5%												
58	17.9%												
57	25.3%												
56	31.9%												
55	37.7%												
<i>Disability Benefit</i>	The benefit is computed so that accruals are credited as though employment continued until normal retirement date.												
<i>Normal Form of Benefit</i>	Retirement benefits are normally paid for the duration of the single member's life. The normal form of benefit for the married member is a reduced benefit payable for life with 50% of such reduced benefit continued to his or her spouse upon the death of such member.												
<i>Optional Forms of Benefit</i>	<p>In addition to the normal form of benefit, the following forms of benefit are available on an actuarial equivalent basis:</p> <ul style="list-style-type: none"> – Joint and 25% Survivor annuity – Joint and 50% Survivor annuity – Joint and 75% Survivor annuity – Joint and 100% Survivor annuity – 10-Year Certain and Life annuity. 												
<i>Spouse's Benefit</i>	<p>If a vested, married member dies, the spouse receives a benefit equal to the member's accrued benefit actuarially reduced for the 50% joint and survivor option and early commencement.</p> <p>This benefit is payable commencing on the member's earliest retirement date and payable for life and guaranteed for five years.</p>												

Schedule SB, Part V — Summary of Plan Provisions

Carborundum Abrasives Company (Continued)

Termination and Vesting

If a member terminates employment with at least 5 years of service, he is fully vested in the amount of his accrued benefit.

Schedule SB, Part V — Summary of Plan Provisions**Carborundum Corporation Hourly**

<i>Status</i>	Active accruing
<i>Effective Date</i>	February 29, 1996
<i>Eligibility</i>	One year of service.
<i>Normal Retirement</i>	Age 65.
<i>Early Retirement</i>	Age 55.
<i>Disability Retirement</i>	Age 60 with 10 years of service.

Normal Retirement Benefit

Niagara Falls Effective August 1, 2014 - \$44.00 per month per year of service

Early Retirement Benefit Benefit is reduced for commencement prior to age 60 as follows:

<u>Age</u>	<u>Percentage</u>
55	62.5%
56	68.3
57	74.8
58	82.2
59	90.5
60 or over	100.0

For participants who terminate prior to age 55, the benefit is reduced for commencement prior to age 65 as follows:

<u>Age</u>	<u>Percentage</u>
55	41.3%
56	44.7
57	48.5
58	52.7
59	57.3
60	62.5
61	68.3
62	74.8
63	82.2
64	90.5
65 or over	100.0

<i>Disability Benefit</i>	Payable at age 65 based on continued service to age 65, but actuarially reduced for commencement before 65.
<i>Normal Form of Benefit</i>	Life annuity. If married, reduced Joint and 50% Survivor annuity.
<i>Optional Forms of Benefit</i>	In addition to the normal form of benefit, the following forms of benefit are available on an actuarial equivalent basis: <ul style="list-style-type: none"> – Joint and 25% Survivor annuity – Joint and 50% Survivor annuity – Joint and 75% Survivor annuity – Joint and 100% Survivor annuity – 10-Year Certain and Life annuity.

Schedule SB, Part V — Summary of Plan Provisions**Carborundum Corporation Hourly (continued)***Spouse's Benefit*

If a vested, married member dies, the spouse receives a benefit equal to 50% of the member's accrued benefit actuarially reduced for 50% joint and survivor coverage and early commencement. This benefit is payable commencing on the member's earliest retirement date.

If an active married member dies before age 55 but after age 45 and 20 years of service, (10 years of service for Niagara Falls), the spouse receives a benefit equal to 50% of the member's accrued benefit. This benefit is payable immediately and is reduced as if the employee had retired at age 55, elected the 50% joint and survivor coverage and died the next day.

If an active married member dies after age 55, the spouse receives a benefit equal to 100% of the member's accrued benefit. This benefit is payable immediately and is reduced as if the employee had retired at his date of death.

Termination and Vesting

5 years of service.

Schedule SB, Part V — Summary of Plan Provisions**Carborundum Corporation Salaried**

<i>Status</i>	Active accruing
<i>Effective Date</i>	February 29, 1996.
<i>Eligibility</i>	Age 21 and one year of service.

Accounts and Credits to Accounts

<i>Opening Account</i>	For all participants who were active in the BP Plan as of January 1, 1989, an initial account balance was established equal to the present value of the benefit accrued to 12/31/88 under the provisions of the BP Plan.
<i>Current Account</i>	A Current Account is established for each participant as of the later of (i) January 1, 1989 or (ii) the date the participant first becomes eligible for the Plan. At the end of each calendar month beginning on or after January 1, 1989, pay-related credits based on the participant's Eligible Compensation for the month are added to the Current Account of all active participants. These pay-related credits are computed as follows:

	Full Years of Service (at beginning of month)	Percent of Eligible Compensation up to and Including 1/48 of the Social Security Wage Base	Percent of Eligible Compensation above 1/48 of the Social Security Wage Base
Tier I:	less than 10	3%	6%
Tier II:	10, less than 20	4%	7%
Tier III:	20, less than 35	5%	9%
Tier IV:	35 or more	6%	6%

A Participant's "full years of service" are determined by aggregating all of the Participant's months of Service from his first employment commencement date.

Grandfathered participants (see provisions below) are eligible to accrue benefits in Tier II at age 40 and Tier III at age 50 regardless of service.

<i>Regular Interest Credits</i>	Regular Interest credits are added to all accounts annually based on the average (rounded to the nearest one-hundredth of one-percent) one-year Treasury bill rate in effect during each month of the 12-month period ending on November 30 of the preceding calendar year, rounded up to the nearest one-quarter of one percent, plus one percent. The minimum interest rate for Regular Interest credits is 5.0%.
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<i>Supplemental Interest Credits</i>	An additional Supplemental Interest credit equal to one-half of the annual Regular Interest rate applies to the Opening Account while the participant is employed by Saint-Gobain.
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<i>Grandfathering Provisions</i>	Employees who were participants in the plan as of January 1, 1989 and born before January 1, 1938 are entitled to grandfather provisions. Their benefit will not be less than the actuarial equivalent of a single life annuity under the Prior Plan provisions.
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Schedule SB, Part V — Summary of Plan Provisions**Carborundum Corporation Salaried (continued)***Normal Retirement*

<i>Eligibility</i>	Age 65.
<i>Benefit</i>	The monthly retirement benefit payable to a participant at any retirement date is equal to the actuarial equivalent of his Accounts (adjusted for applicable grandfathering provisions) as of such date.

Early Retirement

<i>Eligibility</i>	Age 55 with 5 years of service.
<i>Benefit</i>	The monthly retirement benefit payable to a participant at any retirement date is equal to the actuarial equivalent of his Accounts (adjusted for applicable grandfathering provisions) as of such date.

Late Retirement

Service and earnings after age 65 are recognized for purposes of determining benefits.

Disability Retirement

While eligible for benefits under a long-term disability plan of the Company, the participant continues to earn pay-related credits during the period of disability based on the assumption that his service continues but his earnings remain at the rate in effect prior to his disability. The disabled participant is able to receive a retirement benefit on the later of age 55 and the date payments under the long-term disability plan discontinue, based upon the Opening and Current Account balances at that date.

Vesting

Eligibility is three years of service for benefits earned after the effective date. Benefits earned before the effective date are fully vested.

Upon termination of employment, a vested participant may elect to receive a benefit which is the actuarial equivalent of his Accounts (adjusted for applicable grandfathering provisions), payable as of the later of the date of termination or the participant's attainment of age 55. If distribution at that date is not requested, the participant may elect to defer receipt of his benefit to any subsequent date, but no later than the date the participant attains age 70½.

Death Benefits

<i>Post-Retirement</i>	Determined by the option elected upon retirement.
<i>Pre-Retirement</i>	The value of the Accounts is determined without the grandfather provisions. The spouse may elect to receive an immediate benefit which is the actuarial equivalent of the participant's Accounts, or the spouse may elect to defer receipt of the benefit to any subsequent date.

Normal Form of Benefit

The normal form of benefit for non-married participants is a life annuity. For married participants, the normal form of benefit is a qualified joint and 50% survivor annuity. The normal form of benefit is the actuarial equivalent of the participant's account balance.

Schedule SB, Part V — Summary of Plan Provisions**Carborundum Corporation Salaried (continued)**

Optional Forms

In addition to the normal form of benefit, the following forms of benefit are available on an actuarial equivalent basis:

- Lump Sum
 - Single Life annuity
 - Level Income annuity
 - Joint and 50% Survivor annuity
 - Joint and 75% Survivor annuity
 - Joint and 100% Survivor annuity
 - 10-Year Certain and Life annuity.
-

Schedule SB, Part V — Summary of Plan Provisions**CertainTeed Hourly**

<i>Status</i>	Active accruing (unless noted below)																								
<i>Effective Date</i>	January 1, 1976 (original effective date May 1, 1955), as amended to date.																								
<i>Eligibility</i>	The plan covers any full-time, hourly-rated employee who is a member of a collective bargaining unit to which membership in the plan has been extended, or a member of an employment unit which has been included in the plan.																								
<i>Normal Retirement</i>	Age 65.																								
<i>Normal Retirement Benefit</i>	The following table gives a summary of the provisions applicable to each plant. The table shows the monthly benefits payable to a retiring member, the effective date of these benefits, and the requirements for early retirement.																								
<i>Early Retirement</i>	Upon early retirement, the applicable benefit is determined as for normal retirement except it is based on credited service at the early retirement date. If benefits commence before the normal retirement date, early retirement reductions of 1/15th for each year that retirement precedes age 65 (up to 5 years) and 1/30th for each year that retirement precedes age 60 are applied.																								
<i>Riverside</i>	Benefit is reduced by .2% per month prior to age 65.																								
<i>Kansas City #5 and #7</i>	Benefit is reduced by 1/3 of 1% per month for each year that retirement precedes age 65 (up to 5 years) and 5/18 of 1% per month for each year that retirement precedes age 60. The benefit is unreduced if retirement occurs on or after age 62 with the completion of 30 years of service.																								
<i>Ludowici</i>	Benefit is reduced by .5% per month prior to age 65.																								
<i>Celotex</i>	Benefit is reduced for commencement prior to age 65 as follows:																								
	<table> <tr> <th><u>Age</u></th><th><u>Percentage</u></th></tr> <tr> <td>55</td><td>34.39%</td></tr> <tr> <td>56</td><td>37.91</td></tr> <tr> <td>57</td><td>41.86</td></tr> <tr> <td>58</td><td>46.31</td></tr> <tr> <td>59</td><td>51.33</td></tr> <tr> <td>60</td><td>57.01</td></tr> <tr> <td>61</td><td>63.46</td></tr> <tr> <td>62</td><td>70.81</td></tr> <tr> <td>63</td><td>79.22</td></tr> <tr> <td>64</td><td>88.87</td></tr> <tr> <td>65 or over</td><td>100.00</td></tr> </table>	<u>Age</u>	<u>Percentage</u>	55	34.39%	56	37.91	57	41.86	58	46.31	59	51.33	60	57.01	61	63.46	62	70.81	63	79.22	64	88.87	65 or over	100.00
<u>Age</u>	<u>Percentage</u>																								
55	34.39%																								
56	37.91																								
57	41.86																								
58	46.31																								
59	51.33																								
60	57.01																								
61	63.46																								
62	70.81																								
63	79.22																								
64	88.87																								
65 or over	100.00																								
<i>Terminated Vested</i>	Benefits can commence as early as age 55 if the participant meets the service requirement shown on the following page at termination. The benefit is reduced based on the factors shown above.																								
<i>Disability Benefit</i>	The monthly benefits payable to a disabled member without reduction for early commencement, the effective date of these benefits, and the requirements are shown on the following table. Disability benefits are payable until the earlier of recovery from disability, death or normal retirement.																								

Schedule SB, Part V — Summary of Plan Provisions*Spouse Benefit*

If a married, vested participant dies, the spouse receives an unreduced benefit equal to 2/3 of the accrued benefit payable at the later of the date the employee died and the date the employee would have been eligible for early retirement. For Ludowici, the minimum REA death benefit applies.

Normal Form of Benefit

Retirement benefits are normally paid for the duration of the single employee's life. The normal form of benefit for the married employee is a reduced benefit payable for life with 50% of such reduced benefit continued to his or her spouse upon the death of such employee.

Schedule SB, Part V — Summary of Plan Provisions**CertainTeed Hourly (continued)**

<i>Optional Forms of Benefit</i>	<p>In addition to the normal form of benefit, the following forms of benefit are available on an actuarial equivalent basis:</p> <ul style="list-style-type: none">– Lump Sum (less than \$10,000)– Joint and 50% Survivor annuity– Joint and 75% Survivor annuity– Joint and 100% Survivor annuity– 5-Year Certain and Life annuity– 10-Year Certain and Life annuity– 15-Year Certain and Life annuity– 20-Year Certain and Life annuity.
<i>Termination and Vesting</i>	<p>If a member terminates employment with at least 5 years of service, he becomes fully vested in the amount of his accrued benefit.</p>

Schedule SB, Part V — Summary of Plan Provisions**CertainTeed Hourly (continued)****Summary of Provisions for Hourly-Rated Employees
Normal, Early, and Disability Benefits**

Appendix	Location	Actuarial Location Code	Effective Date of Provision	Monthly Benefit Per Year of Service	Early Retirement Requirements; Age 55 Plus Service	Disability Retirement	
						Service Required	Benefits
	<u>Roofing Products Group</u>						
AH	Oxford	1E	05/01/2014	\$42.50	15	15	\$42.50
I	Avery	1B	11/01/2012	\$45.00	15	15	\$45.00
J	Shakopee-Engineers	1P	05/01/2013	\$51.00	10	15	\$51.00
J1	Shakopee-Teamsters	1H	05/01/2013	\$51.00	10	15	\$51.00
Celotex	Freemont*	1S	03/01/2014 03/01/2016	\$35.25 \$36.25	15 15	15 15	\$35.25 \$36.25
	<u>Pipe & Plastics Group</u>						
O	Waco	2M	06/05/2006	\$30.00	15	15	\$30.00
P-M	McPherson-Molded	2J/7J	07/03/2005	\$32.00	10	15	\$32.00
P-E	McPherson-Extrusion	2H/2Q/7H	07/05/2004	\$32.00	10	15	\$32.00
Q	Social Circle	2L/7L	06/28/2004	\$30.00	15	15	\$30.00
AAB	Bufftech	2N	01/01/2005	\$20.50	10	15	\$20.50
AAH	Apache Plastics	2P	01/01/2007	\$24.00	10	10	\$24.00
	<u>Vinyl Building Products Group</u>						
AS	Hagerstown	7B	12/15/2014	\$48.00	15	10	\$48.00
Z	Lake Charles	2G/7Q	06/01/2005	\$50.00	10	10	\$50.00
	<u>Fiberglass Reinforcements Division</u>						
AF	Vetrotex-Cerbay	5B/5C	01/01/2006	\$28.00	10	15	\$28.00
AAG	Vetrotech	GM	08/01/2000	\$25.00	10	15	\$25.00
Celotex	Russellville*	5D	01/01/2004	\$22.00	15	15	\$22.00

* Benefit is based on all service but offset by the Celotex prior plan benefit.

Schedule SB, Part V — Summary of Plan Provisions**CertainTeed Hourly (continued)****Summary of Provisions for Hourly-Rated Employees
Normal, Early, and Disability Benefits**

Appendix	Location	Actuarial Location Code	Effective Date of Provision	Monthly Benefit Per Year of Service	Early Retirement Requirements; Age 55 Plus Service	Disability Retirement	
						Service Required	Benefits
<u>Insulation Group</u>							
D	Kansas City #7	3K	03/01/2010	\$54.00	15	15	\$54.00
AL	Athens	3F	04/01/2014	\$50.00	10	15	\$50.00
AU	Chowchilla	3C	05/01/2013	\$48.50	10	15	\$48.50
AC	Berlin Service Center	3G	03/01/2006 03/01/2016	\$35.00 \$36.00	10 10	15 15	\$35.00 \$36.00
AAC	Unisul	3M	08/01/2004	\$28.00	10	15	\$28.00
<u>Fibercement</u>							
AAI	White City	8H	05/01/2004	\$22.00	10	15	\$22.00
AAJ	Roaring River	8K	05/01/2004	\$22.00	10	15	\$22.00

Schedule SB, Part V — Summary of Plan Provisions**CertainTeed Salaried**

<i>Status</i>	Active accruing
<i>Effective Date</i>	January 1, 1976 (original effective date March 1, 1955), as amended to date.
<i>Eligibility</i>	An employee becomes a member of the plan after the completion of one year of service, provided he has been credited with at least 1,000 hours.
<i>Normal Retirement</i>	The first day of the month following a member's 65th birthday.
<i>Early Retirement</i>	A member may retire at his request on the first day of any month subsequent to his 55th birthday and completion of 10 years of service.
<i>Disability Retirement</i>	A member who is totally disabled while employed on or after his 50th birthday may retire on the first day of any month, provided he has completed at least 15 years of service.
<i>Normal Retirement Benefit</i>	<p>The annual amount of retirement income commencing at normal retirement date is the sum of the Final Pay Benefit, the Flat Dollar Benefit, and the Supplemental Retirement Income, determined as follows:</p> <p><u>Final Pay Benefit</u> – An annual benefit equal to 1.3% of the member's final average earnings multiplied by the number of years of his credited service. No credit is given for service prior to January 1, 1974 for members who did not contribute prior to that date.</p> <p>Final average earnings means the average annual earnings during the 60 consecutive months in the last 120 months of service producing the highest such average.</p> <p><u>Flat Dollar Benefit</u> – Members who did not contribute prior to January 1, 1974 receive an annual benefit of \$150 multiplied by the years of non-contributory service prior to that date.</p> <p><u>Supplemental Retirement Income</u> – A member's annual Supplemental Retirement Income, commencing on his normal retirement date, is 15% of his accumulated contributions (without interest) determined as of his last day of service.</p>
<i>Early Retirement Benefit</i>	<p>Upon early retirement, the benefit is determined as for normal retirement except it is based on credited service and final average earnings at the early retirement date. If benefit commences before the normal retirement date, early retirement reductions of 1/15th for each year that retirement precedes age 65, but not below age 60, and 1/30th for each year below age 60 apply; however, if the member retires after completing 30 years of service, early retirement reductions of 1/30 for each year that retirement precedes age 62 apply, with no reduction at age 62.</p> <p>Terminated vested participants who had less than 10 years of service at termination cannot receive their benefit prior to age 65.</p>
<i>Disability Benefit</i>	The benefit earned up to the disability retirement date is paid without actuarial reduction.

Schedule SB, Part V — Summary of Plan Provisions**CertainTeed Salaried (continued)**

<i>Normal Form of Benefit</i>	Retirement benefits are normally paid for the duration of the single member's life. The normal form of benefit for the married member is a reduced benefit payable for life with 50% of such reduced benefit continued to his or her spouse upon the death of such member.
<i>Optional Forms of Benefit</i>	<p>In addition to the normal form of benefit, the following forms of benefit are available on an actuarial equivalent basis:</p> <ul style="list-style-type: none"> – Lump Sum (less than \$10,000) – Joint and 50% Survivor annuity – Joint and 75% Survivor annuity – Joint and 100% Survivor annuity – 5-Year Certain and Life annuity – 10-Year Certain and Life annuity – 15-Year Certain and Life annuity – 20-Year Certain and Life annuity.
<i>Spouse Benefit</i>	<p>If a vested, married member dies, the spouse receives a benefit equal to the greater of:</p> <ol style="list-style-type: none"> (1) 50% of the member's accrued benefit (reduced by 1% for each year that the spouse is more than 3 years younger than the member) and (2) the member's accrued benefit actuarially reduced for 50% joint and survivor and early commencement. <p>This benefit is payable commencing on the member's earliest retirement date.</p> <p>Otherwise, any contributions the member may have made are returned with interest.</p>
<i>Termination and Vesting</i>	If a member terminates employment with at least 5 years of service, he becomes fully vested in the amount of his accrued benefit.
<i>Contributions</i>	<p>Employee contributions accrued to March 31, 1974 are based on the contribution formula in effect prior to that date.</p> <p>Employee contributions accrued from April 1, 1974 to December 31, 1977 were 5% of earnings in excess of the Social Security Wage Base in each year. As of January 1, 1978, the Company bears the full cost of benefits under the plan.</p>

Schedule SB, Part V — Summary of Plan Provisions**ChemFab*****This plan is frozen as of April 1, 2001.****Thereafter, the participant's accrued benefit as of April 1, 2001 will be increased by 4% per year until date of termination. Benefits earned after April 1, 2001 will be determined under the Saint-Gobain Retirement Accumulation Plan (cash balance plan).*

<i>Effective Date</i>	July 1, 1979
<i>Eligibility</i>	<p>One year of service.</p> <p>Non-bargaining Birdair employees who were participants in the Birdair Plan on June 30, 1980 shall become participants in this plan on July 1, 1980. Birdair bargaining unit employees are excluded from participation in this plan.</p>
<i>Normal Retirement</i>	Age 65.
<i>Early Retirement</i>	Age 55 and 10 years of vesting service. A participant who was a Birdair employee on June 30, 1980 may retire upon attainment of age 60 or after meeting the requirements above, if earlier.
<i>Normal Retirement Benefit</i>	<p>The annual amount of retirement income commencing at normal retirement date is equal to (a) multiplied by (b):</p> <p>(a) the sum of .74% of Covered Compensation and 1.39% of compensation in excess of Covered Compensation</p> <p>(b) the lesser of the participant's whole years of credited service or 25.</p> <p>For participants who were employees of Birdair Structures, Inc. on June 30, 1980, the normal retirement benefit will be no less than the participant's Birdair Plan benefit defined as follows:</p> <p>The total yearly annuities through June 30, 1980 as shown in Appendix A of the plan, plus .5% of the participant's annual compensation as of July of each plan year which is not in excess of \$6,600 plus 1.2% of such compensation in excess of \$6,600. One-fourth of each year's benefit will accrue on each quarterly date, provided the employee is a participant during the quarter immediately following the quarterly date, and further provided that no benefit under this paragraph will accrue during any plan year in which the participant does not earn 1,000 hours of service or for any plan year after the participant first becomes a highly-compensated employee as defined in Section 414(q) of the Code.</p> <p>The normal retirement benefit for employees who transferred to OC Birdair, Inc. shall be frozen as of July 1, 1986.</p> <p>In no event will any annual accrued benefit for any participant ever be lower than \$240 or the amount of the accrued benefit on July 1, 1989 under the Plan as then in effect or for any of the participants named in Appendix A to the Plan than the amount set forth thereon opposite the participant's name.</p>

Schedule SB, Part V — Summary of Plan Provisions**ChemFab (continued)***Early Retirement Benefit*

Normal retirement benefit based on actual service to early retirement date reduced for each month by which early retirement date precedes normal retirement date. Reduction factors are as follows:

<u>Age</u>	<u>Reduction Factor</u>
64	.923
63	.846
62	.769
61	.726
60	.692
59	.653
58	.615
57	.576
56	.529
55	.486

Terminated vested participants who had less than 10 years of service at termination cannot receive their benefit prior to age 65.

Dependent Child's Benefit

In the event a participant who was a Birdair employee on June 30, 1980 dies after age 60 but leaves no surviving spouse, or the spouse dies, a pre-retirement death benefit will be payable to an eligible dependent child.

Pre-retirement Death Benefit

If a participant who has not yet retired dies, the participant's spouse will receive the same retirement benefit that would be payable if the participant had separated from service on the date of death, survived to the earliest retirement age, retired with an immediate qualified joint and survivor annuity at the earliest retirement age, and died on the day after the earliest retirement age.

The pre-retirement death benefit payable to the spouse of a participant who was an employee of Birdair Structures, Inc. on June 30, 1980 and who dies after attainment of age 60 shall not be less than 50% of the Birdair Plan benefit payable at normal retirement date.

Vesting Benefit

A participant has a non-forfeitable right to a percentage of his accrued benefit as of his date of termination of employment provided that he has completed 3 years of vesting service.

Normal Form of Benefit

Retirement benefits are normally paid for the duration of the single member's life. The normal form of benefit for the married member is a reduced benefit payable for life with 50% of such reduced benefit continued to his or her spouse upon the death of such member.

Optional Forms of Benefit

In addition to the normal form of benefit, the following forms of benefit are available on an actuarial equivalent basis:

- Joint and 75% Survivor annuity (spouse only)
- Joint and 100% Survivor annuity (spouse only)
- 5-Year Certain and Life annuity
- 10-Year Certain and Life annuity
- 15-Year Certain and Life annuity.

Schedule SB, Part V — Summary of Plan Provisions**Coated Abrasives Hourly**

<i>Status</i>	Active accruing
<i>Effective Date</i>	January 1, 1951, as amended to date.
<i>Eligibility</i>	An employee becomes a member of the plan after the attainment of age 21 and the completion of one year of service, provided he has been credited with at least 1,000 hours. Only employees hired before May 1, 1983 are eligible.
<i>Normal Retirement</i>	The first day of the month next following a member's 65th birthday.
<i>Early Retirement</i>	A member may retire at his request on the first day of any month subsequent to his 50th birthday and completion of 10 years of service.
<i>Disability Retirement</i>	A member who is totally and permanently disabled while employed may retire provided he has completed 10 years of service.
<i>Normal Retirement Benefit</i>	The monthly amount of retirement income is equal to number of years of service multiplied by the monthly benefit level below: Effective May 1, 2014 – \$53.75
<i>Early Retirement Benefit</i>	<p>Upon early retirement, the benefit is determined as for normal retirement except it is based on credited service at the early retirement date. If benefits commence before the normal retirement date the benefit is reduced by 5% for each year early retirement precedes the earlier of (a) normal retirement date and (b) the date, had employment continued, age plus years of continuous service would have totaled 85.</p> <p>In addition, if the member's combined age and years of continuous service equals at least 85 at early retirement, a supplemental benefit of \$5.00 per month multiplied by years of service, subject to a minimum of \$100 per month, is payable until the earlier of age 65 or commencement of Social Security benefits.</p> <p>For terminated vested participants who had 10 or more years of service at termination, benefits can commence as early as age 50 and the benefit is reduced by 5% each year retirement precedes age 65.</p>
<i>Disability Benefit</i>	The benefit earned up to the disability retirement date is paid without actuarial reduction. If the member does not qualify for Social Security disability benefits, the member shall receive twice the benefit until Social Security benefits commence.
<i>Normal Form of Benefit</i>	Retirement benefits are normally paid for the duration of the single member's life. The normal form of benefit for the married member is a reduced benefit payable for life with 50% of such reduced benefit continued to his or her spouse upon the death of such member.
<i>Optional Forms of Benefit</i>	<p>In addition to the normal form of benefit, the following forms of benefit are available on an actuarial equivalent basis:</p> <ul style="list-style-type: none"> – Joint and 75% Survivor annuity (spouse only) – Joint and 100% Survivor annuity (spouse only) – 10-Year Certain and Life annuity.
<i>Spouse's Benefit</i>	<p>If a vested, married member dies, the spouse receives a benefit equal to the member's accrued benefit actuarially reduced for the 50% joint and survivor option and early commencement.</p> <p>This benefit is payable commencing on the member's earliest retirement date.</p> <p>If a vested, single member dies, the pre-retirement death benefit is paid to any dependent children under the age of 21.</p>

Schedule SB, Part V — Summary of Plan Provisions**Coated Abrasives Hourly (continued)**

<i>Termination and Vesting</i>	If a member terminates employment with at least 5 years of service, he is fully vested in the amount of his accrued benefit.
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Schedule SB, Part V — Summary of Plan Provisions**Corhart Hourly**

<i>Status</i>	Active accruing (unless noted below)																										
<i>Effective Date</i>	May 31, 1985, as amended to date.																										
<i>Eligibility</i>	All Union hourly employees of Corhart Refractories Corporation who are covered by a collective bargaining unit are eligible to participate in the plan. Leased employees are excluded.																										
<i>Normal Retirement</i>	The first day of the month coincident with or next following a member's 65th birthday.																										
<i>Early Retirement</i>	A member may retire at his request on the first day of any month subsequent to his 55th birthday and completion of 5 years of service.																										
<i>Disability Retirement</i>	A member who is totally and permanently disabled while employed may retire on the first day of any month, provided he has completed 10 years of service.																										
<i>Normal Retirement Benefit</i>	<p>The monthly amount of retirement income commencing at normal retirement is equal to years of Corhart credited service and years of Corning credited service multiplied by the following monthly benefit levels:</p> <table> <tr> <th></th><th></th><th><u>Corhart</u></th><th><u>Corning</u></th></tr> <tr> <td>Buckhannon:</td><td><u>Effective:</u></td><td></td><td></td></tr> <tr> <td></td><td>May 1, 2014</td><td>\$49.50</td><td>\$34.50</td></tr> <tr> <td>Louisville:</td><td><u>Effective:</u></td><td></td><td></td></tr> <tr> <td>(Closed)</td><td>January 1, 2005</td><td>\$38.75</td><td>\$23.75</td></tr> <tr> <td></td><td>January 1, 2005</td><td>\$39.75*</td><td>\$24.75*</td></tr> </table> <p>* (if age plus credited service is at least 83)</p> <p>The minimum benefit payable at late retirement is the normal retirement benefit increased 10% per year of deferral.</p>					<u>Corhart</u>	<u>Corning</u>	Buckhannon:	<u>Effective:</u>				May 1, 2014	\$49.50	\$34.50	Louisville:	<u>Effective:</u>			(Closed)	January 1, 2005	\$38.75	\$23.75		January 1, 2005	\$39.75*	\$24.75*
		<u>Corhart</u>	<u>Corning</u>																								
Buckhannon:	<u>Effective:</u>																										
	May 1, 2014	\$49.50	\$34.50																								
Louisville:	<u>Effective:</u>																										
(Closed)	January 1, 2005	\$38.75	\$23.75																								
	January 1, 2005	\$39.75*	\$24.75*																								
<i>Early Retirement Benefit</i>	<p>Upon early retirement, the benefit is determined as for normal retirement except it is based on credited service at the early retirement date. If benefits commence before the normal retirement date, early retirement reductions of 6% for each year retirement precedes age 60 apply; however, if the member retires after completing 30 years of service or attaining age 60, there is no early retirement reduction.</p> <p>For terminated vested participants, benefits can commence as early as age 55. The benefit is reduced by 1/15 of 1% for each year that retirement precedes age 65 (up to 5 years) and 1/30 of 1% for each year that retirement precedes age 60.</p>																										
<i>Disability Benefit</i>	The benefit earned up to the total and permanent disability retirement date is payable immediately without reduction for early commencement.																										
<i>Normal Form of Benefit</i>	Retirement benefits for retirement eligible participants are normally paid for the duration of the single member's life with the first 6 years guaranteed. Retirement benefits for deferred vested participants are normally paid for the duration of the single member's life. The normal form of benefit for the married member is a reduced benefit payable for life with 50% of such reduced benefit continued to his or her spouse upon the death of such member.																										

Schedule SB, Part V — Summary of Plan Provisions**Corhart Hourly (continued)**

<i>Optional Forms of Benefit</i>	<p>In addition to the normal form of benefit, the following forms of benefit are available on an actuarial equivalent basis:</p> <ul style="list-style-type: none">– Lump Sum (less than \$10,000)– Life annuity– 6-Year Certain and Life annuity– Pop-up Joint and 50% Survivor annuity with a 6-year guarantee– Pop-up Joint and 75% Survivor annuity with a 6-year guarantee– Pop-up Joint and 100% Survivor annuity with a 6-year guarantee. <p>Age 62 Level Income is available on all optional forms of benefit except for the Lump Sum.</p>
<i>Spouse's Benefit</i>	<p>If a vested, married member dies, the spouse receives a benefit equal to 50% of the member's accrued benefit actuarially reduced for 50% joint and survivor and early commencement. This benefit is payable commencing on the member's earliest retirement date.</p> <p>If an active married member dies with 15 years of service or after age 55 and 5 years of service, the spouse receives a benefit equal to 50% of the member's accrued benefit. This benefit is payable immediately and is reduced if the spouse is more than 5 years younger than the deceased member. The death benefit can also be payable to dependent children if there is no spouse.</p> <p>If a retired member dies before receiving 72 months of benefit benefits, the spouse receives the same benefit for the remainder of the 72 months.</p>
<i>Termination and Vesting</i>	<p>If a member terminates employment with at least 5 years of service, he is fully vested in the amount of his accrued benefit.</p>

Schedule SB, Part V — Summary of Plan Provisions**Corhart Salaried**

<i>Status</i>	Active accruing
<i>Effective Date</i>	May 31, 1985, as amended to date.
<i>Eligibility</i>	All salaried and non-Union hourly employees of Corhart Refractories Corporation are eligible to participate in the plan. Leased employees are excluded.
<i>Normal Retirement</i>	The first day of the month coincident with or next following a member's 65th birthday.
<i>Early Retirement</i>	A member may retire at his request on the first day of any month subsequent to his 55th birthday and completion of 5 years of service.
<i>Disability Retirement</i>	A member who is totally and permanently disabled while employed may retire on the first day of any month, provided he has completed 10 years of service.
<i>Normal Retirement Benefit</i>	<p>The annual amount of retirement income commencing at normal retirement date is the sum of a), b) and c):</p> <ul style="list-style-type: none"> a) Accruals prior to January 1, 1989: <ul style="list-style-type: none"> 1.5% of compensation up the Social Security Wage Base plus 2% of compensation in excess of the Social Security Wage Base b) Accruals after January 1, 1989 but prior to 35 years of Credited Service: <ul style="list-style-type: none"> 1.5% of compensation up to Covered Compensation plus 1.8% of compensation in excess of Covered Compensation c) Accruals after January 1, 1989 and after completion of 35 years of Credited Service: <ul style="list-style-type: none"> 1.8% of compensation <p>In addition, as of December 31, 2000, there was a one-time update equal to the difference of the participant's accrued Corhart benefit and their benefit calculated under the Norton Unified Plan's 1.25% final average pay formula. When calculating this update, all prior Saint-Gobain service and benefits were reflected.</p>
<i>Early Retirement Benefit</i>	<p>Upon early retirement, the benefit is determined as for normal retirement except it is based on credited service at the early retirement date. If benefits commence before the normal retirement date, early retirement reductions of 6% for each year retirement precedes age 60 apply; however, if the member retires after completing 30 years of service or attaining age 60, there is no early retirement reduction.</p> <p>For terminated vested participants, benefits can commence as early as age 55. The benefit is reduced by 1/15 of 1% for each year that retirement precedes age 65 (up to 5 years) and 1/30 of 1% for each year that retirement precedes age 60.</p>

Schedule SB, Part V — Summary of Plan Provisions**Corhart Salaried (continued)**

<i>Late Retirement Benefit</i>	<p>For participants who remain employed past normal retirement date, the late retirement benefit is the greater of a) and b):</p> <p>a) Accruals calculated based on the formula shown under normal retirement benefit using service and compensation through late retirement date</p> <p>b) The normal retirement benefit increased 10% per year of deferral past normal retirement date.</p>
<i>Disability Benefit</i>	The benefit earned up to the total and permanent disability retirement date is payable immediately without reduction for early commencement.
<i>Normal Form of Benefit</i>	Retirement benefits for retirement eligible participants are normally paid for the duration of the single member's life with the first 6 years guaranteed. Retirement benefits for deferred vested participants are normally paid for the duration of the single member's life. The normal form of benefit for the married member is a reduced benefit payable for life with 50% of such reduced benefit continued to his or her spouse upon the death of such member.
<i>Optional Forms of Benefit</i>	<p>In addition to the normal form of benefit, the following forms of benefit are available on an actuarial equivalent basis:</p> <ul style="list-style-type: none"> – Lump Sum (less than \$10,000) – Life annuity – 6-Year Certain and Life annuity – Pop-up Joint and 50% Survivor annuity with a 6-year guarantee – Pop-up Joint and 75% Survivor annuity with a 6-year guarantee – Pop-up Joint and 100% Survivor annuity with a 6-year guarantee. <p>Age 62 Level Income is available on all optional forms of benefit except for the Lump Sum.</p>
<i>Spouse's Benefit</i>	<p>If a vested, married member dies, the spouse receives a benefit equal to 50% of the member's accrued benefit actuarially reduced for 50% joint and survivor coverage and early commencement. This benefit is payable commencing on the member's earliest retirement date.</p> <p>If an active married member dies with 15 years of service or after age 55 and 5 years of service, the spouse receives a benefit equal to 50% of the member's accrued benefit. This benefit is payable immediately and is reduced if the spouse is more than 5 years younger than the deceased member. The death benefit can also be payable to dependent children if there is no spouse.</p> <p>If a retired member dies before receiving 72 months of benefit benefits, the spouse receives the same benefit for the remainder of the 72 months.</p>
<i>Termination and Vesting</i>	If a member terminates employment with at least 5 years of service, he is fully vested in the amount of his accrued benefit.

Schedule SB, Part V — Summary of Plan Provisions**Furon Hourly – CHR Industries**

<i>Status</i>	Closed
<i>Effective Date</i>	December 31, 1958, as amended to date.
<i>Eligibility</i>	Immediate.
<i>Normal Retirement</i>	Age 65.
<i>Early Retirement</i>	Age 55 and 5 years of service.
<i>Disability Retirement</i>	10 years of service.
<i>Normal Retirement Benefit</i>	Years of service multiplied by the monthly benefit level below: <u>Effective:</u> October 21, 2002 – \$29.00
<i>Early Retirement Benefit</i>	Benefit is reduced .25% per month prior to age 65. For terminated vested participants, benefits can commence as early as age 55 and the benefit is reduced by .25% per month prior to age 65.
<i>Disability Benefit</i>	Two times accrued benefit until eligible for Social Security Age or Disability Benefit, thereafter the accrued benefit.
<i>Normal Form of Benefit</i>	Life annuity guaranteed for 5 years. If married, reduced Joint and 50% Survivor annuity.
<i>Optional Forms of Benefit</i>	In addition to the normal form of benefit, the following forms of benefit are available on an actuarial equivalent basis: <ul style="list-style-type: none"> – Joint and 50% Survivor annuity – Joint and 75% Survivor annuity – Joint and 66-2/3% Survivor annuity – Joint and 100% Survivor annuity – 10-Year Certain and Life annuity. Age 62 Level Income is available on all optional forms of benefit.
<i>Spouse's Benefit</i>	50% of the member's accrued benefit commencing on the member's earliest retirement date reduced for early commencement. For employees with 10 years of service, no early retirement reduction applies.
<i>Termination and Vesting</i>	5 years of service.

Schedule SB, Part V — Summary of Plan Provisions**Norandex Union**

<i>Status</i>	Actives accruing (unless noted below)														
<i>Effective Date</i>	January 1, 2011														
<i>Eligibility</i>	One year of service.														
<i>Normal Retirement</i>	Age 65 with 5 years of service.														
<i>Early Retirement</i>	Age 60 with 10 years of service.														
<i>Disability Retirement</i>	10 years of service.														
<i>Monthly Normal Retirement Benefit</i>	\$2.50 per calendar quarter of service.														
<i>Wheeling, Illinois¹</i>	\$2.50 per calendar quarter of service.														
<i>Crestwood, Illinois</i>	\$2.00 per calendar quarter of service (but not more than 160 calendar quarters).														
<i>Fenton, Missouri</i>	\$2.00 per calendar quarter of service (but not more than 160 calendar quarters).														
<i>Maryland Heights, Missouri</i>	\$2.00 per calendar quarter of service (but not more than 160 calendar quarters).														
<i>Monthly Early Retirement Benefit</i>	Benefit is reduced for commencement prior to age 65 as follows: <table> <tr> <th><u>Age</u></th><th><u>Percentage</u></th></tr> <tr> <td>60</td><td>70%</td></tr> <tr> <td>61</td><td>76</td></tr> <tr> <td>62</td><td>82</td></tr> <tr> <td>63</td><td>88</td></tr> <tr> <td>64</td><td>94</td></tr> <tr> <td>65 or over</td><td>100</td></tr> </table> <p>For terminated vested participants who had 10 or more years of service at termination, benefits can commence as early as age 60 and the benefit is reduced based on the table shown above.</p>	<u>Age</u>	<u>Percentage</u>	60	70%	61	76	62	82	63	88	64	94	65 or over	100
<u>Age</u>	<u>Percentage</u>														
60	70%														
61	76														
62	82														
63	88														
64	94														
65 or over	100														
<i>Monthly Disability Benefit</i>	Accrued benefit payable to the earlier of the date the participant recovers from disability, the date the participant elects an early retirement benefit or the participant's normal retirement date.														
<i>Normal Form of Benefit</i>	Life annuity. If married, reduced Joint and 50% Survivor annuity.														
<i>Optional Forms of Benefit</i>	In addition to the normal form of benefit, the following forms of benefit are available on an actuarial equivalent basis: <ul style="list-style-type: none"> – Lump Sum – Joint and 75% Survivor annuity. 														
<i>Spouse's Benefit</i>	If a vested, married member dies, the spouse receives a benefit equal to 50% of the member's accrued benefit actuarially reduced for 50% joint and survivor coverage and early commencement. This benefit is payable commencing on the member's earliest retirement date.														
<i>Termination and Vesting</i>	5 years of service.														

¹ Wheeling, Illinois union decertified December 1, 2012. Benefits and eligibility were frozen as of this date.

Schedule SB, Part V — Summary of Plan Provisions**Norton Unified**

<i>Status</i>	Active accruing
<i>Effective Date</i>	January 1, 1971, as amended to date.
<i>Eligibility</i>	An employee becomes a member of the plan on the January 1 or July 1 following the attainment of age 21 and the completion of one year of service.
<i>Normal Retirement</i>	The first day of the month next following a member's 65th birthday.
<i>Early Retirement</i>	A member may retire at his request on the first day of any month subsequent to his 50th birthday and completion of 10 years of service.
<i>Normal Retirement Benefit</i>	<p>The monthly amount of retirement income commencing at normal retirement date is the sum of a) and b) but not less than c):</p> <p>a) Accruals prior to January 1, 1989:</p> <p>The Monthly Accrued Benefit as of December 31, 1988 is indexed by a factor equal to average monthly compensation at termination divided by average monthly compensation as of December 31, 1988. This factor may never be less than 1.</p> <p>b) Accruals after January 1, 1989:</p> <p>A monthly benefit equal to 1.25% of the member's average monthly compensation multiplied by the number of years of credited service after December 31, 1988.</p> <p>c) \$12 per month multiplied by total years of credited service.</p> <p>For former Universal Superabrasives, Inc. Retirement Income Plan and AB Pension Plan participants, the monthly amount of retirement income is the greater of a) and b) but not less than c):</p> <p>a) A monthly benefit equal to 1.25% (.75% for former AB Pension Plan participants) of the member's average monthly compensation multiplied by the number of years of credited service.</p> <p>b) \$12 per month multiplied by years of credited service.</p> <p>c) The monthly benefit as of December 31, 1999 under the prior plan.</p>
<i>Early Retirement Benefit</i>	<p>Upon early retirement, the benefit is determined as for normal retirement except it is based on credited service and average monthly compensation at the early retirement date. If benefits commence before the normal retirement date the benefit is reduced as follows:</p> <ul style="list-style-type: none"> the portion of the benefit attributable to service prior to January 1, 1985 is reduced 5% for each year by which early retirement precedes the earlier of (a) normal retirement date and (b) the date, had employment continued, that age plus years of continuous service would have totaled 85. the portion of the benefit attributable to service from January 1, 1985 to December 31, 1994 is reduced 5% for each year by which early retirement precedes the earlier of (a) normal retirement date and (b) the later of age 60 and the date, had employment continued, that age plus years of continuous service would have totaled 85.

Schedule SB, Part V — Summary of Plan Provisions**Norton Unified (continued)**

<i>Early Retirement Benefit (continued)</i>	<ul style="list-style-type: none"> the portion of the benefit attributable to service after January 1, 1995 is reduced 5% for each year by which early retirement precedes normal retirement. <p>For former Universal Superabrasives, Inc. Retirement Income Plan and AB Pension Plan participants, the monthly amount of retirement income is reduced 5% for each year by which early retirement precedes normal retirement.</p> <p>For terminated vested participants who had 10 or more years of service at termination, benefits can commence as early as age 50 and the benefit is reduced by 5% each year retirement precedes age 65.</p>
<i>Disability Benefit</i>	The benefit is computed so that accruals are credited as though employment continued until normal retirement date at the average monthly compensation in effect at disablement.
<i>Early Retirement Plan Benefit</i>	Norton Company originally established this plan to pay additional retirement benefits to certain retirees without involving the qualified retirement plan. Many times employees were asked to retire, either for medical reasons or to achieve a workforce reduction. This plan was merged into the qualified plan effective December 31, 1993.
<i>Normal Form of Benefit</i>	Retirement benefits are normally paid for the duration of the single member's life. The normal form of benefit for the married member is a reduced benefit payable for life with 50% of such reduced benefit continued to his or her spouse upon the death of such member.
<i>Optional Forms of Benefit</i>	<p>In addition to the normal form of benefit, the following forms of benefit are available on an actuarial equivalent basis:</p> <ul style="list-style-type: none"> – Lump Sum (less than \$10,000) – Joint and 75% Survivor annuity (spouse only) – Joint and 100% Survivor annuity (spouse only) – 100-Month Certain and Life annuity. <p>In addition, all Joint and Survivor forms have a deferred coverage option.</p>
<i>Spouse's Benefit</i>	<p>If a vested, married member dies, the spouse receives a benefit equal to 50% of the member's accrued benefit actuarially reduced for early commencement.</p> <p>If a vested, single member dies, the designated beneficiary receives 60 monthly benefits equal to the member's accrued benefit reduced for early commencement.</p> <p>These benefits are payable commencing on the member's earliest retirement date.</p>
<i>Termination and Vesting</i>	If a member terminates employment with at least 5 years of service, he becomes fully vested in the amount of his accrued benefit.

Schedule SB, Part V — Summary of Plan Provisions**Saint-Gobain Retirement Accumulation Plan**

<i>Status</i>	Active accruing								
<i>Effective Date</i>	January 1, 2001.								
<i>Eligibility</i>	See beginning of plan provision section for information on plan eligibility.								
<i>Credited Service</i>	For purposes of determining plan benefits, credited service includes service as a participant in this plan only.								
<i>Normal Retirement</i>	A participant is eligible for a normal retirement pension on his normal retirement date, the first of the month following his 65th birthday.								
<i>Cash Balance Account</i>	<p>An account balance was established for all salaried employees hired on or after January 1, 2001 and for all non-union hourly employees hired on or after January 1, 2008. This account was initially set at zero and will increase annually by pay and interest credits.</p> <p>An account balance was established for union participants at certain locations who were hired after dates established in their CBA.</p> <p>Pay credits are based on each participant's credited service as follows:</p> <table> <tr> <th><u>Full Years of Service</u></th><th><u>Pay Credit (Percentage of Compensation)</u></th></tr> <tr> <td>less than 9</td><td>3.0%</td></tr> <tr> <td>9 - 15</td><td>3.5%</td></tr> <tr> <td>16 or more</td><td>4.0%</td></tr> </table> <p>Pay credits are provided retroactively to one year prior to the participant's date of entry in the plan.</p> <p>Interest credits are based on the average 30-year U.S. Treasury Bond rates for the month of November preceding the start of the plan year.</p>	<u>Full Years of Service</u>	<u>Pay Credit (Percentage of Compensation)</u>	less than 9	3.0%	9 - 15	3.5%	16 or more	4.0%
<u>Full Years of Service</u>	<u>Pay Credit (Percentage of Compensation)</u>								
less than 9	3.0%								
9 - 15	3.5%								
16 or more	4.0%								
<i>Normal Form of Benefit</i>	The normal form of benefit for non-married participants is a life annuity. For married participants, the normal form of benefit is a qualified joint and 50% survivor annuity.								
<i>Optional Forms of Benefit</i>	<p>In addition to the normal form of benefit, the following forms of benefit are available on an actuarial equivalent basis:</p> <ul style="list-style-type: none"> – Lump Sum – Single Life annuity – Joint and 50% Survivor annuity – Joint and 75% Survivor annuity. 								
<i>Termination and Vesting</i>	If a member terminates employment with at least 3 years of service, he is fully vested in the amount of his accrued benefit.								
<i>Disability Benefit</i>	<p>The annual Pay Credits while disabled are based on the greater of:</p> <ol style="list-style-type: none"> 1) Base salary in effect on the day before disability 2) Pay for the calendar year preceding disability. 								

Schedule SB, Part V — Summary of Plan Provisions**Saint-Gobain Retirement Accumulation Plan (continued)**

Death Benefit

If a member dies while actively employed, his account is fully vested. If the member is not married, his beneficiary will receive his account balance as a lump sum. If the member was married, the surviving spouse may choose either a life annuity or a lump sum.

Schedule SB, Part V — Summary of Plan Provisions**SG Containers – Salaried**

<i>Status</i>	Sold
<i>Effective Date</i>	September 15, 1995.
<i>Eligibility</i>	Immediate.
<i>Normal Retirement</i>	The first day of the month coincident with or next following a member's 65th birthday.
<i>Early Retirement</i>	A member may retire at his request on the first day of any month subsequent to his 55th birthday and completion of 5 years of service.
<i>Normal Retirement Benefit</i>	The monthly amount of retirement income commencing at normal retirement date is 1.25% of the member's average monthly compensation multiplied by the number of years of credited service to a maximum of 35 years.
<i>Early Retirement Benefit</i>	<p>Upon early retirement, the benefit is determined in the same manner as at normal retirement except it is based on credited service and average monthly compensation at the early retirement date. Early retirement benefits are reduced by 5% for each year retirement precedes age 62.</p> <p>A terminated vested employee's early retirement benefit is actuarially reduced for each year by which early retirement precedes the normal retirement date. Actuarial equivalence is determined using the 1994 Group Annuity Reserving Table projected to 2002 using Scale AA and 6%.</p>
<i>Guaranteed Benefit</i>	<p>Employees who are at least age 52 on September 15, 1995 with 5 or more years of service (10 or more for former Ball employees), and who terminate employment after age 55, are entitled to the larger of (A) or (B):</p> <p>(A) The amounts described above at normal or early retirement;</p> <p>(B) The amount that, when combined with their accrued benefit at September 15, 1995 under the prior plan, they would have received under the prior plan if they had continued to participate in that plan to the earlier of their separation from service or September 15, 1998.</p>
<i>Normal Form of Benefit</i>	Retirement benefits are normally paid for the duration of the single member's life. The normal form of benefit for the married member is a reduced benefit payable for life with 50% of such reduced benefit continued to his or her spouse upon the death of such member.
<i>Optional Forms of Benefit</i>	<p>In addition to the normal form of benefit, the following forms of benefit are available on an actuarial equivalent basis:</p> <ul style="list-style-type: none"> – Lump Sum – Single Life annuity – Joint and 50% Survivor annuity – Joint and 75% Survivor annuity.
<i>Spouse's Benefit</i>	Upon the death of a participant with a surviving spouse, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his earliest retirement age, retired with a qualified joint and 50% survivor annuity, then died the next day.

Schedule SB, Part V — Summary of Plan Provisions

SG Containers – Salaried (continued)

Termination and Vesting

If a member terminates employment with at least 5 years of service, he is fully vested in the amount of his accrued benefit.

Schedule SB, Part V — Summary of Plan Provisions**Solon Technologies – Hourly**

<i>Status</i>	Closed
<i>Effective Date</i>	September 1, 1990, as amended to date.
<i>Eligibility</i>	All hourly employees of Solon Technologies, Inc. who are covered by a collective bargaining unit are eligible to participate in the plan. Leased employees are excluded.
<i>Normal Retirement</i>	The first day of the month coincident with or next following a member's 65th birthday.
<i>Early Retirement</i>	A member may retire at his request on the first day of any month subsequent to his 55th birthday and completion of 10 years of service.
<i>Disability Retirement</i>	A member who is totally and permanently disabled while employed may retire on the first day of any month following the later of a) written application for Disability Retirement and b) 6 months after the occurrence of such disability, provided he has completed 10 years of service.
<i>Normal Retirement Benefit</i>	<p>The monthly amount of retirement income commencing at normal retirement date is equal to the sum of a) and b):</p> <p>a) the accrued benefit under the Plan as of December 31, 1991.</p> <p>b) years of service accrued after December 31, 1991 multiplied by the following monthly benefit levels:</p> <p>Effective July 29, 2007 \$33.50</p> <p>The minimum benefit payable at late retirement is the normal retirement benefit increased 7.5% per year of deferral.</p>
<i>Early Retirement Benefit</i>	<p>Upon early retirement, the benefit is determined as for normal retirement except it is based on benefit service at the early retirement date. If benefits commence before the normal retirement date, early retirement reductions of 1/15 for each year that retirement precedes age 65, but not below age 60, and 1/30 for each year below age 60 apply; however, if the member retires after completing 25 years of service, early retirement reductions of 12% for the first year and 3% thereafter for each year that retirement precedes age 62, with no reduction at age 62.</p> <p>For terminated vested participants who had 10 or more years of service at termination, benefits can commence as early as age 55 and the benefit is reduced as described above.</p>
<i>Disability Benefit</i>	The benefit earned up to the total and permanent disability retirement date is payable immediately without reduction for early commencement.
<i>Normal Form of Benefit</i>	Retirement benefits are normally paid for the duration of the single member's life. The normal form of benefit for the married member is a reduced benefit payable for life with 50% of such reduced benefit continued to his or her spouse upon the death of such member.

Schedule SB, Part V — Summary of Plan Provisions**Solon Technologies – Hourly (continued)**

<i>Optional Forms of Benefit</i>	<p>In addition to the normal form of benefit, the following forms of benefit are available on an actuarial equivalent basis:</p> <ul style="list-style-type: none"> – Lump Sum (less than \$10,000) – Joint and 66-2/3% Survivor annuity (spouse only) – Joint and 75% Survivor annuity (spouse only) – Joint and 66-2/3% Last Survivor annuity (spouse only) – 10-Year Certain and Life annuity. <p>Age 62 Level Income is available on all optional forms of benefit except for the Lump Sum.</p>
<i>Spouse's Benefit</i>	<p>If a vested, married member dies, the spouse receives a benefit equal to 50% of the member's accrued benefit actuarially reduced for 50% joint and survivor and early commencement. This benefit is payable commencing on the member's earliest retirement date.</p> <p>If an active married member dies after attaining age 45 and completing 10 years of service, the spouse receives a benefit equal to 50% of the member's accrued benefit. The death benefit can also be payable to dependent children if there is no spouse.</p>
<i>Termination and Vesting</i>	<p>If a member terminates employment with at least 5 years of service, he is fully vested in the amount of his accrued benefit.</p>

Schedule SB, Part V — Summary of Plan Provisions***Benefits Included or Excluded***

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

- **Plan amendments excluded:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Additional Benefits Included or Excluded

- **IRC Section 436 benefit restrictions:**
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** Our understanding is that there are no unpredictable contingent event benefits provided to participants of this plan.

Plan Provision Changes Since Prior Valuation

- Changes in certain hourly multipliers were reflected in the January 1, 2016 valuation. These changes are highlighted in the plan provision summaries.

Saint-Gobain Retirement Income Plan

**Schedule of Assets Held at End of Year
Form 5500, Schedule H, Item 4i
EIN 23-2615166, Plan 004
December 31, 2016**

Identity of Issuer	Description of Asset	Cost	Current Value
Insurance contract Aetna Life Insurance Company	Immediate participation guarantee contract	<u>\$86,890</u>	<u>\$86,890</u>
		<u>\$86,890</u>	<u>\$86,890</u>

Schedule SB, Line 24 — Change in Actuarial Assumptions

Actuarial Assumption Changes Since Prior Valuation

- The discount rate and mortality table assumptions were updated from 2015 to 2016 in accordance with PPA.
- The interest accumulation rate for the Retirement Accumulation Plan was changed from 2.75% to 3.00%
- The expense component of normal cost decreased from \$16,437,000 to \$5,812,000. This is due to the elimination of the PBGC variable rate premium on 2015 plan year contributions.