

|                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|
| <b>Form 5500-SF</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation                                                                                                                                                                        |                                                   | <b>Short Form Annual Return/Report of Small Employee Benefit Plan</b><br><br>This form is required to be filed 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).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b> |                                                              | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |  |
| <b>Part I Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                       |                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                         |  |
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018                                                                                                                                                                                                                                                                                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                         |  |
| <b>A</b> This return/report is for:                                                                                                                                                                                                                                                                                                                                          |                                                   | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)                                                                                                                     |                                                              |                                                                                                         |  |
| <b>B</b> This return/report is                                                                                                                                                                                                                                                                                                                                               |                                                   | <input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan                                                                                                                                                                                                                                                                                            |                                                              |                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report                                                                                                                                                                                                                                                                                  |                                                              |                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                                                                                                                                                                   |                                                              |                                                                                                         |  |
| <b>C</b> Check box if filing under:                                                                                                                                                                                                                                                                                                                                          |                                                   | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program                                                                                                                                                                                                                                                   |                                                              |                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <input type="checkbox"/> special extension (enter description)                                                                                                                                                                                                                                                                                                                     |                                                              |                                                                                                         |  |
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                       |                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                         |  |
| <b>1a</b> Name of plan<br>RETIREMENT PLAN OF GCP APPLIED TECHNOLOGIES INC. CHEMICAL GROUP (NON-UNION HOURLY EMPLOYEES)                                                                                                                                                                                                                                                       |                                                   | <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                           |                                                              | 002                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <b>1c</b> Effective date of plan                                                                                                                                                                                                                                                                                                                                                   |                                                              | 01/01/2016                                                                                              |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>GCP APPLIED TECHNOLOGIES INC.<br><br>62 WHITEMORE AVENUE<br>CAMBRIDGE, MA 02140                             |                                                   | <b>2b</b> Employer Identification Number (EIN)                                                                                                                                                                                                                                                                                                                                     |                                                              | 47-3936076                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <b>2c</b> Sponsor's telephone number                                                                                                                                                                                                                                                                                                                                               |                                                              | 617-876-1400                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <b>2d</b> Business code (see instructions)                                                                                                                                                                                                                                                                                                                                         |                                                              | 325100                                                                                                  |  |
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.                                                                                                                                                                                                                                                                    |                                                   | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                      |                                                              |                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                                                                         |  |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                       |                                                   | <b>4b</b> EIN                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                                                                         |  |
| <b>5a</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                     |                                                   | <b>5a</b>                                                                                                                                                                                                                                                                                                                                                                          |                                                              | 111                                                                                                     |  |
| <b>b</b> Total number of participants at the end of the plan year                                                                                                                                                                                                                                                                                                            |                                                   | <b>5b</b>                                                                                                                                                                                                                                                                                                                                                                          |                                                              | 116                                                                                                     |  |
| <b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)                                                                                                                                                                                                                                    |                                                   | <b>5c</b>                                                                                                                                                                                                                                                                                                                                                                          |                                                              |                                                                                                         |  |
| <b>d(1)</b> Total number of active participants at the beginning of the plan year                                                                                                                                                                                                                                                                                            |                                                   | <b>5d(1)</b>                                                                                                                                                                                                                                                                                                                                                                       |                                                              | 103                                                                                                     |  |
| <b>d(2)</b> Total number of active participants at the end of the plan year                                                                                                                                                                                                                                                                                                  |                                                   | <b>5d(2)</b>                                                                                                                                                                                                                                                                                                                                                                       |                                                              | 101                                                                                                     |  |
| <b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested                                                                                                                                                                                                                                         |                                                   | <b>5e</b>                                                                                                                                                                                                                                                                                                                                                                          |                                                              | 12                                                                                                      |  |
| <b>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</b>                                                                                                                                                                                                                                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                         |  |
| Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. |                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                         |  |
| <b>SIGN HERE</b>                                                                                                                                                                                                                                                                                                                                                             | Filed with authorized/valid electronic signature. | 10/10/2019                                                                                                                                                                                                                                                                                                                                                                         | CHARLOTTE MERRELL                                            |                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                              | Signature of plan administrator                   | Date                                                                                                                                                                                                                                                                                                                                                                               | Enter name of individual signing as plan administrator       |                                                                                                         |  |
| <b>SIGN HERE</b>                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                              | Signature of employer/plan sponsor                | Date                                                                                                                                                                                                                                                                                                                                                                               | Enter name of individual signing as employer or plan sponsor |                                                                                                         |  |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.                                                                                                                                                                                                                                                                                                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                         |  |
| Form 5500-SF (2018)<br>v.17102                                                                                                                                                                                                                                                                                                                                               |                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                         |  |

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** 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 4158948. (See instructions.)

**Part III Financial Information**

| <b>7 Plan Assets and Liabilities</b>                                                                 |              | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|------------------------------------------------------------------------------------------------------|--------------|------------------------------|------------------------|
| <b>a</b> Total plan assets .....                                                                     | <b>7a</b>    | 2876811                      | 2685873                |
| <b>b</b> Total plan liabilities .....                                                                | <b>7b</b>    |                              |                        |
| <b>c</b> Net plan assets (subtract line 7b from line 7a) .....                                       | <b>7c</b>    | 2876811                      | 2685873                |
| <b>8 Income, Expenses, and Transfers for this Plan Year</b>                                          |              | <b>(a) Amount</b>            | <b>(b) Total</b>       |
| <b>a</b> Contributions received or receivable from:                                                  |              |                              |                        |
| <b>(1)</b> Employers .....                                                                           | <b>8a(1)</b> |                              |                        |
| <b>(2)</b> Participants .....                                                                        | <b>8a(2)</b> |                              |                        |
| <b>(3)</b> Others (including rollovers) .....                                                        | <b>8a(3)</b> |                              |                        |
| <b>b</b> Other income (loss) .....                                                                   | <b>8b</b>    | -142793                      |                        |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                  | <b>8c</b>    |                              | -142793                |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... | <b>8d</b>    | 26746                        |                        |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions) .....                     | <b>8e</b>    |                              |                        |
| <b>f</b> Administrative service providers (salaries, fees, commissions) .....                        | <b>8f</b>    |                              |                        |
| <b>g</b> Other expenses .....                                                                        | <b>8g</b>    | 21399                        |                        |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....                                         | <b>8h</b>    |                              | 48145                  |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c) .....                                     | <b>8i</b>    |                              | -190938                |
| <b>j</b> Transfers to (from) the plan (see instructions) .....                                       | <b>8j</b>    |                              |                        |

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
1B
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

| <b>10 During the plan year:</b>                                                                                                                                                                                                           |            | <b>Yes</b>                          | <b>No</b>                           | <b>Amount</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------|-------------------------------------|---------------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....                       | <b>10a</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....                                                                                                      | <b>10b</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>c</b> Was the plan covered by a fidelity bond? .....                                                                                                                                                                                   | <b>10c</b> | <input checked="" type="checkbox"/> |                                     | 15000000      |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                   | <b>10d</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) ..... | <b>10e</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                        | <b>10f</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....                                                                                                                                          | <b>10g</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                              | <b>10h</b> |                                     |                                     |               |
| <b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....                                                       | <b>10i</b> |                                     |                                     |               |

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ☒ Yes ☐ No

**11a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... **11a** 0

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

**a** 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 letter ruling granting the waiver. .... Month ..... Day ..... Year .....

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year ..... **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year ..... **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) ..... **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year ..... **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

**c** 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.)

| <b>13c(1)</b> Name of plan(s): | <b>13c(2)</b> EIN(s) | <b>13c(3)</b> PN(s) |
|--------------------------------|----------------------|---------------------|
|                                |                      |                     |

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018                                         |                                                                                                                                                  |
| 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<br>RETIREMENT PLAN OF GCP APPLIED TECHNOLOGIES INC. CHEMICAL GROUP (NON-UNION HOURLY EMPLOYEES)                     | B Three-digit plan number (PN) 002                                                                                                               |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>GCP APPLIED TECHNOLOGIES INC.                                 | D Employer Identification Number (EIN)<br>47-3936076                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2018                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 2876811                   |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 2712194                   |                          |
| 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                                                                                                                                     | 2                          | 251166                    | 251166                   |
| b      | For terminated vested participants                                                                                                                                                               | 6                          | 212762                    | 212762                   |
| c      | For active participants                                                                                                                                                                          | 103                        | 1317298                   | 1529687                  |
| d      | Total                                                                                                                                                                                            | 111                        | 1781226                   | 1993615                  |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                          |                            |                           |                          |
| 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                          | 5.81 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               | 6                          | 124290                    |                          |

Statement by Enrolled Actuary

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

|                                              |              |                                        |
|----------------------------------------------|--------------|----------------------------------------|
| SIGN HERE                                    |              |                                        |
| Signature of actuary                         | 09/17/2019   | Date                                   |
| TRICIA SCHWABENBAUER                         | 17-07200     | Most recent enrollment number          |
| Type or print name of actuary                | 410-547-2990 | Telephone number (including area code) |
| AON CONSULTING, INC.                         |              |                                        |
| Firm name                                    |              |                                        |
| 500 EAST PRATT STREET<br>BALTIMORE, MD 21202 |              |                                        |
| Address of the firm                          |              |                                        |

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 649517                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 123859                 |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 525658                 |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>16.38</u> % .....                                                                                | 0                     | 86103                  |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 396907                 |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.00</u> % ..... |                       | 16383                  |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 20288                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 433578                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 433578                 |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 1045339                |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 83.60%  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 136.04% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 82.21%  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

|                                                 |                       |                                                |                                                           |                                                     |
|-------------------------------------------------|-----------------------|------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                       |                                                |                                                           |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>3.92% | 2nd segment:<br>5.52%                          | 3rd segment:<br>6.29%                                     | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                       |                                                |                                                           | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                       |                                                |                                                           | <b>22</b> 58                                        |
| <b>23</b> Mortality table(s) (see instructions) | Prior regulation:     | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                 |
|                                                 | Current regulation:   | <input type="checkbox"/> Prescribed - combined | <input type="checkbox"/> Prescribed - separate            | <input type="checkbox"/> Substitute                 |

**Part VI Miscellaneous Items**

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

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

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

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

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 124290             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 326760              |                    | 66511         |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   |                    | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 190801             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 190801             | 190801        |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                  |                                         |                                   |                               |                               |
|----------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                         |                                   |                               |                               |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years | <input type="checkbox"/> 15 years |                               |                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008           | <input type="checkbox"/> 2009     | <input type="checkbox"/> 2010 | <input type="checkbox"/> 2011 |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2018

| Attained<br>Age | Number of Participants<br>Years of Credited Service |     |     |       |       |       |       |       |       |     |
|-----------------|-----------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|                 | <1                                                  | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25             | 3                                                   |     |     |       |       |       |       |       |       |     |
| 25-29           | 6                                                   | 4   |     |       |       |       |       |       |       |     |
| 30-34           | 6                                                   | 4   | 2   |       |       |       |       |       |       |     |
| 35-39           | 8                                                   | 1   | 2   |       |       |       |       |       |       |     |
| 40-44           | 5                                                   | 3   | 2   |       | 2     |       |       |       |       |     |
| 45-49           | 5                                                   | 8   | 2   | 2     | 2     |       |       |       |       |     |
| 50-54           | 4                                                   | 3   | 6   | 2     | 1     |       |       |       |       |     |
| 55-59           | 3                                                   | 2   | 1   | 1     |       | 1     | 1     | 3     | 1     |     |
| 60-64           |                                                     |     |     | 1     | 1     | 2     |       | 1     |       |     |
| 65-69           |                                                     | 1   |     |       |       |       | 1     |       |       |     |
| 70+             |                                                     |     |     |       |       |       |       |       |       |     |

N-103

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

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

|                                             |                                                                                                                                                                           |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with a four-month lookback (as of September 2017), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor |
| 1st Segment Rate                            | 3.92%                                                                                                                                                                     |
| 2nd Segment Rate                            | 5.52%                                                                                                                                                                     |
| 3rd Segment Rate                            | 6.29%                                                                                                                                                                     |
| Interest Rates for Maximum Tax Purposes     | Based on segment rates with a four-month lookback (as of September 2017), without regard to interest rate stabilization                                                   |
| 1st Segment Rate                            | 1.75%                                                                                                                                                                     |
| 2nd Segment Rate                            | 3.76%                                                                                                                                                                     |
| 3rd Segment Rate                            | 4.66%                                                                                                                                                                     |
| Retirement Age                              |                                                                                                                                                                           |
| Active Participants                         | See Table 1.                                                                                                                                                              |
| Terminated Vested Participants              | See Table 2.                                                                                                                                                              |
| Mortality Rates                             |                                                                                                                                                                           |
| Healthy and Disabled                        | 2018 static mortality table (with new basis adoption deferred to 2019) for annuitants and non-annuitants per §1.430(h)(3)-1(e).                                           |
| Withdrawal Rates                            | See Table 3.                                                                                                                                                              |
| Disability Rates                            | See Table 4.                                                                                                                                                              |
| Form of Benefit Payment                     | See Table 5.                                                                                                                                                              |
| Decrement Timing                            | Beginning of year decrements                                                                                                                                              |
| Surviving Spouse Benefit                    | It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.                                      |
| Benefit Limits                              | Projected benefits are limited by the current IRC section 415 maximum benefit of \$220,000.                                                                               |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Valuation of Plan Assets                      | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |
| Expected Return on Assets                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2016 Plan Year                                | 6.25%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                               | The applicable third segment rate limitation is 6.65%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2017 Plan Year                                | 6.25%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                               | The applicable third segment rate limitation is 6.48%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2018 Plan Year                                | 6.00%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                               | The applicable third segment rate limitation is 6.29%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Trust Expenses Included in Target Normal Cost | \$22,972, actual expenses from prior year with a 5.00% load                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Actuarial Method                              | Standard unit credit cost method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Valuation Date                                | January 1, 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

Table 1

**Retirement Rates—Active Participants**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 21.00%             |
| 56                | 23.00%             |
| 57                | 22.00%             |
| 58                | 23.00%             |
| 59                | 19.00%             |
| 60                | 32.00%             |
| 61                | 38.00%             |
| 62                | 40.00%             |
| 63                | 35.00%             |
| 64                | 56.00%             |
| 65+               | 100.00%            |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

Table 2

**Retirement Rates—Terminated Vested Participants**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 15.00%             |
| 56                | 5.00%              |
| 57                | 5.00%              |
| 58                | 5.00%              |
| 59                | 6.00%              |
| 60                | 6.00%              |
| 61                | 10.00%             |
| 62                | 20.00%             |
| 63                | 10.00%             |
| 64                | 15.00%             |
| 65+               | 100.00%            |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

Table 3—Page 1 of 2

**Withdrawal Rates**

| Age | Years of Service |        |        |        |
|-----|------------------|--------|--------|--------|
|     | 0-1              | 2-4    | 5-9    | 10+    |
| 20  | 18.00%           | 14.00% | 0.00%  | 0.00%  |
| 21  | 22.00%           | 18.00% | 0.00%  | 0.00%  |
| 22  | 21.00%           | 21.00% | 15.00% | 0.00%  |
| 23  | 23.00%           | 18.00% | 15.00% | 0.00%  |
| 24  | 27.00%           | 18.00% | 14.00% | 0.00%  |
| 25  | 27.00%           | 16.00% | 13.00% | 0.00%  |
| 26  | 24.00%           | 16.00% | 13.00% | 0.00%  |
| 27  | 19.00%           | 14.00% | 13.00% | 0.00%  |
| 28  | 14.00%           | 15.00% | 12.00% | 11.00% |
| 29  | 13.00%           | 14.00% | 12.00% | 11.00% |
| 30  | 16.00%           | 13.00% | 9.00%  | 12.00% |
| 31  | 13.00%           | 14.00% | 10.00% | 13.00% |
| 32  | 12.00%           | 14.00% | 10.00% | 8.00%  |
| 33  | 12.00%           | 12.00% | 10.00% | 8.00%  |
| 34  | 15.00%           | 12.00% | 9.00%  | 7.00%  |
| 35  | 12.00%           | 13.00% | 10.00% | 6.00%  |
| 36  | 16.00%           | 12.00% | 9.00%  | 7.00%  |
| 37  | 16.00%           | 11.00% | 9.00%  | 6.00%  |
| 38  | 16.00%           | 10.00% | 7.00%  | 6.00%  |
| 39  | 10.00%           | 11.00% | 7.00%  | 6.00%  |
| 40  | 9.00%            | 9.00%  | 8.00%  | 6.00%  |
| 41  | 8.00%            | 8.00%  | 8.00%  | 6.00%  |
| 42  | 10.00%           | 8.00%  | 8.00%  | 6.00%  |
| 43  | 10.00%           | 10.00% | 8.00%  | 5.00%  |
| 44  | 10.00%           | 8.00%  | 8.00%  | 6.00%  |
| 45  | 12.00%           | 9.00%  | 7.00%  | 5.00%  |
| 46  | 10.00%           | 10.00% | 6.00%  | 5.00%  |
| 47  | 12.00%           | 12.00% | 5.00%  | 4.00%  |
| 48  | 14.00%           | 13.00% | 4.00%  | 4.00%  |
| 49  | 15.00%           | 12.00% | 6.00%  | 4.00%  |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

Table 3—Page 2 of 2

**Withdrawal Rates**

| <b>Age</b> | <b>Years of Service</b> |            |            |            |
|------------|-------------------------|------------|------------|------------|
|            | <b>0-1</b>              | <b>2-4</b> | <b>5-9</b> | <b>10+</b> |
| 50         | 12.00%                  | 12.00%     | 6.00%      | 3.00%      |
| 51         | 12.00%                  | 11.00%     | 6.00%      | 3.00%      |
| 52         | 11.00%                  | 10.00%     | 7.00%      | 3.00%      |
| 53         | 10.00%                  | 9.00%      | 8.00%      | 3.00%      |
| 54         | 11.00%                  | 8.00%      | 7.00%      | 3.00%      |
| 55+        | 0.00%                   | 0.00%      | 0.00%      | 0.00%      |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

Table 4

**Disability Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 18         | 0.04%       | 45         | 0.16%       |
| 19         | 0.04%       | 46         | 0.19%       |
|            |             | 47         | 0.22%       |
| 20         | 0.04%       | 48         | 0.26%       |
| 21         | 0.04%       | 49         | 0.29%       |
| 22         | 0.04%       |            |             |
| 23         | 0.04%       | 50         | 0.33%       |
| 24         | 0.04%       | 51         | 0.37%       |
|            |             | 52         | 0.41%       |
| 25         | 0.04%       | 53         | 0.45%       |
| 26         | 0.05%       | 54         | 0.50%       |
| 27         | 0.05%       |            |             |
| 28         | 0.05%       | 55         | 0.55%       |
| 29         | 0.05%       | 56         | 0.61%       |
|            |             | 57         | 0.72%       |
| 30         | 0.05%       | 58         | 0.83%       |
| 31         | 0.05%       | 59         | 0.91%       |
| 32         | 0.05%       |            |             |
| 33         | 0.06%       | 60         | 1.04%       |
| 34         | 0.06%       | 61         | 1.19%       |
|            |             | 62         | 1.37%       |
| 35         | 0.06%       | 63         | 1.57%       |
| 36         | 0.07%       | 64         | 2.04%       |
| 37         | 0.07%       |            |             |
| 38         | 0.07%       | 65+        | 0.00%       |
| 39         | 0.08%       |            |             |
| 40         | 0.08%       |            |             |
| 41         | 0.09%       |            |             |
| 42         | 0.09%       |            |             |
| 43         | 0.10%       |            |             |
| 44         | 0.13%       |            |             |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

**Table 5**

**Form of Benefit Payment**

| <b><u>Payment Form</u></b>      | <b><u>Probability</u></b> |
|---------------------------------|---------------------------|
| Single Life Annuity             | 50.00%                    |
| 10 Year Certain and Life        | 5.00%                     |
| 100% Joint and Survivor Annuity | 20.00%                    |
| 75% Joint and Survivor Annuity  | 5.00%                     |
| 66% Joint and Survivor Annuity  | 5.00%                     |
| 50% Joint and Survivor Annuity  | 15.00%                    |

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500-SF</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Short Form Annual Return/Report of Small Employee Benefit Plan</b><br><br>This form is required to be filed 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).<br><br><b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                           |                                                                |                                                                                                                                                                                                     |                                       |
|-----------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Part I Annual Report Identification Information</b>    |                                                                |                                                                                                                                                                                                     |                                       |
| For calendar plan year 2018 or fiscal plan year beginning |                                                                | 01/01/2018                                                                                                                                                                                          | and ending 12/31/2018                 |
| <b>A</b> This return/report is for:                       | <input checked="" type="checkbox"/> a single-employer plan     | <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |                                       |
|                                                           | <input type="checkbox"/> a one-participant plan                | <input type="checkbox"/> a foreign plan                                                                                                                                                             |                                       |
| <b>B</b> This return/report is                            | <input type="checkbox"/> the first return/report               | <input type="checkbox"/> the final return/report                                                                                                                                                    |                                       |
|                                                           | <input type="checkbox"/> an amended return/report              | <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                                      |                                       |
|                                                           |                                                                |                                                                                                                                                                                                     |                                       |
| <b>C</b> Check box if filing under:                       | <input checked="" type="checkbox"/> Form 5558                  | <input type="checkbox"/> automatic extension                                                                                                                                                        | <input type="checkbox"/> DFVC program |
|                                                           | <input type="checkbox"/> special extension (enter description) |                                                                                                                                                                                                     |                                       |

|                                                                                                                                                                                                                                                                                                                                                      |  |                                                           |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|-----|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                |  |                                                           |     |
| <b>1a</b> Name of plan<br>Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-Union Hourly Employees)                                                                                                                                                                                                                               |  | <b>1b</b> Three-digit plan number (PN) ▶                  | 002 |
|                                                                                                                                                                                                                                                                                                                                                      |  | <b>1c</b> Effective date of plan<br>01/01/2016            |     |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>GCP Applied Technologies Inc.<br><br>62 Whittemore Avenue<br><br>Cambridge MA 02140 |  | <b>2b</b> Employer Identification Number (EIN) 47-3936076 |     |
|                                                                                                                                                                                                                                                                                                                                                      |  | <b>2c</b> Sponsor's telephone number<br>617-876-1400      |     |
|                                                                                                                                                                                                                                                                                                                                                      |  | <b>2d</b> Business code (see instructions)<br><br>325100  |     |
|                                                                                                                                                                                                                                                                                                                                                      |  |                                                           |     |
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.                                                                                                                                                                                                                                            |  | <b>3b</b> Administrator's EIN                             |     |
|                                                                                                                                                                                                                                                                                                                                                      |  | <b>3c</b> Administrator's telephone number                |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                               |  | <b>4b</b> EIN                                             |     |
|                                                                                                                                                                                                                                                                                                                                                      |  | <b>4d</b> PN                                              |     |
| <b>5a</b> Total number of participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                       |  | <b>5a</b>                                                 | 111 |
| <b>b</b> Total number of participants at the end of the plan year .....                                                                                                                                                                                                                                                                              |  | <b>5b</b>                                                 | 116 |
| <b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                      |  | <b>5c</b>                                                 |     |
| <b>d(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                              |  | <b>5d(1)</b>                                              | 103 |
| <b>d(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                    |  | <b>5d(2)</b>                                              | 101 |
| <b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                           |  | <b>5e</b>                                                 | 12  |

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                    |          |                                                              |
|------------------|------------------------------------|----------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | <i>Charlotte Merrell</i>           | 10/10/19 | Charlotte Merrell                                            |
|                  | Signature of plan administrator    | Date     | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                    |          |                                                              |
|                  | Signature of employer/plan sponsor | Date     | Enter name of individual signing as employer or plan sponsor |

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** 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 4158948. (See instructions.)

**Part III Financial Information**

| <b>7</b> Plan Assets and Liabilities                                                                 |              | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|------------------------------------------------------------------------------------------------------|--------------|------------------------------|------------------------|
| <b>a</b> Total plan assets .....                                                                     | <b>7a</b>    | 2, 876, 811                  | 2, 685, 873            |
| <b>b</b> Total plan liabilities .....                                                                | <b>7b</b>    |                              |                        |
| <b>c</b> Net plan assets (subtract line 7b from line 7a) .....                                       | <b>7c</b>    | 2, 876, 811                  | 2, 685, 873            |
| <b>8</b> Income, Expenses, and Transfers for this Plan Year                                          |              | <b>(a) Amount</b>            | <b>(b) Total</b>       |
| <b>a</b> Contributions received or receivable from:                                                  |              |                              |                        |
| <b>(1)</b> Employers .....                                                                           | <b>8a(1)</b> |                              |                        |
| <b>(2)</b> Participants .....                                                                        | <b>8a(2)</b> |                              |                        |
| <b>(3)</b> Others (including rollovers) .....                                                        | <b>8a(3)</b> |                              |                        |
| <b>b</b> Other income (loss) .....                                                                   | <b>8b</b>    | - 142, 793                   |                        |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                  | <b>8c</b>    |                              | - 142, 793             |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... | <b>8d</b>    | 26, 746                      |                        |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions) ....                      | <b>8e</b>    |                              |                        |
| <b>f</b> Administrative service providers (salaries, fees, commissions) .....                        | <b>8f</b>    |                              |                        |
| <b>g</b> Other expenses .....                                                                        | <b>8g</b>    | 21, 399                      |                        |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....                                         | <b>8h</b>    |                              | 48, 145                |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c) .....                                     | <b>8i</b>    |                              | - 190, 938             |
| <b>j</b> Transfers to (from) the plan (see instructions) .....                                       | <b>8j</b>    |                              |                        |

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
1B
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

| <b>10</b> During the plan year:                                                                                                                                                                                                           |            | <b>Yes</b> | <b>No</b> | <b>Amount</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|-----------|---------------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....                       | <b>10a</b> |            | X         |               |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....                                                                                                      | <b>10b</b> |            | X         |               |
| <b>c</b> Was the plan covered by a fidelity bond? .....                                                                                                                                                                                   | <b>10c</b> | X          |           | 15, 000, 000  |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                   | <b>10d</b> |            | X         |               |
| <b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) ..... | <b>10e</b> |            | X         |               |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                        | <b>10f</b> |            | X         |               |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....                                                                                                                                          | <b>10g</b> |            | X         |               |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                              | <b>10h</b> |            |           |               |
| <b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....                                                       | <b>10i</b> |            |           |               |

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ☒ Yes ☐ No

**11a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

**a** 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 letter ruling granting the waiver. Month  Day  Year

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

**c** 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.

**13c(1)** Name of plan(s):

**13c(2)** EIN(s)

**13c(3)** PN(s)

|  |  |  |
|--|--|--|
|  |  |  |
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|  |  |  |

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

OMB No. 1210-0110

**2018****This Form is Open to Public  
Inspection**For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |  |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-Union Hourly Employees)                     |  | <b>B</b> Three-digit plan number (PN) ▶<br>002                                                                                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>GCP Applied Technologies, Inc.                                |  | <b>D</b> Employer Identification Number (EIN)<br>47-3936076                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B |  | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                                |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>                                                                                                                              |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                               |                            |                           |                          |
| <b>a</b> Market value.....                                                                                                                                                                                     | <b>2a</b>                  | 2,876,811                 |                          |
| <b>b</b> Actuarial value.....                                                                                                                                                                                  | <b>2b</b>                  | 2,712,194                 |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 2                          | 251,166                   | 251,166                  |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | 6                          | 212,762                   | 212,762                  |
| <b>c</b> For active participants.....                                                                                                                                                                          | 103                        | 1,317,298                 | 1,529,687                |
| <b>d</b> Total.....                                                                                                                                                                                            | 111                        | 1,781,226                 | 1,993,615                |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate.....                                                                                                                                                                          | <b>5</b>                   | 5.81%                     |                          |
| <b>6</b> Target normal cost.....                                                                                                                                                                               | <b>6</b>                   | 124,290                   |                          |

**Statement by Enrolled Actuary**

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

|                               |                                |                                        |
|-------------------------------|--------------------------------|----------------------------------------|
| <b>SIGN HERE</b>              | Tricia Schwabenbauer <i>TS</i> | 09/17/2019                             |
| Signature of actuary          |                                | Date                                   |
| Tricia Schwabenbauer          |                                | 1707200                                |
| Type or print name of actuary |                                | Most recent enrollment number          |
| Aon Consulting, Inc.          |                                | 410-547-2990                           |
| Firm name                     |                                | Telephone number (including area code) |
| 500 East Pratt Street         |                                |                                        |
| Baltimore                     | MD 21202                       |                                        |
| 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) 2018  
v. 171027**

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---------|---------|---------|---------|
| 0       | 0       | 0       | 0       |

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

|                                                 |                        |                                                |                                                           |                                                     |
|-------------------------------------------------|------------------------|------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                        |                                                |                                                           |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>3.92 % | 2nd segment:<br>5.52 %                         | 3rd segment:<br>6.29 %                                    | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                        |                                                |                                                           | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                        |                                                |                                                           | <b>22</b> 58                                        |
| <b>23</b> Mortality table(s) (see instructions) | Prior regulation:      | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                 |
|                                                 | Current regulation:    | <input type="checkbox"/> Prescribed - combined | <input type="checkbox"/> Prescribed - separate            | <input type="checkbox"/> Substitute                 |

**Part VI Miscellaneous Items**

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

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

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

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

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 124,290            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 326,760             | 66,511             |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 190,801            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 190,801            | 190,801       |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                                         |
| <b>a</b> Schedule elected .....                                                                                         |
| <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                        |
| <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

| (a)              | (b)     | (c)    | (d)                        |
|------------------|---------|--------|----------------------------|
| Age              | Rate    | Weight | Product<br>(a) × (b) × (c) |
| 55               | 21.00%  | 1.0000 | 11.55                      |
| 56               | 23.00%  | 0.7900 | 10.18                      |
| 57               | 22.00%  | 0.6083 | 7.63                       |
| 58               | 23.00%  | 0.4745 | 6.33                       |
| 59               | 19.00%  | 0.3653 | 4.10                       |
| 60               | 32.00%  | 0.2959 | 5.68                       |
| 61               | 38.00%  | 0.2012 | 4.66                       |
| 62               | 40.00%  | 0.1248 | 3.09                       |
| 63               | 35.00%  | 0.0749 | 1.65                       |
| 64               | 56.00%  | 0.0487 | 1.74                       |
| 65               | 100.00% | 0.0214 | 1.39                       |
| Weighted Average |         |        | 58.00                      |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected rate of return on assets from 6.25% to 6.00%.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2018

| Attained<br>Age | Number of Participants<br>Years of Credited Service |     |     |       |       |       |       |       |       |     |
|-----------------|-----------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|                 | <1                                                  | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25             | 3                                                   |     |     |       |       |       |       |       |       |     |
| 25-29           | 6                                                   | 4   |     |       |       |       |       |       |       |     |
| 30-34           | 6                                                   | 4   | 2   |       |       |       |       |       |       |     |
| 35-39           | 8                                                   | 1   | 2   |       |       |       |       |       |       |     |
| 40-44           | 5                                                   | 3   | 2   |       | 2     |       |       |       |       |     |
| 45-49           | 5                                                   | 8   | 2   | 2     | 2     |       |       |       |       |     |
| 50-54           | 4                                                   | 3   | 6   | 2     | 1     |       |       |       |       |     |
| 55-59           | 3                                                   | 2   | 1   | 1     |       | 1     | 1     | 3     | 1     |     |
| 60-64           |                                                     |     |     | 1     | 1     | 2     |       | 1     |       |     |
| 65-69           |                                                     | 1   |     |       |       |       | 1     |       |       |     |
| 70+             |                                                     |     |     |       |       |       |       |       |       |     |

N-103

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

| Type of<br>Base | Present Value<br>of Installment | Date<br>Established | Years<br>Remaining | Amortization<br>Installment |
|-----------------|---------------------------------|---------------------|--------------------|-----------------------------|
| Shortfall       | \$ 238,449                      | January 1, 2016     | 5                  | \$ 51,426                   |
| Shortfall       | \$ 30,506                       | January 1, 2017     | 6                  | \$ 5,648                    |
| Shortfall       | \$ 57,805                       | January 1, 2018     | 7                  | \$ 9,437                    |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

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

|                                             |                                                                                                                                                                           |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with a four-month lookback (as of September 2017), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor |
| 1st Segment Rate                            | 3.92%                                                                                                                                                                     |
| 2nd Segment Rate                            | 5.52%                                                                                                                                                                     |
| 3rd Segment Rate                            | 6.29%                                                                                                                                                                     |
| Interest Rates for Maximum Tax Purposes     | Based on segment rates with a four-month lookback (as of September 2017), without regard to interest rate stabilization                                                   |
| 1st Segment Rate                            | 1.75%                                                                                                                                                                     |
| 2nd Segment Rate                            | 3.76%                                                                                                                                                                     |
| 3rd Segment Rate                            | 4.66%                                                                                                                                                                     |
| Retirement Age                              |                                                                                                                                                                           |
| Active Participants                         | See Table 1.                                                                                                                                                              |
| Terminated Vested Participants              | See Table 2.                                                                                                                                                              |
| Mortality Rates                             |                                                                                                                                                                           |
| Healthy and Disabled                        | 2018 static mortality table (with new basis adoption deferred to 2019) for annuitants and non-annuitants per §1.430(h)(3)-1(e).                                           |
| Withdrawal Rates                            | See Table 3.                                                                                                                                                              |
| Disability Rates                            | See Table 4.                                                                                                                                                              |
| Form of Benefit Payment                     | See Table 5.                                                                                                                                                              |
| Decrement Timing                            | Beginning of year decrements                                                                                                                                              |
| Surviving Spouse Benefit                    | It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.                                      |
| Benefit Limits                              | Projected benefits are limited by the current IRC section 415 maximum benefit of \$220,000.                                                                               |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets  
2016 Plan Year

6.25%

The applicable third segment rate limitation is 6.65%.

2017 Plan Year

6.25%

The applicable third segment rate limitation is 6.48%.

2018 Plan Year

6.00%

The applicable third segment rate limitation is 6.29%.

Trust Expenses Included in Target Normal Cost

\$22,972, actual expenses from prior year with a 5.00% load

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2018

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

Table 1

**Retirement Rates—Active Participants**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 21.00%             |
| 56                | 23.00%             |
| 57                | 22.00%             |
| 58                | 23.00%             |
| 59                | 19.00%             |
| 60                | 32.00%             |
| 61                | 38.00%             |
| 62                | 40.00%             |
| 63                | 35.00%             |
| 64                | 56.00%             |
| 65+               | 100.00%            |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

Table 2

**Retirement Rates—Terminated Vested Participants**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 15.00%             |
| 56                | 5.00%              |
| 57                | 5.00%              |
| 58                | 5.00%              |
| 59                | 6.00%              |
| 60                | 6.00%              |
| 61                | 10.00%             |
| 62                | 20.00%             |
| 63                | 10.00%             |
| 64                | 15.00%             |
| 65+               | 100.00%            |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

Table 3—Page 1 of 2

**Withdrawal Rates**

| Age | Years of Service |        |        |        |
|-----|------------------|--------|--------|--------|
|     | 0-1              | 2-4    | 5-9    | 10+    |
| 20  | 18.00%           | 14.00% | 0.00%  | 0.00%  |
| 21  | 22.00%           | 18.00% | 0.00%  | 0.00%  |
| 22  | 21.00%           | 21.00% | 15.00% | 0.00%  |
| 23  | 23.00%           | 18.00% | 15.00% | 0.00%  |
| 24  | 27.00%           | 18.00% | 14.00% | 0.00%  |
| 25  | 27.00%           | 16.00% | 13.00% | 0.00%  |
| 26  | 24.00%           | 16.00% | 13.00% | 0.00%  |
| 27  | 19.00%           | 14.00% | 13.00% | 0.00%  |
| 28  | 14.00%           | 15.00% | 12.00% | 11.00% |
| 29  | 13.00%           | 14.00% | 12.00% | 11.00% |
| 30  | 16.00%           | 13.00% | 9.00%  | 12.00% |
| 31  | 13.00%           | 14.00% | 10.00% | 13.00% |
| 32  | 12.00%           | 14.00% | 10.00% | 8.00%  |
| 33  | 12.00%           | 12.00% | 10.00% | 8.00%  |
| 34  | 15.00%           | 12.00% | 9.00%  | 7.00%  |
| 35  | 12.00%           | 13.00% | 10.00% | 6.00%  |
| 36  | 16.00%           | 12.00% | 9.00%  | 7.00%  |
| 37  | 16.00%           | 11.00% | 9.00%  | 6.00%  |
| 38  | 16.00%           | 10.00% | 7.00%  | 6.00%  |
| 39  | 10.00%           | 11.00% | 7.00%  | 6.00%  |
| 40  | 9.00%            | 9.00%  | 8.00%  | 6.00%  |
| 41  | 8.00%            | 8.00%  | 8.00%  | 6.00%  |
| 42  | 10.00%           | 8.00%  | 8.00%  | 6.00%  |
| 43  | 10.00%           | 10.00% | 8.00%  | 5.00%  |
| 44  | 10.00%           | 8.00%  | 8.00%  | 6.00%  |
| 45  | 12.00%           | 9.00%  | 7.00%  | 5.00%  |
| 46  | 10.00%           | 10.00% | 6.00%  | 5.00%  |
| 47  | 12.00%           | 12.00% | 5.00%  | 4.00%  |
| 48  | 14.00%           | 13.00% | 4.00%  | 4.00%  |
| 49  | 15.00%           | 12.00% | 6.00%  | 4.00%  |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

Table 3—Page 2 of 2

**Withdrawal Rates**

| <b>Age</b> | <b>Years of Service</b> |            |            |            |
|------------|-------------------------|------------|------------|------------|
|            | <b>0-1</b>              | <b>2-4</b> | <b>5-9</b> | <b>10+</b> |
| 50         | 12.00%                  | 12.00%     | 6.00%      | 3.00%      |
| 51         | 12.00%                  | 11.00%     | 6.00%      | 3.00%      |
| 52         | 11.00%                  | 10.00%     | 7.00%      | 3.00%      |
| 53         | 10.00%                  | 9.00%      | 8.00%      | 3.00%      |
| 54         | 11.00%                  | 8.00%      | 7.00%      | 3.00%      |
| 55+        | 0.00%                   | 0.00%      | 0.00%      | 0.00%      |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

Table 4

**Disability Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 18         | 0.04%       | 45         | 0.16%       |
| 19         | 0.04%       | 46         | 0.19%       |
|            |             | 47         | 0.22%       |
| 20         | 0.04%       | 48         | 0.26%       |
| 21         | 0.04%       | 49         | 0.29%       |
| 22         | 0.04%       |            |             |
| 23         | 0.04%       | 50         | 0.33%       |
| 24         | 0.04%       | 51         | 0.37%       |
|            |             | 52         | 0.41%       |
| 25         | 0.04%       | 53         | 0.45%       |
| 26         | 0.05%       | 54         | 0.50%       |
| 27         | 0.05%       |            |             |
| 28         | 0.05%       | 55         | 0.55%       |
| 29         | 0.05%       | 56         | 0.61%       |
|            |             | 57         | 0.72%       |
| 30         | 0.05%       | 58         | 0.83%       |
| 31         | 0.05%       | 59         | 0.91%       |
| 32         | 0.05%       |            |             |
| 33         | 0.06%       | 60         | 1.04%       |
| 34         | 0.06%       | 61         | 1.19%       |
|            |             | 62         | 1.37%       |
| 35         | 0.06%       | 63         | 1.57%       |
| 36         | 0.07%       | 64         | 2.04%       |
| 37         | 0.07%       |            |             |
| 38         | 0.07%       | 65+        | 0.00%       |
| 39         | 0.08%       |            |             |
| 40         | 0.08%       |            |             |
| 41         | 0.09%       |            |             |
| 42         | 0.09%       |            |             |
| 43         | 0.10%       |            |             |
| 44         | 0.13%       |            |             |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

**Table 5**

**Form of Benefit Payment**

| <b><u>Payment Form</u></b>      | <b><u>Probability</u></b> |
|---------------------------------|---------------------------|
| Single Life Annuity             | 50.00%                    |
| 10 Year Certain and Life        | 5.00%                     |
| 100% Joint and Survivor Annuity | 20.00%                    |
| 75% Joint and Survivor Annuity  | 5.00%                     |
| 66% Joint and Survivor Annuity  | 5.00%                     |
| 50% Joint and Survivor Annuity  | 15.00%                    |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

General Information

|                                  |                          |
|----------------------------------|--------------------------|
| Original Effective Date          | January 1, 2016          |
| Effective Date of Last Amendment | N/A                      |
| Plan Year                        | January 1 to December 31 |
| Employer Fiscal Year             | January 1 to December 31 |
| Employer ID Number               | 47-3936076               |
| Plan Administrator's ID Number   | 47-3936076               |
| Plan Number                      | 002                      |
| Plan Administrator               | Administrative Committee |

Eligibility One year of service.

Service

|                  |                             |
|------------------|-----------------------------|
| Credited Service | From date of participation. |
| Vesting Service  | 1,000 hours of service.     |

Normal Retirement

|             |                                                         |
|-------------|---------------------------------------------------------|
| Eligibility | Age 65.                                                 |
| Benefit     | Benefit level per month multiplied by credited service: |

| Effective Date  | Benefit Level |
|-----------------|---------------|
| January 1, 2002 | \$27.00       |

Average Compensation N/A

Early Retirement

|             |                                                                     |
|-------------|---------------------------------------------------------------------|
| Eligibility | Age 55.                                                             |
| Benefit     | Accrued benefit reduced $\frac{1}{3}\%$ per month preceding age 65. |

Disability Retirement

|             |                                                   |
|-------------|---------------------------------------------------|
| Eligibility | Age 45 and 10 years of service.                   |
| Benefit     | Accrued benefit with service projected to age 65. |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Postponed Retirement Eligibility | Actual retirement after age 65.                                                                                                                                                                                                                                                                                                                                                                                                           |
| Benefit                          | A monthly benefit equal to the accrued benefit calculated as of the actual retirement date.                                                                                                                                                                                                                                                                                                                                               |
| Preretirement Death Eligibility  | Five years of service or age 55.                                                                                                                                                                                                                                                                                                                                                                                                          |
| Benefit                          | Accrued benefit at age 55.                                                                                                                                                                                                                                                                                                                                                                                                                |
| Severance Benefit Eligibility    |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Fewer Than Five Years of Service | 0%                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Five or More Years of Service    | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Benefit                          | Accrued benefit at age 65.                                                                                                                                                                                                                                                                                                                                                                                                                |
| Normal Form of Payment           |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Married                          | Reduced 50% joint and survivor.                                                                                                                                                                                                                                                                                                                                                                                                           |
| Single                           | Life annuity.                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Optional Methods of Settlement   | <p>Reduced benefit to be paid during participant's lifetime with the provision that after his death, a benefit equal to either 100%, 75%, 66%, or 50% is paid to his beneficiary.</p> <p>Increased retirement benefit paid prior to Social Security benefit eligibility and reduced benefit paid thereafter in order to provide a uniform income.</p> <p>A reduced benefit to be paid for 120 months certain and thereafter for life.</p> |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

For the purpose of calculating a joint and survivor optional form of benefit the following factors (as adjusted) shall be applied:

| J&S<br>Option | (1)<br>Participant and<br>Beneficiary<br>Age 65<br>Nearest<br>Birthday | (2)<br>Adjustment<br>for<br>Retirement<br>Age <sup>1</sup> | (3)<br>Adjustment for<br>Age Difference<br>Between<br>Participant<br>and Beneficiary <sup>2</sup> |                    |
|---------------|------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------|
|               |                                                                        |                                                            | Years<br>1–10                                                                                     | Years 11<br>& Over |
| 50%           | 0.88                                                                   | 0.004                                                      | 0.005                                                                                             | 0.003              |
| 66.67%        | 0.85                                                                   | 0.005                                                      | 0.006                                                                                             | 0.003              |
| 75%           | 0.82                                                                   | 0.006                                                      | 0.007                                                                                             | 0.005              |
| 100%          | 0.78                                                                   | 0.007                                                      | 0.008                                                                                             | 0.005              |

In no event shall the factor in column (1) exceed 0.99 on account of an increase thereof provided under column (2) or column (3), or both.

For the purpose of calculating any other optional form of benefit available, mortality with reference to the UP-84 mortality table and 6.50% interest.

### Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

### Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

<sup>1</sup> Increase/decrease factor in column (1) by appropriate factor in column (2) for each year, based on nearest birthday, participant retires before/after age 65, respectively.

<sup>2</sup> Decrease/increase factor in column (1) by appropriate factor in column (3) for each year, based on nearest birthday, beneficiary is younger/older than participant, respectively.

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

| (a)              | (b)     | (c)    | (d)                        |
|------------------|---------|--------|----------------------------|
| Age              | Rate    | Weight | Product<br>(a) × (b) × (c) |
| 55               | 21.00%  | 1.0000 | 11.55                      |
| 56               | 23.00%  | 0.7900 | 10.18                      |
| 57               | 22.00%  | 0.6083 | 7.63                       |
| 58               | 23.00%  | 0.4745 | 6.33                       |
| 59               | 19.00%  | 0.3653 | 4.10                       |
| 60               | 32.00%  | 0.2959 | 5.68                       |
| 61               | 38.00%  | 0.2012 | 4.66                       |
| 62               | 40.00%  | 0.1248 | 3.09                       |
| 63               | 35.00%  | 0.0749 | 1.65                       |
| 64               | 56.00%  | 0.0487 | 1.74                       |
| 65               | 100.00% | 0.0214 | 1.39                       |
| Weighted Average |         |        | 58.00                      |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

General Information

|                                  |                          |
|----------------------------------|--------------------------|
| Original Effective Date          | January 1, 2016          |
| Effective Date of Last Amendment | N/A                      |
| Plan Year                        | January 1 to December 31 |
| Employer Fiscal Year             | January 1 to December 31 |
| Employer ID Number               | 47-3936076               |
| Plan Administrator's ID Number   | 47-3936076               |
| Plan Number                      | 002                      |
| Plan Administrator               | Administrative Committee |

Eligibility One year of service.

Service

|                  |                             |
|------------------|-----------------------------|
| Credited Service | From date of participation. |
| Vesting Service  | 1,000 hours of service.     |

Normal Retirement

|             |                                                         |
|-------------|---------------------------------------------------------|
| Eligibility | Age 65.                                                 |
| Benefit     | Benefit level per month multiplied by credited service: |

| Effective Date  | Benefit Level |
|-----------------|---------------|
| January 1, 2002 | \$27.00       |

Average Compensation N/A

Early Retirement

|             |                                                                     |
|-------------|---------------------------------------------------------------------|
| Eligibility | Age 55.                                                             |
| Benefit     | Accrued benefit reduced $\frac{1}{3}\%$ per month preceding age 65. |

Disability Retirement

|             |                                                   |
|-------------|---------------------------------------------------|
| Eligibility | Age 45 and 10 years of service.                   |
| Benefit     | Accrued benefit with service projected to age 65. |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

|                                  |                                                                                                                                                                                |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Postponed Retirement Eligibility | Actual retirement after age 65.                                                                                                                                                |
| Benefit                          | A monthly benefit equal to the accrued benefit calculated as of the actual retirement date.                                                                                    |
| Preretirement Death Eligibility  | Five years of service or age 55.                                                                                                                                               |
| Benefit                          | Accrued benefit at age 55.                                                                                                                                                     |
| Severance Benefit Eligibility    |                                                                                                                                                                                |
| Fewer Than Five Years of Service | 0%                                                                                                                                                                             |
| Five or More Years of Service    | 100%                                                                                                                                                                           |
| Benefit                          | Accrued benefit at age 65.                                                                                                                                                     |
| Normal Form of Payment           |                                                                                                                                                                                |
| Married                          | Reduced 50% joint and survivor.                                                                                                                                                |
| Single                           | Life annuity.                                                                                                                                                                  |
| Optional Methods of Settlement   | Reduced benefit to be paid during participant's lifetime with the provision that after his death, a benefit equal to either 100%, 75%, 66%, or 50% is paid to his beneficiary. |
|                                  | Increased retirement benefit paid prior to Social Security benefit eligibility and reduced benefit paid thereafter in order to provide a uniform income.                       |
|                                  | A reduced benefit to be paid for 120 months certain and thereafter for life.                                                                                                   |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

For the purpose of calculating a joint and survivor optional form of benefit the following factors (as adjusted) shall be applied:

| J&S<br>Option | (1)<br>Participant and<br>Beneficiary<br>Age 65<br>Nearest<br>Birthday | (2)<br>Adjustment<br>for<br>Retirement<br>Age <sup>1</sup> | (3)<br>Adjustment for<br>Age Difference<br>Between<br>Participant<br>and Beneficiary <sup>2</sup> |                    |
|---------------|------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------|
|               |                                                                        |                                                            | Years<br>1–10                                                                                     | Years 11<br>& Over |
| 50%           | 0.88                                                                   | 0.004                                                      | 0.005                                                                                             | 0.003              |
| 66.67%        | 0.85                                                                   | 0.005                                                      | 0.006                                                                                             | 0.003              |
| 75%           | 0.82                                                                   | 0.006                                                      | 0.007                                                                                             | 0.005              |
| 100%          | 0.78                                                                   | 0.007                                                      | 0.008                                                                                             | 0.005              |

In no event shall the factor in column (1) exceed 0.99 on account of an increase thereof provided under column (2) or column (3), or both.

For the purpose of calculating any other optional form of benefit available, mortality with reference to the UP-84 mortality table and 6.50% interest.

## Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

<sup>1</sup> Increase/decrease factor in column (1) by appropriate factor in column (2) for each year, based on nearest birthday, participant retires before/after age 65, respectively.

<sup>2</sup> Decrease/increase factor in column (1) by appropriate factor in column (3) for each year, based on nearest birthday, beneficiary is younger/older than participant, respectively.

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
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Schedule SB, line 32—Schedule of Amortization Bases

| Type of<br>Base | Present Value<br>of Installment | Date<br>Established | Years<br>Remaining | Amortization<br>Installment |
|-----------------|---------------------------------|---------------------|--------------------|-----------------------------|
| Shortfall       | \$ 238,449                      | January 1, 2016     | 5                  | \$ 51,426                   |
| Shortfall       | \$ 30,506                       | January 1, 2017     | 6                  | \$ 5,648                    |
| Shortfall       | \$ 57,805                       | January 1, 2018     | 7                  | \$ 9,437                    |

Schedule SB Attachment (Form 5500)—2018 Plan Year  
Retirement Plan of GCP Applied Technologies Inc. Chemical Group (Non-  
Union Hourly Employees)  
EIN: 47-3936076 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected rate of return on assets from 6.25% to 6.00%.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.