

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u> |                                                                                                                                                                                                                                           |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input checked="" type="checkbox"/>                                                                                                                                                                                                       |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |            |                                                             |  |                                                             |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------|-------------------------------------------------------------|--|-------------------------------------------------------------|--|--|--|
| <b>Part II</b>                                                                                                                                                                                                                                                     | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |            |                                                             |  |                                                             |  |  |  |
| <b>1a</b> Name of plan<br><u>ARDAGH METAL DEFINED BENEFIT PLAN</u>                                                                                                                                                                                                 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>08/13/2000</u></td> </tr> </table>                                                                                                                                              | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u> | <b>1c</b> Effective date of plan<br><u>08/13/2000</u>       |  |                                                             |  |  |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                           | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |            |                                                             |  |                                                             |  |  |  |
| <b>1c</b> Effective date of plan<br><u>08/13/2000</u>                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |            |                                                             |  |                                                             |  |  |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>ARDAGH METAL PACKAGING USA INC.</u><br><br><u>600 NORTH BELL AVENUE</u><br><u>BUILDING ONE, SUITE 200</u><br><u>CARNEGIE, PA 15106</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>25-1864585</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Sponsor's telephone number<br/><u>412-429-5290</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>332900</u></td> </tr> <tr> <td colspan="2" style="background-color: #cccccc; height: 40px;"></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>25-1864585</u> |            | <b>2c</b> Sponsor's telephone number<br><u>412-429-5290</u> |  | <b>2d</b> Business code (see instructions)<br><u>332900</u> |  |  |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>25-1864585</u>                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |            |                                                             |  |                                                             |  |  |  |
| <b>2c</b> Sponsor's telephone number<br><u>412-429-5290</u>                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |            |                                                             |  |                                                             |  |  |  |
| <b>2d</b> Business code (see instructions)<br><u>332900</u>                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |            |                                                             |  |                                                             |  |  |  |
|                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |            |                                                             |  |                                                             |  |  |  |

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

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

|                                                                                                            |                                                          |      |                                                              |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | <u>Filed with authorized/valid electronic signature.</u> |      |                                                              |
|                                                                                                            | <b>Signature of plan administrator</b>                   | Date | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |                                                          |      |                                                              |
|                                                                                                            | <b>Signature of employer/plan sponsor</b>                | Date | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                          |      |                                                              |
|                                                                                                            | <b>Signature of DFE</b>                                  | Date | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                                          |      | Preparer's telephone number (optional)                       |
|                                                                                                            |                                                          |      |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address<br><br>PENSION COMMITTEE FOR ARDAGH METAL DEFINED BENEFIT PLAN<br><br>600 NORTH BELL AVENUE<br>BUILDING ONE, SUITE 200<br>CARNEGIE, PA 15106                                                                                                                                 |  | <b>3b</b> Administrator's EIN<br>42-1534015                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number<br>412-429-5290                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b> 435                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a</b> Active participants .....                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6a</b> 198                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                   |  | <b>6b</b> 106                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    |  | <b>6c</b> 123                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                              |  | <b>6d</b> 427                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b> 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b> 435                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                           |  | <b>6h</b> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                  |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1B                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **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><u>ARDAGH METAL DEFINED BENEFIT PLAN</u>                                                                         | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>                                                                                                   |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>ARDAGH METAL PACKAGING USA INC.</u>                        | <b>D</b> Employer Identification Number (EIN)<br><u>25-1864585</u>                                                                                      |
| <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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                        |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>                                                                                                                              |                                                                                                 |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                 |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>9756493</u>                                                                        |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>9411063</u>                                                                        |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                           |                                                                                                 |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <b>3a</b> <u>113</u> <b>(1) Number of participants</b> <u>5056784</u> <b>(2) Funding Target</b> |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <b>3b</b> <u>117</u> <u>1112404</u>                                                             |
| <b>c</b> For active participants:                                                                                                                                                                              |                                                                                                 |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                           | <b>3c(1)</b> <u>449345</u>                                                                      |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                               | <b>3c(2)</b> <u>4555877</u>                                                                     |
| <b>(3)</b> Total active.....                                                                                                                                                                                   | <b>3c(3)</b> <u>204</u> <u>5005222</u>                                                          |
| <b>d</b> Total.....                                                                                                                                                                                            | <b>3d</b> <u>434</u> <u>11174410</u>                                                            |
| <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> <u>6.42 %</u>                                                                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                              | <b>6</b> <u>519083</u>                                                                          |

**Statement by Enrolled Actuary**

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

|                                                                    |  |                                        |
|--------------------------------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                                                   |  | <u>10/07/2014</u>                      |
| Signature of actuary                                               |  | Date                                   |
| <u>ANGELA L BUSCH</u>                                              |  | <u>14-06184</u>                        |
| Type or print name of actuary                                      |  | Most recent enrollment number          |
| <u>BUCK CONSULTANTS, LLC.</u>                                      |  | <u>412-281-2506</u>                    |
| Firm name                                                          |  | Telephone number (including area code) |
| <u>11 STANWIX STREET, SUITE 700</u><br><u>PITTSBURGH, PA 15222</u> |  |                                        |
| Address of the firm                                                |  |                                        |

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

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

**Schedule SB (Form 5500) 2013**  
**v. 130118**

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                         |                       |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                            | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                   | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                      | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>12.28</u> % .....                                                      | 0                     | 0                      |
| <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) .....                                                            |                       | 40                     |
| <b>b</b> Interest on (a) using prior year's effective interest rate of <u>7.13</u> % except as otherwise provided (see instructions) ..... |                       | 3                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 43                     |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                            |                       | 0                      |
| <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                     | 0                      |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 84.21 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 84.21 % |
| <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> | 84.61 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 01/15/2013                                                                               | 0                                 | 2009                            | 07/15/2013               | 225947                            | 2367                            |
| 02/15/2013                                                                               | 0                                 | 1884                            | 08/15/2013               | 0                                 | 2018                            |
| 03/15/2013                                                                               | 0                                 | 1940                            | 09/15/2013               | 0                                 | 2079                            |
| 04/15/2013                                                                               | 225947                            | 2098                            | 10/15/2013               | 225947                            | 2651                            |
| 05/15/2013                                                                               | 0                                 | 2506                            | 11/15/2013               | 0                                 | 2131                            |
| 06/15/2013                                                                               | 0                                 | 1450                            | 12/15/2013               | 0                                 | 1913                            |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 1162536                         |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 25046                           |

|                                                                                                                                      |                                                                     |         |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                 | <b>19a</b>                                                          | 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>                                                          | 1100219 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                      |                                                                     |         |

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

| Part II Beginning of Year Carryover and Prefunding Balances |                                                                                                                              | (a) Carryover balance | (b) Prefunding balance |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7                                                           | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                              |                       |                        |
| 8                                                           | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                           |                       |                        |
| 9                                                           | Amount remaining (line 7 minus line 8) .....                                                                                 |                       |                        |
| 10                                                          | Interest on line 9 using prior year's actual return of _____% .....                                                          |                       |                        |
| 11                                                          | Prior year's excess contributions to be added to prefunding balance:                                                         |                       |                        |
|                                                             | a Present value of excess contributions (line 38a from prior year) .....                                                     |                       |                        |
|                                                             | b Interest on (a) using prior year's effective interest rate of _____% except as otherwise provided (see instructions) ..... |                       |                        |
|                                                             | c Total available at beginning of current plan year to add to prefunding balance .....                                       |                       |                        |
|                                                             | d Portion of (c) to be added to prefunding balance .....                                                                     |                       |                        |
| 12                                                          | Other reductions in balances due to elections or deemed elections .....                                                      |                       |                        |
| 13                                                          | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                           |                       |                        |

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

| Part IV Contributions and Liquidity Shortfalls                                    |                                   |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<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 |
| 01/15/2014                                                                        | 225947                            | 0                               |                          |                                   |                                 |
| 09/15/2014                                                                        | 258748                            | 0                               |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 | Totals ►                 | 18(b)                             | 18(c)                           |

|                                                                                                                               |                                                          |         |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                          |         |
| a Contributions allocated toward unpaid minimum required contributions from prior years. ....                                 | 19a                                                      |         |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                   | 19b                                                      |         |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | 19c                                                      |         |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                          |         |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |         |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input type="checkbox"/> Yes <input type="checkbox"/> No |         |
| 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 |
|                                                                                                                               |                                                          |         |
|                                                                                                                               |                                                          |         |

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

|                                                                                                                                                                                              |                       |                       |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.94% | 2nd segment:<br>6.15% | 3rd segment:<br>6.76 % | <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> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" 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>          | 519083             |               |
| <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.....                                                                                                                                 | 1763347             | 581136             |               |
| <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>           | 1100219            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 1100219            |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 1100219            |               |
| <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 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2013</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                  |                                                             |     |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013       |                                                             |     |
| <b>A</b> Name of plan<br>ARDAGH METAL DEFINED BENEFIT PLAN                                       | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                  |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>ARDAGH METAL PACKAGING USA INC. | <b>D</b> Employer Identification Number (EIN)<br>25-1864585 |     |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

---

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

---

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

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

REED SMITH, LLP

REED SMITH CENTRE  
225 FIFTH AVENUE  
PITTSBURGH, PA 15222

25-0749630

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 1171                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SCHNEIDER DOWNS & CO., INC.

ONE PPG PLACE  
SUITE 1700  
PITTSBURGH, PA 15222

25-1408703

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 9573                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BANK OF NEW YORK MELLON

500 GRANT STREET  
PITTSBURGH, PA 15219

13-5160382

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 28 51               | NONE                                                                                              | 63688                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

BUCK CONSULTANTS, LLC

11 STANWIX STREET  
SUITE 700  
PITTSBURGH, PA 15222

13-3954297

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 17 64 50            | NONE                                                                                              | 122983                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

|                                                                                                                |                                                                            |            |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>ARDAGH METAL DEFINED BENEFIT PLAN</u>                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>ARDAGH METAL PACKAGING USA INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><br><u>25-1864585</u>     |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                           |                               |                                                                                                                                                       |
|-------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT FUND</u>        |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>      |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>25-6078093-023</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>7786</u></span>    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PE US SM CAP OPPORTUNISTIC VALUE EQ</u> |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>      |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>04-3202152-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>792524</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PE US LARGE CAP CORE 130/30 EQUITY</u>  |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>      |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>41-2227527-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>829494</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV LONG BOND INDEX</u>               |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>      |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>25-6078093-006</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>4238590</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB NCML INTERNATIONAL EQUITY FUND</u>   |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>      |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>25-6078093-108</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>1104924</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV ENH LARGE CAP CORE FUND</u>       |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>      |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>25-6078093-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>1713453</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV ENH MID CAP CORE FUND</u>         |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>      |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>25-6078093-207</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>1481927</u></span> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **US LARGE CAPITALIZATION CORE FD**

**b** Name of sponsor of entity listed in (a): **THE BANK OF NEW YORK MELLON**

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>25-6078093-263</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>824928</b> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>ARDAGH METAL DEFINED BENEFIT PLAN</u>                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>001</u>                    |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ARDAGH METAL PACKAGING USA INC.</u>                                                                                                                                                                  |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><br><u>25-1864585</u>                                   |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                  | 117304                | 484695          |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 9644685               | 10993626        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                 |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 9761989               | 11478321        |

**Liabilities**

|                                                                           |           |       |        |
|---------------------------------------------------------------------------|-----------|-------|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |        |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 42192 | 107132 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 42192 | 107132 |

**Net Assets**

|                                                           |           |         |          |
|-----------------------------------------------------------|-----------|---------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 9719797 | 11371189 |
|-----------------------------------------------------------|-----------|---------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1162536    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 25046      |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1187582   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 1182426   |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 2370008   |

**Expenses**

|                                                                                      |       |        |        |
|--------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                  |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 456644 |        |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2) |        |        |
| (3) Other .....                                                                      | 2e(3) |        |        |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4) |        | 456644 |
| f Corrective distributions (see instructions) .....                                  | 2f    |        |        |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |        |        |
| h Interest expense .....                                                             | 2h    |        |        |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) | 133727 |        |
| (2) Contract administrator fees .....                                                | 2i(2) |        |        |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 63688  |        |
| (4) Other .....                                                                      | 2i(4) | 64557  |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |        | 261972 |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |        | 718616 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 1651392 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan .....                                   | 2l(1) |  |         |
| (2) From this plan .....                                 | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: SCHNEIDER DOWNS

(2) EIN: 25-1408703

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

|                                                                                                                                                                                                                               | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |         |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               |     | X  |         |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 1000000 |
| <b>4e</b>                                                                                                                                                                                                                     | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    |     | X  |         |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          |     | X  |         |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | X   |    |         |
| <b>4j</b>                                                                                                                                                                                                                     | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |         |

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

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

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

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

## Part V Trust Information (optional)

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

|                                                                                                         |                                                                    |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>ARDAGH METAL DEFINED BENEFIT PLAN</u>                                       | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ARDAGH METAL PACKAGING USA INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>25-1864585</u> |

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

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>13-5160382</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>1</u> |

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

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

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

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

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

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

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

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

ARDAGH METAL DEFINED BENEFIT PLAN

Carnegie, Pennsylvania

Financial Statements and  
Supplementary Financial Information  
As of December 31, 2013 and 2012  
and for the years then ended

and Independent Auditors' Report Thereon



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## INDEPENDENT AUDITORS' REPORT

The Plan Administrator  
Ardagh Metal Defined Benefit Plan  
Carnegie, Pennsylvania

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

We were engaged to audit the accompanying financial statements of Ardagh Metal Defined Benefit Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

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

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

### ***Auditors' Responsibility***

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

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

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by the Bank of New York Mellon, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2013 and 2012, and for the years then ended, that the information provided to the Plan administrator by the trustee is complete and accurate.

### ***Disclaimer of Opinion***

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

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***Other Matter***

The supplemental schedule of net assets (held at end of year) as of December 31, 2013 and schedule of reportable transactions for the year ended December 31, 2013 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion Paragraph, we do not express an opinion on the supplemental schedules.

***Report on Form and Content in Compliance the DOL Rules and Regulations***

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

*Schneider Downs & Co., Inc.*

Pittsburgh, Pennsylvania  
October 7, 2014

ARDAGH METAL DEFINED BENEFIT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

|                                   | December 31         |                    |
|-----------------------------------|---------------------|--------------------|
|                                   | 2013                | 2012               |
| INVESTMENTS                       | \$10,993,626        | \$9,644,685        |
| CONTRIBUTION RECEIVABLE           | 484,695             | 117,304            |
| Total Assets                      | 11,478,321          | 9,761,989          |
| ACCRUED ADMINISTRATIVE EXPENSES   | 107,132             | 42,192             |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$11,371,189</u> | <u>\$9,719,797</u> |

See notes to financial statements.

ARDAGH METAL DEFINED BENEFIT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

|                                               | <u>2013</u>                    | <u>2012</u>                   |
|-----------------------------------------------|--------------------------------|-------------------------------|
| ADDITIONS:                                    |                                |                               |
| Employer contributions                        | \$ 1,162,536                   | \$ 946,561                    |
| Participant contributions                     | 25,046                         | 22,264                        |
| Net appreciation in fair value of investments | <u>1,182,426</u>               | <u>1,032,354</u>              |
| <br>Total Additions                           | <br>2,370,008                  | <br>2,001,179                 |
| DEDUCTIONS:                                   |                                |                               |
| Benefit payments to participants              | 456,644                        | 438,843                       |
| Administrative and other expenses             | <u>261,972</u>                 | <u>240,695</u>                |
| <br>Total Deductions                          | <br><u>718,616</u>             | <br><u>679,538</u>            |
| <br>Net Increase                              | <br>1,651,392                  | <br>1,321,641                 |
| NET ASSETS AVAILABLE FOR BENEFITS:            |                                |                               |
| Beginning of year                             | <u>9,719,797</u>               | <u>8,398,156</u>              |
| <br>End of year                               | <br><u><u>\$11,371,189</u></u> | <br><u><u>\$9,719,797</u></u> |

See notes to financial statements.

ARDAGH METAL DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the Ardagh Metal Defined Benefit Plan (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a contributory defined benefit plan sponsored by Ardagh Metal Packaging USA Inc. (Company) covering employees represented by a bargaining agent or hourly employees working for the Company in American Samoa who meet certain minimum participation requirements as set forth in the Plan agreement. The Plan is subject to the provisions of the Employee Retirement Income Securities Act of 1974 (ERISA).

Retirement Benefits - Eligible employees with a minimum of five years of continuous service are entitled to annual pension benefits beginning at the normal retirement age of 65. Upon normal retirement, participants are entitled to a monthly pension benefit payment based upon a flat dollar benefit rate, years of service, and if applicable, compensation. Under the terms of the Plan, all benefits are provided in the form of an annuity to the participant, unless the present value of the benefit is equal to or less than \$5,000 at the time of retirement, in which case, the only form of payment is a lump-sum payment. The amount of the monthly benefit is adjusted periodically based upon negotiations with each plant's representative labor union. The Plan permits early retirement, with reduced benefits at age 55 with five years of service, except for those participants covered under the agreement between the Company and the United Industrial, Service, Transportation, Professional and Government Workers of North America, of the Seafarers International Union of North America, Atlantic Gulf, Lakes and Inland Waters District and the AFL-CIO Local 24 (Terminal Island, California), who are required to have 10 years of service. The Plan also permits early retirement, with no reduction of benefits, for participants meeting certain minimum age and service requirements as set forth in the Plan document. Effective January 1, 2013, the Plan was amended related to the United Food and Commercial Workers, AFL-CIO and CLC, Local 325, Weirton, West Virginia. In this amendment, the benefit calculation formula was changed, as well as optional forms of payment.

Death Benefits - If a married participant dies prior to retirement or during receipt of retirement benefits, a monthly benefit may be payable to the surviving spouse. In general, the benefit equals at least 50% of the benefit that would have been, or is, payable to the deceased participant, dependent upon the participant's election.

Disability Benefits - A participant who becomes permanently disabled is entitled to an accrued pension benefit commencing on the first day of the calendar month following the date on which the participant's short-term disability benefits from the Company cease or the first day of the month following the end of the five-month period required to qualify for security disability benefits.

Participant Contributions - Pursuant to the collective bargaining agreement between the Company and the United Industrial, Service, Transportation, Professional and Government Workers of North America, of the Seafarers International Union of North America, Atlantic Gulf, Lakes and Inland Waters District and the AFL-CIO Local 24 (Terminal Island, California), each participant is required to contribute to the Plan \$0.14 for each hour of service worked. Employees' net accumulated contributions as of December 31, 2013 and 2012 were \$1,169,664 and \$1,144,618 respectively, including interest credited as defined in accordance with Plan provisions, or specifically 5% compounded annually prior to January 1, 1988 and thereafter at the rate specified in Section 411(c)(2)(iii) of the Internal Revenue Code (IRC). The rates for 2013 and 2012 were 1.98% and 1.39%, respectively. No other participants are required to make contributions.

ARDAGH METAL DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of significant accounting policies consistently applied by the Plan administrator in the preparation of the accompanying financial statements follows:

**Basis of Accounting** - The financial statements of the Plan are presented on the accrual basis of accounting.

**Use of Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) require management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition** - Investments are reported at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. (See Note 7 for a discussion of fair value measurements.)

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

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

**Plan Expenses** - All expenses incurred in administering the Plan are paid from Plan assets, unless otherwise paid by the Company. There were no amounts paid by the Company for the years ended December 31, 2013 and 2012.

**Subsequent Events** - The Plan has evaluated subsequent events through October 7, 2014, the date the financial statements were available to be issued.

NOTE 3 - INVESTMENTS

At December 31, 2013 and 2012, the Plan's investments consisted of units in the Bank of New York Mellon/BNY Mellon, N.A. Collective Trust (Trust). The Trust invests in various funds. The fair value of funds that represent 5% or more of the net assets available for benefits at December 31 are as follows:

ARDAGH METAL DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE 3 - INVESTMENTS (Continued)

|                                          | 2013         | 2012         |
|------------------------------------------|--------------|--------------|
| EB DV Long Bond Index Fund               | \$ 4,238,590 | \$ 3,843,474 |
| EB DV ENH Large-Cap Core Fund            | 1,713,453    | 1,433,389    |
| EB DV ENH Mid-Cap Core Fund              | 1,481,927    | 677,960      |
| EB NCML International Fund               | 1,104,924    | 976,067      |
| PE US Large Cap Core 130/30 Equity Fund  | 829,494      | 721,592      |
| EB US Large Capitalization Core Fund     | 824,928      | 721,822      |
| PE US Small Cap Opportunistic Value Fund | 792,524      | - **         |
| EB DV Small Cap SIF                      | - *          | 489,143      |

\* Investment was not 5% of net plan assets at December 31, 2013, presented for comparison purposes only.

\*\* Investment was not 5% of net plan assets at December 31, 2012, presented for comparison purposes only.

The net appreciation at December 31, 2013 and 2012 relates entirely to the Plan's investments in common and collective trusts.

NOTE 4 - INFORMATION CERTIFIED BY THE PLAN TRUSTEE

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2013 and 2012, and investment income for the years ended December 31, 2013 and 2012, that is disclosed in the accompanying financial statements and supplemental schedules, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan.

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to: a) retired or terminated employees or their beneficiaries, b) beneficiaries of employees who have died and c) present employees or their beneficiaries.

For a participant who is or was employed at the Samoa location, the benefit earned is the larger of the benefit determined using the following formulas:

- 1.25% of annual compensation received; or
- \$96 times years of service at the date of determination.

For a participant who is or was employed at the Weirton location, the benefit earned is the larger of the benefit determined using the following formulas:

ARDAGH METAL DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

- 1.1% of annual compensation received; or
- \$480 times years of service at the date of determination for terminations during 2009, \$492 for terminations during 2010, \$504 for terminations during 2011, \$516 for terminations during 2012, and \$528 for terminations during 2013.

For a participant who is or was employed at the Terminal Island, the benefit earned is the sum of the following formulas:

- \$132 times years of service between 1/1/1986 and 1/1/1989
- \$156 times years of service between 1/1/1989 and 1/1/2006
- \$255 times years of service between 1/1/2006 and 1/1/2007
- \$276 times years of service after 1/1/2007

Participants should review their respective union agreements for further details. The accumulated Plan benefits for active employees are based on their career compensation (excluding Terminal Island) ending on the date as of which the benefit information is presented. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial value of accumulated Plan benefits as determined by the Plan's actuary, Buck Consultants, is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts and interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The following actuarial assumptions were employed in determining the actuarial present value of accumulated Plan benefits used in the valuations as of January 1, 2013 and 2012:

Actuarial Cost Method - The unit credit method (also known as the accrued benefit funding method) was used for the 2013 and 2012 valuations.

Valuation Interest Rate - The rate used to value pension liabilities was 7.83% and 7.83% for 2013 and 2012, respectively.

Mortality Basis - For all participants, mortality was based on the RP-2000 mortality tables for the 2013 and 2012 valuations.

Retirement Age - Calculated using assumed weighted average retirement at age 65 for December 31, 2013 and 2012.

Employee Turnover - Calculated using rates varying by age.

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

ARDAGH METAL DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The actuarial present value of accumulated Plan benefits as of January 1 is summarized as follows:

|                                                            | <u>2013</u>         | <u>2012</u>         |
|------------------------------------------------------------|---------------------|---------------------|
| Actuarial present value of accumulated Plan benefits       |                     |                     |
| Vested benefits:                                           |                     |                     |
| Participants currently receiving payments                  | \$ 4,198,917        | \$ 3,808,928        |
| Other participants                                         | 4,357,430           | 4,200,576           |
|                                                            | <u>8,556,347</u>    | <u>8,009,504</u>    |
| Nonvested benefits                                         | 325,395             | 302,991             |
| Total actuarial present value of accumulated Plan benefits | <u>\$ 8,881,742</u> | <u>\$ 8,312,495</u> |

The changes in the actuarial present value of accumulated Plan benefits at January 1 are summarized as follows:

|                                                                                                   | <u>2013</u>         | <u>2012</u>         |
|---------------------------------------------------------------------------------------------------|---------------------|---------------------|
| Actuarial present value of accumulated Plan benefits                                              | \$ 8,312,495        | \$ 7,070,962        |
| Increase during the year attributable to:                                                         |                     |                     |
| Change in actuarial assumptions                                                                   | 16,251              | 765,421             |
| Change to Plan                                                                                    | 39,666              | -                   |
| Benefits accumulated and the effect of noninvestment experience                                   | 318,162             | 302,879             |
| Interest due to decrease in the discount period                                                   | 634,011             | 583,933             |
| Benefits paid                                                                                     | <u>(438,843)</u>    | <u>(410,700)</u>    |
| Net increase                                                                                      | <u>569,247</u>      | <u>1,241,533</u>    |
| Actuarial present value of accumulated Plan benefits<br>at January 1, 2013 and 2012, respectively | <u>\$ 8,881,742</u> | <u>\$ 8,312,495</u> |

The change in actuarial assumptions during 2012 was a result of the Plan lowering its assumed valuation interest rate from 8.5% to 7.83%.

NOTE 6 - FUNDING POLICY

The Company contributes such amounts as are necessary to provide the Plan with assets with which to pay pension benefits to Plan participants. The Company was required to make a contribution of \$1,162,536 and \$946,561 for the years ended December 31, 2013 and 2012, respectively.

ARDAGH METAL DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE 7 - FAIR VALUE MEASUREMENT

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB Codification topic Fair Value Measurement and Disclosures are described as follows:

Level 1 - Inputs to valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable or substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Common Collective Trusts - Valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Mutual Funds - Valued at the closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

ARDAGH METAL DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE 7 - FAIR VALUE MEASUREMENT (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2013 and 2012:

|                                 | Investments at Fair Value as of December 31, 2013 |               |         |               |
|---------------------------------|---------------------------------------------------|---------------|---------|---------------|
|                                 | Level 1                                           | Level 2       | Level 3 | Total         |
| Common collective trusts:       |                                                   |               |         |               |
| Bond funds                      | -                                                 | \$ 4,246,376  | -       | \$ 4,246,376  |
| Large cap                       | -                                                 | 3,367,874     | -       | 3,367,874     |
| Small cap                       | -                                                 | 792,524       | -       | 792,524       |
| International                   | -                                                 | 1,104,924     | -       | 1,104,924     |
| Mid cap                         | -                                                 | 1,481,928     | -       | 1,481,928     |
| Total investments at fair value | -                                                 | \$ 10,993,626 | -       | \$ 10,993,626 |

|                                 | Investments at Fair Value as of December 31, 2012 |              |         |              |
|---------------------------------|---------------------------------------------------|--------------|---------|--------------|
|                                 | Level 1                                           | Level 2      | Level 3 | Total        |
| Common collective trusts:       |                                                   |              |         |              |
| Bond funds                      | -                                                 | \$ 3,847,029 | -       | \$ 3,847,029 |
| Large cap                       | -                                                 | 2,876,803    | -       | 2,876,803    |
| Small cap                       | -                                                 | 1,266,826    | -       | 1,266,826    |
| International                   | -                                                 | 976,067      | -       | 976,067      |
| Mid cap                         | -                                                 | 677,960      | -       | 677,960      |
| Total investments at fair value | -                                                 | \$ 9,644,685 | -       | \$ 9,644,685 |

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2013 and 2012, there were no significant transfers in or out of Levels 1, 2 or 3.

## ARDAGH METAL DEFINED BENEFIT PLAN

### NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

#### NOTE 7 - FAIR VALUE MEASUREMENT (Continued)

##### Fair Value of Investments That Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2013 and 2012, respectively:

| Investment                              | Fair Value<br>as of<br>December 31,<br>2013 | Fair Value<br>as of<br>December 31,<br>2012 | Unfunded<br>Commitments<br>as of<br>December 31,<br>2013 and 2012 | Redemption<br>Frequency | Redemption<br>Notice<br>Period | Investment<br>Strategy |
|-----------------------------------------|---------------------------------------------|---------------------------------------------|-------------------------------------------------------------------|-------------------------|--------------------------------|------------------------|
| EB Daily Value Long Bond Index Fund     | \$4,238,590                                 | \$3,843,474                                 | None                                                              | Daily                   | 1 day notice required          | (1)                    |
| EB DV ENH Large Cap Core Fund           | 1,713,453                                   | 1,433,389                                   | None                                                              | Daily                   | 1 day notice required          | (2)                    |
| EB Daily Valued Mid Cap Core Fund       | 1,481,927                                   | 677,960                                     | None                                                              | Daily                   | 1 day notice required          | (3)                    |
| EB NCML International Fund              | 1,104,924                                   | 976,067                                     | None                                                              | Daily                   | No notice required             | (4)                    |
| PE US Large Cap Core 130/30 Equity Fund | 829,494                                     | 721,592                                     | None                                                              | Daily                   | No notice required             | (5)                    |
| EB US Large Capitalization Core Fund    | 824,928                                     | 721,822                                     | None                                                              | Daily                   | No notice required             | (6)                    |
| PE US Small Cap Opportunistic Fund      | 792,524                                     | -                                           | None                                                              | Daily                   | No notice required             | (7)                    |
| EB DV Small Cap SIF                     | -                                           | 489,143                                     | None                                                              | Daily                   | 1 day notice required          | (8)                    |
| PE US Small-Mid Cap Value Equity Fund   | -                                           | 390,200                                     | None                                                              | Daily                   | No notice required             | (9)                    |
| PE US Small-Mid Cap Growth Equity Fund  | -                                           | 387,483                                     | None                                                              | Daily                   | No notice required             | (10)                   |
| EB Temporary Investment Fund            | 7,786                                       | 3,555                                       | None                                                              | Daily                   | No notice required             | (11)                   |
|                                         | <u>\$10,993,626</u>                         | <u>\$9,644,685</u>                          |                                                                   |                         |                                |                        |

- (1) The investment objective of the Fund is to track the performance of the Barclays U.S. Long Treasury Index. The investment strategy of this Fund is primarily focused on the investing in United States Treasury Bonds.
- (2) The objective of the Fund is to exceed the performance of the Standard & Poor's (S&P) 500 Index. The investment strategy of this Fund is primarily the investment in common stocks for large-cap multinational corporations in a variety of industries ranging from agriculture to manufacturing.
- (3) The investment objective of the Fund is to exceed the performance of the S&P Mid Cap 400 Index by tilting towards stocks having higher expected returns while generally maintaining overall index characteristics. The investment strategy of this Fund is primary the investment in common stocks of corporations based in the United States of America with a focus on energy and natural resources, financial and commercial services, technology, healthcare and manufacturing.
- (4) The investment objective is to consistently exceed the total return performance of the Morgan Stanley Capital International European Australia Far East Index. The investment strategy of this Fund consists of investments in common stocks, with a focus on international diversification in variety of industries, and other temporary investments, including cash and cash equivalents.
- (5) The investment objective of the Fund is to exceed the return of the S&P 500 Index over rolling three-and/or five-year periods. The investment strategy of this Fund is primarily common stocks (both short and long positions), in a variety of industries, including energy, healthcare, technology, consumer discretionary, financial services, industrials and mutual funds.
- (6) The investment objective of the Fund is to exceed the return of the S&P's 500 Index over a market cycle. The investment strategy of this Fund is primarily the investment in common stocks with a focus on energy, pharmaceuticals and healthcare, electronics and technology, and financial service companies.
- (7) The Fund is invested primarily in common stocks and other equity securities generally traded on a major United States exchange (New York Stock Exchange, American Stock Exchange, and the NASDAQ Over the Counter Market) or on Canadian stock exchanges. The investment strategy of this Fund is to invest in companies with a market capitalization within the same range as the issuers included in the Russell 2000 Index.
- (8) The investment objective of the Fund is to track the performance of the Russell 2000 Index. The investment strategy of this Fund is to invest in collective investment funds, which are the EB DV Small Cap Growth Stock Index and the EB DV Small Cap Value Stock Index Funds.
- (9) The Fund is invested primarily in common stocks and other equity securities generally traded on a major United States exchange (New York Stock Exchange, American Stock Exchange) or via the NASDAQ Stock Market. The investment strategy of this Fund is to invest in common stocks of companies based in the United States of America in the industries of consumer discretionary and staples, financial services, technology, healthcare and industrials.
- (10) The Fund is invested primarily in common stocks and other equity securities generally traded on a major United States exchange (New York Stock Exchange, American Stock Exchange) or via the NASDAQ Stock Market. The investment strategy of this Fund is to invest in common stocks of companies in the industries of consumer discretionary and staples, energy, healthcare, financial services, technology, industrials and materials.
- (11) The objective of the Fund is to provide a return on cash held by the Plan until it is invested in another of the above listed funds.

ARDAGH METAL DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE 8 - PLAN TERMINATION

Although the Company has not expressed any intent to do so, it has the right to terminate the Plan at any time, subject to the provisions of ERISA or any collective bargaining agreements. If such termination should occur, monies in the Plan would be distributed to participants according to the provisions of the Plan. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC). Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

The PBGC guarantees vested benefits at the level in effect on the date of Plan termination. However, if benefits have been increased within five years before the Plan's termination, the whole amount of the Plan's vested benefits increase may not be guaranteed. In addition, there is a ceiling on the amount of monthly benefits that the PBGC guarantees, which is adjusted periodically.

NOTE 9 - INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated July 25, 2011 that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2010.

NOTE 10 - RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of common collective trusts managed by BNY Mellon. BNY Mellon is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

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## SUPPLEMENTARY FINANCIAL INFORMATION



ARDAGH METAL DEFINED BENEFIT PLAN

EIN: 25-1864585  
PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor<br>or Similar Party | (c)<br>Description of Investments Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | (d)<br>Cost        | (e)<br>Current<br>Value |
|-----|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------|
| *   | BNY Mellon, N.A.                                                  | EB DV Long Bond Index Fund                                                                                            | \$3,866,124        | \$ 4,238,590            |
| *   | BNY Mellon, N.A.                                                  | EB DV ENH Large-Cap Core Fund                                                                                         | 1,082,599          | 1,713,453               |
| *   | BNY Mellon, N.A.                                                  | EB DV ENH Mid-Cap Core Fund                                                                                           | 1,035,625          | 1,481,927               |
| *   | BNY Mellon, N.A.                                                  | EB NCML International Fund                                                                                            | 831,086            | 1,104,924               |
| *   | BNY Mellon, N.A.                                                  | PE US Large Cap Core 130/30 Equity Fund                                                                               | 558,275            | 829,494                 |
| *   | BNY Mellon, N.A.                                                  | EB US Large Capitalization Core Fund                                                                                  | 521,523            | 824,928                 |
| *   | BNY Mellon, N.A.                                                  | PE US Small Cap Opportunistic Fund                                                                                    | 740,000            | 792,524                 |
| *   | BNY Mellon, N.A.                                                  | EB Temporary Investment Fund                                                                                          | 7,786              | 7,786                   |
|     |                                                                   |                                                                                                                       | <u>\$8,643,018</u> | <u>\$10,993,626</u>     |

\* Party-in-interest

See independent auditors' report.

ARDAGH METAL DEFINED BENEFIT PLAN

EIN: 25-1864585  
PLAN NUMBER: 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2013

Series of transactions, involving an amount in excess of 5% of the current value of Plan assets as of the beginning of the year.

| (a)<br>Identity of<br>Party Involved                                         | (b)<br>Description<br>of Assets        | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (e)<br>Lease<br>Rental | (f)<br>Expense<br>Incurred<br>with<br>Transaction | (g)<br>Cost<br>of<br>Asset | (h)<br>Current<br>Value of<br>Asset on<br>Transaction<br>Date | (i)<br>Net<br>Gain<br>or<br>(Loss) |
|------------------------------------------------------------------------------|----------------------------------------|--------------------------|-------------------------|------------------------|---------------------------------------------------|----------------------------|---------------------------------------------------------------|------------------------------------|
| <b>Single transaction greater than 5% of net assets</b>                      |                                        |                          |                         |                        |                                                   |                            |                                                               |                                    |
| BNY Mellon, N.A.                                                             | PE US Small Cap Opportunistic Fund     | \$ 740,000               | N/A                     | -                      | -                                                 | \$ 740,000                 | \$ 740,000                                                    | N/A                                |
| BNY Mellon, N.A.                                                             | EB DV ENH Mid-Cap Core Fund            | 626,000                  | N/A                     | -                      | -                                                 | 626,000                    | 626,000                                                       | N/A                                |
| BNY Mellon, N.A.                                                             | EB DV Small Cap SIF                    | N/A                      | \$ 558,235              | -                      | -                                                 | 354,018                    | 558,235                                                       | \$ 204,217                         |
| <b>Series of transactions greater than 5% of net assets in the aggregate</b> |                                        |                          |                         |                        |                                                   |                            |                                                               |                                    |
| BNY Mellon, N.A.                                                             | PE US Small-Mid Cap Value Equity Fund  | \$ 13,410 (A)            | N/A                     | -                      | -                                                 | \$ 13,410                  | \$ 13,410                                                     | N/A                                |
| BNY Mellon, N.A.                                                             | PE US Small-Mid Cap Value Equity Fund  | N/A                      | \$ 508,140 (B)          | -                      | -                                                 | 337,587                    | 508,140                                                       | \$ 170,553                         |
| BNY Mellon, N.A.                                                             | PE US Small-Mid Cap Growth Equity Fund | 12,222 (C)               | N/A                     | -                      | -                                                 | 12,222                     | 12,222                                                        | N/A                                |
| BNY Mellon, N.A.                                                             | PE US Small-Mid Cap Growth Equity Fund | N/A                      | 522,046 (D)             | -                      | -                                                 | 320,705                    | 522,046                                                       | 201,341                            |
| BNY Mellon, N.A.                                                             | EB DV ENH Mid-Cap Core Fund            | 674,428 (E)              | N/A                     | -                      | -                                                 | 674,428                    | 674,428                                                       | N/A                                |
| BNY Mellon, N.A.                                                             | EB DV ENH Mid-Cap Core Fund            | N/A                      | 131,201 (F)             | -                      | -                                                 | 75,101                     | 131,201                                                       | 56,100                             |
| BNY Mellon, N.A.                                                             | EB Temporary Investment Fund           | 1,424,966 (G)            | N/A                     | -                      | -                                                 | 1,424,966                  | 1,424,966                                                     | N/A                                |
| BNY Mellon, N.A.                                                             | EB Temporary Investment Fund           | N/A                      | 1,420,730 (H)           | -                      | -                                                 | 1,420,730                  | 1,420,730                                                     | -                                  |
| BNY Mellon, N.A.                                                             | EB DV Small Cap SIF                    | 21,577 (I)               | N/A                     | -                      | -                                                 | 21,577                     | 21,577                                                        | N/A                                |
| BNY Mellon, N.A.                                                             | EB DV Small Cap SIF                    | N/A                      | 652,235 (J)             | -                      | -                                                 | 421,588                    | 652,235                                                       | 230,647                            |
| BNY Mellon, N.A.                                                             | EB DV Long Bond Index Fund             | 938,394 (K)              | N/A                     | -                      | -                                                 | 938,394                    | 938,394                                                       | N/A                                |

(A) Represents 1 purchase transaction.

(B) Represents a series of 5 sales transactions.

(C) Represents 1 purchase transaction.

(D) Represents a series of 5 sales transactions.

(E) Represents a series of 3 purchases transactions.

(F) Represents a series of 5 sales transactions.

(G) Represents a series of 72 purchases transactions.

(H) Represents a series of 34 sales transactions.

(I) Represents a series of 2 purchases transactions.

(J) Represents a series of 5 sales transactions.

(K) Represents a series of 9 purchases transactions.

See independent auditors' report.

**ARDAGH METAL DEFINED BENEFIT PLAN**  
**EIN: 25-1864585 PN: 001**

**SCHEDULE SB NOTES FOR 2013 PLAN YEAR**

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**STATEMENT BY ENROLLED ACTUARY**

In preparing Schedule SB, the actuary relied on other parties for - and applied reasonability tests to - information on assets, contributions, plan provisions, and data on people covered by the Plan.

|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

► 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>ARDAGH METAL DEFINED BENEFIT PLAN                                                                                                                                                                                                                                        | <b>B</b> Three-digit plan number (PN) ►                     | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>ARDAGH METAL PACKAGING USA INC.                                                                                                                                                                                       | <b>D</b> Employer Identification Number (EIN)<br>25-1864585 |     |
| <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 checked="" type="checkbox"/> 101-500 <input 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>2013</u>                                                                                                                                 |                            |                    |
| <b>2</b>                 | Assets:                                                                                                                                                                                                  |                            |                    |
|                          | a Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 9756493            |
|                          | b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 9411063            |
| <b>3</b>                 | Funding target/participant count breakdown:                                                                                                                                                              | (1) Number of participants | (2) Funding Target |
|                          | a For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <b>3a</b>                  | 113 5056784        |
|                          | b For terminated vested participants .....                                                                                                                                                               | <b>3b</b>                  | 117 1112404        |
|                          | c For active participants:                                                                                                                                                                               |                            |                    |
|                          | (1) Non-vested benefits .....                                                                                                                                                                            | <b>3c(1)</b>               | 449345             |
|                          | (2) Vested benefits .....                                                                                                                                                                                | <b>3c(2)</b>               | 4555877            |
|                          | (3) Total active .....                                                                                                                                                                                   | <b>3c(3)</b>               | 204 5005222        |
|                          | d Total .....                                                                                                                                                                                            | <b>3d</b>                  | 434 11174410       |
| <b>4</b>                 | 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 .....                                                                                                                                       | <b>4a</b>                  |                    |
|                          | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                    |
| <b>5</b>                 | Effective interest rate .....                                                                                                                                                                            | <b>5</b>                   | 6.42%              |
| <b>6</b>                 | Target normal cost .....                                                                                                                                                                                 | <b>6</b>                   | 519083             |

**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>                                                                                                                                                     | ANGELA L BUSCH<br>Signature of actuary | 10/07/2014<br>Date<br>1406184<br>Most recent enrollment number<br>412-281-2506<br>Telephone number (including area code) |
| ANGELA L BUSCH<br>Type or print name of actuary<br>BUCK CONSULTANTS, LLC.<br>Firm name<br>11 STANWIX STREET, SUITE 700<br>PITTSBURGH PA 15222<br>Address of the firm |                                        |                                                                                                                          |

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

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

Schedule SB (Form 5500) 2013

**Part II Beginning of Year Carryover 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                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                               | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                     | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>12.28%</u> .....                                                      | 0                     | 0                      |
| <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) .....                                                           |                       | 40                     |
| <b>b</b> Interest on (a) using prior year's effective interest rate of <u>7.13%</u> except as otherwise provided (see instructions) ..... |                       | 3                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                             |                       | 43                     |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                           |                       | 0                      |
| <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                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 84.21 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 84.21 % |
| <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> | 84.61 % |
| <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**

| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 01/15/2013                                                                               | 0                                 | 2009                            |                          |                                   |                                 |
| 02/15/2013                                                                               | 0                                 | 1884                            |                          |                                   |                                 |
| 03/15/2013                                                                               | 0                                 | 1940                            |                          |                                   |                                 |
| 04/15/2013                                                                               | 225947                            | 2098                            |                          |                                   |                                 |
| 05/15/2013                                                                               | 0                                 | 2506                            |                          |                                   |                                 |
| 06/15/2013                                                                               | 0                                 | 1450                            |                          |                                   |                                 |
| 07/15/2013                                                                               | 225947                            | 2367                            |                          |                                   |                                 |
| 08/15/2013                                                                               | 0                                 | 2018                            |                          |                                   |                                 |
| 09/15/2013                                                                               | 0                                 | 2079                            |                          |                                   |                                 |
| 10/15/2013                                                                               | 225947                            | 2651                            |                          |                                   |                                 |
| 11/15/2013                                                                               | 0                                 | 2131                            |                          |                                   |                                 |
| 12/15/2013                                                                               | 0                                 | 1913                            |                          |                                   |                                 |
| 01/15/2014                                                                               | 225947                            | 0                               |                          |                                   |                                 |
| 09/15/2014                                                                               | 258748                            | 0                               |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 1162536                           | <b>18(c)</b> 25046              |

|                                                                                                                                      |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                 | <b>19a</b> 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> 1100219                                                  |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c</b> If 20a is "Yes," see instructions and complete the following table as applicable:                                           |                                                                     |
| Liquidity shortfall as of end of quarter of this plan year                                                                           |                                                                     |
| (1) 1st                                                                                                                              | (2) 2nd                                                             |
| 0                                                                                                                                    | 0                                                                   |
| (3) 3rd                                                                                                                              | (4) 4th                                                             |
| 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>4.94% | 2nd segment:<br>6.15% | 3rd segment:<br>6.76%                               |
|                                                                                                                                                                                              |                       |                       | <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> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |           |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... |           | <input type="checkbox"/> Yes <input checked="" 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>          | 519083        |
| <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.....                                                                                                                                 |                   | 1763347             | 581136        |
| <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>           | 1100219       |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                 | 0                   | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>         |                     | 1100219       |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>         |                     | 1100219       |
| <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 |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b> |                                                                                                                         |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b> |                                                                                                                         |  |

**ARDAGH METAL DEFINED BENEFIT PLAN**  
**EIN: 25-1864585 PN: 001**

**SCHEDULE SB NOTES FOR 2013 PLAN YEAR**

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**SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS / METHODS**

***Prescribed Funding Assumptions and Methods***

---

**Funding discount rates**

|               |                                         |       |
|---------------|-----------------------------------------|-------|
| Current Year: | Segment Rates with four month lookback: |       |
|               | First Segment Rate                      | 1.75% |
|               | Second Segment Rate                     | 4.62% |
|               | Third Segment Rate                      | 5.72% |

In accordance with MAP-21, the first, second, and third Segment Rates are constrained to a 85%-115% Corridor around the average Segment Rates for the 25-year period ending September 30, 2012, or **4.94%, 6.15%, and 6.76%**, respectively, for minimum funding and benefit restrictions but not maximum tax-deductible purposes. The HATFA corridor was not applied.

|                         |       |
|-------------------------|-------|
| Effective Interest Rate | 6.42% |
| (Based on MAP-21 rates) |       |

**Mortality**

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.

**Actuarial cost method**

Unit Credit Method. The Funding Target is the present value of accrued benefits, based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected administrative and investment expenses to be paid from plan assets during the year.

**ARDAGH METAL DEFINED BENEFIT PLAN**  
**EIN: 25-1864585 PN: 001**

**SCHEDULE SB NOTES FOR 2013 PLAN YEAR**

---

***Non-Prescribed Funding Assumptions and Methods***

---

**Salary increase assumption**

2.25% cost-of-living plus additional increase of 1.25% merit for a total of 3.50%.

**Social Security**

Annual increase in maximum wage base: cost-of-living

**Expenses**

Expected plan administrative and investment expenses of \$251,000 were added to the Target Normal Cost. This is based on the prior year's reported expenses with an adjustment for PBGC premiums.

**Frequency of optional payment forms**

50% of the participants are assumed to elect life annuities; the other 50% of the participants are assumed to elect joint-and-survivor annuities.

**Marital percentage**

85% of males and 30% of females are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

**ARDAGH METAL DEFINED BENEFIT PLAN**  
**EIN: 25-1864585 PN: 001**

**SCHEDULE SB NOTES FOR 2013 PLAN YEAR**

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***Non-Prescribed Funding Assumptions and Methods (continued)***

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**Withdrawal rates<sup>(1)</sup>**

Based on experience. Sample rates as follows:

**For Samoa participants**

| Years of<br>Employment | Age-Related Rates |        |        |        |
|------------------------|-------------------|--------|--------|--------|
|                        | 25                | 40     | 55     | 60     |
| 1 - 4                  | 30.00%            | 20.00% | 20.00% | 20.00% |
| 5 & later              | 6.00%             | 4.50%  | 3.00%  | 3.00%  |

**For other participants**

| Years of<br>Employment | Age-Related Rates |        |        |        |
|------------------------|-------------------|--------|--------|--------|
|                        | 25                | 40     | 55     | 60     |
| 1 - 4                  | 20.00%            | 15.00% | 10.00% | 10.00% |
| 5 & later              | 7.50%             | 2.80%  | 2.50%  | 2.50%  |

**Retirement rates**

**For Samoa participants**

| Age | Years of Employment |            |
|-----|---------------------|------------|
|     | 1 - 24              | 25 & Later |
| 55  | 5.0%                | 5.0%       |
| 56  | 5.0%                | 5.0%       |
| 57  | 5.0%                | 5.0%       |
| 58  | 5.0%                | 5.0%       |
| 59  | 5.0%                | 5.0%       |
| 60  | 6.0%                | 6.0%       |
| 61  | 10.0%               | 10.0%      |
| 62  | 20.0%               | 40.0%      |
| 63  | 20.0%               | 40.0%      |
| 64  | 10.0%               | 40.0%      |
| 65  | 20.0%               | 20.0%      |
| 66  | 20.0%               | 20.0%      |
| 67  | 15.0%               | 15.0%      |
| 68  | 15.0%               | 15.0%      |
| 69  | 15.0%               | 15.0%      |
| 70  | 100.0%              | 100.0%     |

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<sup>(1)</sup> For active participants not eligible for retirement.

**ARDAGH METAL DEFINED BENEFIT PLAN**  
**EIN: 25-1864585 PN: 001**

**SCHEDULE SB NOTES FOR 2013 PLAN YEAR**

---

***Non-Prescribed Funding Assumptions and Methods (continued)***

---

**For other participants**

| <b>Age</b> | <b>Rates</b> |
|------------|--------------|
| 55         | 5.0%         |
| 56         | 2.5%         |
| 57         | 2.5%         |
| 58         | 2.5%         |
| 59         | 2.5%         |
| 60         | 2.5%         |
| 61         | 2.5%         |
| 62         | 5.0%         |
| 63         | 5.0%         |
| 64         | 5.0%         |
| 65         | 25.0%        |
| 66         | 15.0%        |
| 67         | 10.0%        |
| 68         | 15.0%        |
| 69         | 15.0%        |
| 70         | 100.0%       |

Due to the nature of the early retirement reductions for deferred vested participants, payments are assumed to commence at their normal retirement date.

**Disability rates**

| <b>Age</b> | <b>Samoa<br/>Participants</b> | <b>Other<br/>Participants</b> |
|------------|-------------------------------|-------------------------------|
| 25         | 0.045%                        | 0.030%                        |
| 30         | 0.045%                        | 0.030%                        |
| 35         | 0.045%                        | 0.030%                        |
| 40         | 0.060%                        | 0.040%                        |
| 45         | 0.120%                        | 0.080%                        |
| 50         | 0.315%                        | 0.210%                        |
| 55         | 0.675%                        | 0.450%                        |
| 60         | 1.515%                        | 1.010%                        |

**ARDAGH METAL DEFINED BENEFIT PLAN**  
**EIN: 25-1864585 PN: 001**

**SCHEDULE SB NOTES FOR 2013 PLAN YEAR**

---

***Non-Prescribed Funding Assumptions and Methods (continued)***

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**Asset valuation method**

The Valuation Assets are determined using a method that spreads asset gains/(losses) over two years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, is included in the Valuation Assets.

The expected return on plan assets is 8.00% per annum, limited by PPA to the applicable Third Segment Rate as follows:

|                           |       |
|---------------------------|-------|
| 2012 measurement periods: | 7.52% |
| 2011 measurement periods: | 6.57% |

***Summary of Changes from the January 1, 2012 Valuation***

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None.

**ARDAGH METAL DEFINED BENEFIT PLAN**  
**EIN: 25-1864585 PN: 001**

**SCHEDULE SB NOTES FOR 2013 PLAN YEAR**

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**SCHEDULE SB, LINE 32 – SCHEDULE OF SHORTFALL AMORTIZATION BASES**

| <b>Date Established</b> | <b>Initial Amount</b> | <b>Remaining<br/>Installments</b> | <b>Shortfall<br/>Amortization<br/>Installment</b> | <b>Present Value of<br/>Remaining Installments<br/>as of January 1, 2013</b> |
|-------------------------|-----------------------|-----------------------------------|---------------------------------------------------|------------------------------------------------------------------------------|
| January 1, 2008         | \$ 1,876,320          | 2                                 | \$ 313,828                                        | \$ 612,883                                                                   |
| January 1, 2009         | (456,624)             | 3                                 | (81,324)                                          | (232,667)                                                                    |
| January 1, 2010         | 1,670,093             | 4                                 | 281,063                                           | 1,047,329                                                                    |
| January 1, 2011         | 846,595               | 5                                 | 139,290                                           | 633,895                                                                      |
| January 1, 2012         | (1,109,705)           | 6                                 | (188,344)                                         | (996,884)                                                                    |
| January 1, 2013         | 698,791               | 7                                 | <u>116,623</u>                                    | <u>698,791</u>                                                               |
| Total charge            |                       |                                   | \$ 581,136                                        | \$ 1,763,347                                                                 |

**ARDAGH METAL DEFINED BENEFIT PLAN**  
**EIN: 25-1864585 PN: 001**

**SCHEDULE SB NOTES FOR 2013 PLAN YEAR**

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**SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE PARTICIPANT DATA**

**Age by Service**

| Age   | 0-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ | Total |
|-------|-----|-----|-------|-------|-------|-------|-------|-------|-----|-------|
| 15-19 | 1   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0   | 1     |
| 20-24 | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0   | 0     |
| 25-29 | 2   | 3   | 0     | 0     | 0     | 0     | 0     | 0     | 0   | 5     |
| 30-34 | 1   | 5   | 3     | 0     | 0     | 0     | 0     | 0     | 0   | 9     |
| 35-39 | 2   | 4   | 6     | 3     | 5     | 1     | 0     | 0     | 0   | 21    |
| 40-44 | 3   | 12  | 15    | 5     | 3     | 0     | 0     | 0     | 0   | 38    |
| 45-49 | 1   | 10  | 12    | 5     | 9     | 1     | 0     | 0     | 0   | 38    |
| 50-54 | 2   | 6   | 12    | 4     | 8     | 3     | 3     | 0     | 1   | 39    |
| 55-59 | 0   | 2   | 7     | 6     | 5     | 2     | 1     | 0     | 5   | 28    |
| 60-64 | 0   | 2   | 2     | 3     | 1     | 0     | 1     | 0     | 10  | 19    |
| 65-69 | 0   | 0   | 0     | 0     | 1     | 0     | 0     | 0     | 3   | 4     |
| 70+   | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 2   | 2     |
| TOTAL | 12  | 44  | 57    | 26    | 32    | 7     | 5     | 0     | 21  | 204   |

**ARDAGH METAL DEFINED BENEFIT PLAN**  
**EIN: 25-1864585 PN: 001**

**SCHEDULE SB NOTES FOR 2013 PLAN YEAR**

---

**SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS**

**Eligibility**

For Terminal Island: Immediate.  
For other participants: 6 months of service.

**Annual compensation**

For Samoa and Weirton: Total remuneration not to exceed required limits.

**Payment forms**

Life annuity and joint-and-survivor life annuity

**Normal retirement date**

Age 65.

**Early unreduced retirement date**

For Samoa: Age 62 and 25 years of service.  
For Weirton: The earlier of age 62 and 25 years of service or age 55 and 30 years of service

**Early retirement date**

For Terminal Island: Age 55 and 10 years of service.  
For other participants: Age 55.

**Eligibility for disability benefit**

Social Security disability award required effective on or before termination, application received and:

For Samoa: 15 years of service.  
For other participants: 10 years of service.

**Eligibility for vested benefit**

100% vesting after five years. At age 65, an actively employed participant is 100% vested, regardless of service.

**Eligibility for surviving spouse death benefit**

Death occurring while:

1. Actively employed after completion of 5 years of vesting service.
2. Terminated with a vested deferred benefit but before benefit commencement.

**ARDAGH METAL DEFINED BENEFIT PLAN**  
**EIN: 25-1864585 PN: 001**

**SCHEDULE SB NOTES FOR 2013 PLAN YEAR**

---

**Accrued benefit**

- For Samoa:                   The larger of the benefit determined under part A or B below.
- A. 1.25% of annual compensation received.
  - B. \$96 times years of service at the date of determination.
- For Weirton:                   The larger of the benefit determined under part A or B below.
- A. 1.1% of annual compensation received.
  - B. \$504 for terminations during 2011, \$516 for terminations during 2012, \$528 for terminations during 2013 and 2014, and \$540 for terminations after 2014.
- For Terminal Island:       The sum of the amount determined under part A, B, C, and D below.
- A. \$132 times years of service between 1/1/1986 and 1/1/1989.
  - B. \$156 times years of service between 1/1/1989 and 1/1/2006.
  - C. \$255 times years of service between 1/1/2006 and 1/1/2007.
  - D. \$276 times years of service after 1/1/2007.

**Normal monthly retirement benefit**

1/12 of accrued benefit as of normal retirement date.

**Early unreduced monthly retirement benefit**

- For Samoa and Weirton:   1/12 of accrued benefit as of unreduced early retirement date.
- For Weirton only:           An additional temporary benefit of \$5 times years of service will be paid until age 62.

**Early monthly retirement benefit**

- For Samoa and Weirton:   1/12 of accrued benefit as of early retirement date, reduced by 2% for each of the first 3 years and 4% for each of the next 7 years by which the early retirement date precedes the normal retirement date.
- For Terminal Island:       1/12 of accrued benefit as of early retirement date, reduced by 6% for each of the first 5 years and 3.6% for each of the next 5 years by which the early retirement date precedes the normal retirement date.

**Delayed monthly retirement benefit**

1/12 of accrued benefit as of actual retirement date, crediting service and earnings through delayed retirement date.

**ARDAGH METAL DEFINED BENEFIT PLAN**  
**EIN: 25-1864585 PN: 001**

**SCHEDULE SB NOTES FOR 2013 PLAN YEAR**

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**Disability benefit**

1/12 of accrued benefit as of the date of disability payable beginning the first of the month following the Social Security disability benefit commencement and ending at normal retirement date. Upon completion of benefit payments, normal retirement benefits will be payable.

**Deferred monthly retirement benefit for termination prior to retirement**

For Samoa and Weirton: 1/12 of accrued benefit as of date of termination payable at normal retirement date or payable at age 55 reduced 6% for each year before normal retirement date.

For Terminal Island: 1/12 of accrued benefit as of termination date payable at normal retirement date. If 10 years of service at termination, benefit can be payable at age 55, reduced by 6% for each of the first 5 years and 3.6% for each of the next 5 years by which commencement precedes the normal retirement date.

**Surviving spouse monthly death benefit**

1/12 of 50% of accrued benefit reduced for early payment in the form of a 50% Joint and Survivor as of date of death of participant, commencing at the participant's earliest payment date and continuing for the remaining lifetime of the surviving spouse.

For Samoa and Weirton: If death occurs while in service after age 55, the above benefit will be in the form of a 100% Joint and Survivor. If death occurs prior to age 55, the earliest payment date may be as early as the month in which the death occurs.

For Terminal Island: An additional \$1,500 single sum death benefit is payable to a participant who dies while in active service or \$1,000 single sum death benefit to a former participant who retired from active service.

**Refund of participant contributions**

For Terminal Island, accumulation of employee contributions with interest will be refunded to the participant who terminates prior to eligibility for a vested benefit. If the value exceeds \$1,000, the participant must elect to receive such refund.

**Contributions**

All contributions to support the plan are made by the Company except for employee contributions by participants at Terminal Island, in the amount of \$.14 for every hour (other rates apply prior to 5/1/1996).

***Summary of Changes from the January 1, 2012 Valuation***

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The flat-dollar benefit payable to Weirton participants was increased. For terminations during 2013 and 2014 the benefit was increased from \$516 to \$528. For terminations after 2014, the benefit was increased from \$516 to \$540.

**ARDAGH METAL DEFINED BENEFIT PLAN**  
**EIN: 25-1864585 PN: 001**

**SCHEDULE SB NOTES FOR 2013 PLAN YEAR**

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**SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE**

The weighted average retirement age is derived based on the following table:

| (1)<br>Age | (2)<br>Expected<br>Active<br>Headcount | (3)<br>Retirement<br>Rate | (4)<br>Expected<br>Retirements<br>(2) x (3) | (5)<br>Weighted Age<br>(1) x (4) |
|------------|----------------------------------------|---------------------------|---------------------------------------------|----------------------------------|
| 55         | 111.1457                               | 0.0491                    | 5.4588                                      | 300.2347                         |
| 56         | 111.8644                               | 0.0318                    | 3.5521                                      | 198.9190                         |
| 57         | 112.3978                               | 0.0311                    | 3.4946                                      | 199.1909                         |
| 58         | 115.8213                               | 0.0307                    | 3.5609                                      | 206.5319                         |
| 59         | 113.9893                               | 0.0309                    | 3.5170                                      | 207.5024                         |
| 60         | 112.0761                               | 0.0328                    | 3.6749                                      | 220.4928                         |
| 61         | 110.7894                               | 0.0406                    | 4.4939                                      | 274.1254                         |
| 62         | 112.4217                               | 0.1040                    | 11.6940                                     | 725.0292                         |
| 63         | 102.4999                               | 0.0873                    | 8.9437                                      | 563.4556                         |
| 64         | 92.2274                                | 0.0719                    | 6.6283                                      | 424.2138                         |
| 65         | 83.2091                                | 0.2465                    | 20.5121                                     | 1,333.2876                       |
| 66         | 64.2729                                | 0.1536                    | 9.8716                                      | 651.5248                         |
| 67         | 54.0421                                | 0.1034                    | 5.5875                                      | 374.3592                         |
| 68         | 50.1341                                | 0.1500                    | 7.5201                                      | 511.3680                         |
| 69         | 42.3081                                | 0.1500                    | 6.3462                                      | 437.8885                         |
| 70         | 35.6911                                | 1.0000                    | 35.6911                                     | 2,498.3770                       |
| 71         | 0.0000                                 | 1.0000                    | 0.0000                                      | 0.0000                           |
| 72         | 0.0000                                 | 1.0000                    | 0.0000                                      | 0.0000                           |
| 73         | 0.0000                                 | 1.0000                    | 0.0000                                      | 0.0000                           |
| 74         | 1.0000                                 | 1.0000                    | 1.0000                                      | 74.0000                          |
| 75         | 0.0000                                 | 1.0000                    | 0.0000                                      | 0.0000                           |
| 76         | 1.0000                                 | 1.0000                    | 1.0000                                      | 76.0000                          |
| Total      |                                        |                           | 142.5468                                    | 9,276.5008                       |
| Average    |                                        |                           |                                             | 65.08                            |

ARDAGH METAL DEFINED BENEFIT PLAN

EIN: 25-1864585  
PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

| <u>(a)</u> | <u>(b)</u><br>Identity of Issue,<br>Borrower, Lessor<br>or Similar Party | <u>(c)</u><br>Description of Investments Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | <u>(d)</u><br>Cost | <u>(e)</u><br>Current<br>Value |
|------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------|
| *          | BNY Mellon, N.A.                                                         | EB DV Long Bond Index Fund                                                                                                   | \$3,866,124        | \$ 4,238,590                   |
| *          | BNY Mellon, N.A.                                                         | EB DV ENH Large-Cap Core Fund                                                                                                | 1,082,599          | 1,713,453                      |
| *          | BNY Mellon, N.A.                                                         | EB DV ENH Mid-Cap Core Fund                                                                                                  | 1,035,625          | 1,481,927                      |
| *          | BNY Mellon, N.A.                                                         | EB NCML International Fund                                                                                                   | 831,086            | 1,104,924                      |
| *          | BNY Mellon, N.A.                                                         | PE US Large Cap Core 130/30 Equity Fund                                                                                      | 558,275            | 829,494                        |
| *          | BNY Mellon, N.A.                                                         | EB US Large Capitalization Core Fund                                                                                         | 521,523            | 824,928                        |
| *          | BNY Mellon, N.A.                                                         | PE US Small Cap Opportunistic Fund                                                                                           | 740,000            | 792,524                        |
| *          | BNY Mellon, N.A.                                                         | EB Temporary Investment Fund                                                                                                 | 7,786              | 7,786                          |
|            |                                                                          |                                                                                                                              | <u>\$8,643,018</u> | <u>\$10,993,626</u>            |

\* Party-in-interest

See independent auditors' report.

ARDAGH METAL DEFINED BENEFIT PLAN

EIN: 25-1864585  
PLAN NUMBER: 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2013

Series of transactions, involving an amount in excess of 5% of the current value of Plan assets as of the beginning of the year.

| (a)<br>Identity of<br>Party Involved                                         | (b)<br>Description<br>of Assets | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (e)<br>Lease<br>Rental | (f)<br>Expense<br>Incurred<br>with<br>Transaction | (g)<br>Cost<br>of<br>Asset | (h)<br>Current<br>Value of<br>Asset on<br>Transaction<br>Date | (i)<br>Net<br>Gain<br>or<br>(Loss) |
|------------------------------------------------------------------------------|---------------------------------|--------------------------|-------------------------|------------------------|---------------------------------------------------|----------------------------|---------------------------------------------------------------|------------------------------------|
| <b>Single transaction greater than 5% of net assets</b>                      |                                 |                          |                         |                        |                                                   |                            |                                                               |                                    |
| BNY Mellon, N.A. PE US Small Cap Opportunistic Fund                          |                                 | \$ 740,000               | N/A                     | -                      | -                                                 | \$ 740,000                 | \$ 740,000                                                    | N/A                                |
| BNY Mellon, N.A. EB DV ENH Mid-Cap Core Fund                                 |                                 | 626,000                  | N/A                     | -                      | -                                                 | 626,000                    | 626,000                                                       | N/A                                |
| BNY Mellon, N.A. EB DV Small Cap SIF                                         |                                 | N/A                      | \$ 558,235              | -                      | -                                                 | 354,018                    | 558,235                                                       | \$ 204,217                         |
| <b>Series of transactions greater than 5% of net assets in the aggregate</b> |                                 |                          |                         |                        |                                                   |                            |                                                               |                                    |
| BNY Mellon, N.A. PE US Small-Mid Cap Value Equity Fund                       |                                 | \$ 13,410 (A)            | N/A                     | -                      | -                                                 | \$ 13,410                  | \$ 13,410                                                     | N/A                                |
| BNY Mellon, N.A. PE US Small-Mid Cap Value Equity Fund                       |                                 | N/A                      | \$ 508,140 (B)          | -                      | -                                                 | 337,587                    | 508,140                                                       | \$ 170,553                         |
| BNY Mellon, N.A. PE US Small-Mid Cap Growth Equity Fund                      |                                 | 12,222 (C)               | N/A                     | -                      | -                                                 | 12,222                     | 12,222                                                        | N/A                                |
| BNY Mellon, N.A. PE US Small-Mid Cap Growth Equity Fund                      |                                 | N/A                      | 522,046 (D)             | -                      | -                                                 | 320,705                    | 522,046                                                       | 201,341                            |
| BNY Mellon, N.A. EB DV ENH Mid-Cap Core Fund                                 |                                 | 674,428 (E)              | N/A                     | -                      | -                                                 | 674,428                    | 674,428                                                       | N/A                                |
| BNY Mellon, N.A. EB DV ENH Mid-Cap Core Fund                                 |                                 | N/A                      | 131,201 (F)             | -                      | -                                                 | 75,101                     | 131,201                                                       | 56,100                             |
| BNY Mellon, N.A. EB Temporary Investment Fund                                |                                 | 1,424,966 (G)            | N/A                     | -                      | -                                                 | 1,424,966                  | 1,424,966                                                     | N/A                                |
| BNY Mellon, N.A. EB Temporary Investment Fund                                |                                 | N/A                      | 1,420,730 (H)           | -                      | -                                                 | 1,420,730                  | 1,420,730                                                     | -                                  |
| BNY Mellon, N.A. EB DV Small Cap SIF                                         |                                 | 21,577 (I)               | N/A                     | -                      | -                                                 | 21,577                     | 21,577                                                        | N/A                                |
| BNY Mellon, N.A. EB DV Small Cap SIF                                         |                                 | N/A                      | 652,235 (J)             | -                      | -                                                 | 421,588                    | 652,235                                                       | 230,647                            |
| BNY Mellon, N.A. EB DV Long Bond Index Fund                                  |                                 | 938,394 (K)              | N/A                     | -                      | -                                                 | 938,394                    | 938,394                                                       | N/A                                |

(A) Represents 1 purchase transaction

(B) Represents a series of 5 sales transactions

(C) Represents 1 purchase transaction

(D) Represents a series of 5 sales transactions

(E) Represents a series of 3 purchases transactions

(F) Represents a series of 5 sales transactions

(G) Represents a series of 72 purchases transactions

(H) Represents a series of 34 sales transactions

(I) Represents a series of 2 purchases transactions

(J) Represents a series of 5 sales transactions

(K) Represents a series of 9 purchases transactions

See independent auditors' report.

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

▶ Complete all entries in accordance with  
the instructions to the Form 5500.OMB Nos. 1210-0110  
1210-0089**2013****This Form is Open to Public  
Inspection****Part I Annual Report Identification Information**For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

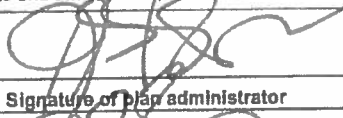
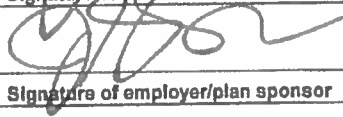
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or  
☒ a single-employer plan; ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;  
☐ an amended return/report; ☐ a short plan year return/report (less than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

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

|                                                                                                                                                                                                                                   |                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>1a</b> Name of plan<br>ARDAGH METAL DEFINED BENEFIT PLAN                                                                                                                                                                       | <b>1b</b> Three-digit plan number (PN) ▶ 001                 |
|                                                                                                                                                                                                                                   | <b>1c</b> Effective date of plan<br>08/13/2000               |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br>ARDAGH METAL PACKAGING USA INC.<br><br>600 NORTH BELL AVENUE<br>BUILDING ONE, SUITE 200<br>CARNEGIE PA 15106 | <b>2b</b> Employer Identification Number (EIN)<br>25-1864585 |
|                                                                                                                                                                                                                                   | <b>2c</b> Sponsor's telephone number<br>412-429-5290         |
|                                                                                                                                                                                                                                   | <b>2d</b> Business code (see instructions)<br>332900         |

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

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

|                                                                                                            |                                                                                     |                 |                                                              |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           |  | <u>12/13/14</u> | JOHN G. BOYAS                                                |
|                                                                                                            | Signature of plan administrator                                                     | Date            | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |  | <u>12/13/14</u> | JOHN G. BOYAS                                                |
|                                                                                                            | Signature of employer/plan sponsor                                                  | Date            | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                                                     |                 |                                                              |
|                                                                                                            | Signature of DFE                                                                    | Date            | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                                                                     |                 | Preparer's telephone number (optional)                       |
|                                                                                                            |                                                                                     |                 |                                                              |

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

Form 5500 (2013)

|                                                                                                                                                                                                                                                                                                 |                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address<br>PENSION COMMITTEE FOR ARDAGH METAL DEFINED BENEFIT PLAN<br><br>600 NORTH BELL AVENUE<br>BUILDNG ONE, SUITE 200<br>CARNEGIE PA 15106 | <b>3b</b> Administrator's EIN<br>42-1534015<br><hr/> <b>3c</b> Administrator's telephone number<br>412-429-5290 |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                               | <b>4b</b> EIN<br><br><hr/> <b>4c</b> PN                                                                         |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                         | <b>5</b> 435                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).                                                                                                                                                                          |                                                                                                                 |
| <b>a</b> Active participants .....                                                                                                                                                                                                                                                              | <b>6a</b> 198                                                                                                   |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                             | <b>6b</b> 106                                                                                                   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                              | <b>6c</b> 123                                                                                                   |
| <b>d</b> Subtotal. Add lines 6a, 6b, and 6c .....                                                                                                                                                                                                                                               | <b>6d</b> 427                                                                                                   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                                                                                      | <b>6e</b> 8                                                                                                     |
| <b>f</b> Total. Add lines 6d and 6e .....                                                                                                                                                                                                                                                       | <b>6f</b> 435                                                                                                   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                 | <b>6g</b> 0                                                                                                     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                     | <b>6h</b> 1                                                                                                     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                            | <b>7</b>                                                                                                        |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1B                                                                                                                              |                                                                                                                 |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                     |                                                                                                                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                 | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |