

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>TENTH AMENDED & RESTATED SALARY RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/15/1942</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>04/15/1942</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>04/15/1942</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>O-I GLASS, INC.</u> <u>ONE O-I PLAZA</u> <u>ONE MICHAEL OWENS WAY</u> <u>PERRYSBURG, OH 43551-2999</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>22-2781933</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>567-336-5000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>327210</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>22-2781933</u>	2c Plan Sponsor's telephone number <u>567-336-5000</u>	2d Business code (see instructions) <u>327210</u>	
2b Employer Identification Number (EIN) <u>22-2781933</u>					
2c Plan Sponsor's telephone number <u>567-336-5000</u>					
2d Business code (see instructions) <u>327210</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	MICHAEL BUCHS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	ANNA BORIS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☐ Same as Plan Sponsor OWENS-ILLINOIS EMPLOYEE BENEFITS COMMITTEE ONE O-I PLAZA ONE MICHAEL OWENS WAY PERRYSBURG, OH 43551-2999		3b Administrator's EIN 34-1192092 3c Administrator's telephone number 567-336-5000
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name OWENS-ILLINOIS, INC. c Plan Name TENTH AMENDED & RESTATED SALARY RETIREMENT PLAN		4b EIN 22-2781933 4d PN 001
5 Total number of participants at the beginning of the plan year		5 6030
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 304
a(2) Total number of active participants at the end of the plan year		6a(2) 277
b Retired or separated participants receiving benefits.....		6b 3582
c Other retired or separated participants entitled to future benefits		6c 832
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 4691
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 984
f Total. Add lines 6d and 6e		6f 5675
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan TENTH AMENDED & RESTATED SALARY RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF O-I GLASS, INC.	D Employer Identification Number (EIN) 22-2781933
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2020			
2	Assets:			
a	Market value	2a	398142883	
b	Actuarial value	2b	374729248	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment.....	4802	283918853	283918853
b	For terminated vested participants.....	924	48761358	48761358
c	For active participants	304	57835384	57835384
d	Total.....	6030	390515595	390515595
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a	Funding target disregarding prescribed at-risk assumptions		4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5	Effective interest rate		5	5.68 %
6	Target normal cost.....		6	4100000

Statement by Enrolled Actuary

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

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>DEAN E NICHOLAS</div> <div>Type or print name of actuary</div> <div>WILLIS TOWERS WATSON US LLC</div> <div>Firm name</div> <div>TRAVELERS TOWER 26555 EVERGREEN ROAD SUITE 1600 SOUTHFIELD, MI 48076</div> <div>Address of the firm</div>	<div>10/07/2021</div> <div>Date</div> <div>20-08394</div> <div>Most recent enrollment number</div> <div>248-936-7700</div> <div>Telephone number (including area code)</div>
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5177182
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5177182
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>25.14</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		25434592
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.48</u> %		1110106
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		1301544
c Total available at beginning of current plan year to add to prefunding balance		27846242
d Portion of (c) to be added to prefunding balance		27846242
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	27846242

Part III Funding Percentages

14 Funding target attainment percentage	14	88.82 %
15 Adjusted funding target attainment percentage	15	88.82 %
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	86.32 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/17/2020	4498000	0			
01/15/2021	3684600	0			
Totals ▶			18(b)	8182600	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	7744480

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.50 %	3rd segment: 6.27 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☐ Prescribed - separate ☒ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	4100000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	43632589	4342666	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	8442666	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	6478749	6478749
36 Additional cash requirement (line 34 minus line 35)	36	1963917	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	7744480	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	5780563	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	5780563	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan TENTH AMENDED & RESTATED SALARY RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 O-I GLASS, INC.	D Employer Identification Number (EIN) 22-2781933	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

JOHN HANCOCK RETIREMENT PLAN SVCS

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 62 64	RETAINED BY CLIENT	1387451	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

TOWERS WATSON

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	RETAINED BY CLIENT	54940	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARBOR CAPITAL ADVISORS, INC.

34-1953397

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	RETAINED BY CLIENT	50481	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ERNST & YOUNG

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	RETAINED BY CLIENT	25750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(complete as many entries as needed)

a Name:	MELISSA MAYEA	b EIN:	22-2781933
c Position:	ENROLLED ACTUARY		
d Address:	2655 EVERGREEN RD. SUITE 1600 SOUTHFIELD, MI 48076	e Telephone:	248-936-7360

Explanation: REASSIGNMENT OF RESPONSIBILITIES WITHIN WILLIS TOWERS WATSON.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>TENTH AMENDED & RESTATED SALARY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>O-I GLASS, INC.</u>	D Employer Identification Number (EIN) <u>22-2781933</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	68366700
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	130132983423869
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	
(9) Value of interest in common/collective trusts		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	361443012389406870
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15)	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	381292980 392830739
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	381292980 392830739

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	25253499
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	25253499
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	12077
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	12077
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		48691899
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		73957475

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	57015561	
(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)		57015561
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)	82903	
(2) Contract administrator fees	2i(2)	1387451	
(3) Investment advisory and management fees	2i(3)	50481	
(4) Other.....	2i(4)	3883320	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5404155
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		62419716

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11537759
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) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **ERNST & YOUNG, LLP**

(2) EIN: **34-6565596**

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		40000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4304777.			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan TENTH AMENDED & RESTATED SALARY RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 O-I GLASS, INC.		D Employer Identification Number (EIN) 22-2781933
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 80-0709115		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 92
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: 66.2 % Investment-Grade Debt: 28.6 % High-Yield Debt: 0.0 % Real Estate: 5.1 % Other: 0.1 %

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):

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Financial Statements and Supplemental Schedule

**Tenth Amended and Restated
Owens-Illinois Salary Retirement Plan**

*Years Ended December 31, 2020 and 2019
with Report of Independent Auditors*

Financial Statements and Supplemental Schedule

Years Ended December 31, 2020 and 2019

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Report of Independent Auditors

O-I Glass, Inc. Employee Benefits Committee
Tenth Amended and Restated Owens-Illinois
Salary Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Tenth Amended and Restated Owens-Illinois Salary Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, 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 conformity with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 5, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2020 and 2019, and for the years then ended, stating that the investment information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion on Financial Statements

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.

Disclaimer of Opinion on Supplemental Schedule

The accompanying supplemental schedule of assets (held at end of year) as of December 31, 2020 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 schedule referred to above.

Report on Compliance of Form and Content with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

October 14, 2021

Tenth Amended and Restated
Owens-Illinois Salary Retirement Plan

Statements of Net Assets Available for Benefits

	December 31, 2020	2019
Assets		
Employer contributions receivable	\$ -	\$ 6,836,670
Investments:		
Investments at fair value	3,423,869	13,013,298
Plan interest in Master Trust (Note 5)	389,406,870	361,443,012
Total Investments	<u>392,830,739</u>	<u>374,456,310</u>
Net assets available for benefits	<u>\$ 392,830,739</u>	<u>\$ 381,292,980</u>

See accompanying notes.

Tenth Amended and Restated
Owens-Illinois Salary Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2020	2019
Additions		
Net investment gain from plan interest in Master Trust (Note 5)	\$ 48,691,899	\$ 77,002,312
Interest	12,077	28,531
Contributions:		
Employer	25,253,499	11,937,040
Total additions	\$ 73,957,475	\$ 88,967,883
Deductions		
Benefit payments:		
Pension	38,033,291	20,798,390
Lump sum	18,982,270	45,891,531
Total benefit payments	57,015,561	66,689,921
Administrative and other expenses	5,404,156	4,203,619
Total deductions	62,419,717	70,893,540
Net increase in net assets available for benefits	11,537,759	18,074,342
Net assets available for benefits:		
Beginning of year	381,292,980	363,218,638
End of year	\$ 392,830,739	\$ 381,292,980

See accompanying notes.

Tenth Amended and Restated
Owens-Illinois Salary Retirement Plan

Notes to Financial Statements

1. Description of Plan

General

The Tenth Amended and Restated Owens-Illinois Salary Retirement Plan ("Plan") is a defined benefit plan established to provide normal and early retirement, termination and death benefits to qualified full-time regular salaried employees of O-I Glass, Inc. ("Company") and certain of its subsidiaries.

Effective January 1, 2016, the Plan was frozen and no future pension benefits accrue for any Plan participants. Subsequent to this date newly hired employees are not permitted to participate in the Plan.

Contributions

The Company contributes such amounts as are deemed necessary on an actuarial basis to provide assets sufficient to meet the future benefits to be paid to Plan participants. As of December 31, 2020 and 2019, the minimum funding requirements as defined by the Employee Retirement Income Security Act of 1974, as amended ("ERISA") have been met.

Benefits

A participant is entitled to annual pension benefits beginning at normal retirement age (65) primarily based upon levels of compensation and years of service. Accrued benefits become vested after completion of five years of credited service or the attainment of normal retirement age. Benefits are payable beginning at normal retirement age or in reduced amounts upon early retirement. Participants 55 years of age or older with 30 or more years of credited service are entitled to unreduced early retirement benefits for benefits earned through December 31, 2004. Participants 55 years of age or older with less than 30 years of credited service are eligible to take an early retirement benefit for benefits earned through December 31, 2004 reduced by 5% per year prior to age 60. Effective January 1, 2005, benefits earned in 2005 and later will be reduced for early retirement by 5% for each full year prior to age 65. The dependent spouse of a participant who dies prior to retirement, but after reaching age 35 and completing five years of service and one year of marriage, is entitled to an annual benefit equal to 25% of the participant's final base salary.

Plan Termination

Although it has not expressed an intention to do so, the Company reserves the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, its assets will first be used to provide participants' accrued benefits unless they are insufficient. In that case, whether a particular participant's accrued benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the available assets and the PBGC's benefit guarantee, while other benefits may not be provided for at all.

The above information is a brief description of the Plan. Information about the vesting and benefit provisions and the PBGC's benefit guarantee is contained in the Plan's Summary Plan Description, which

Tenth Amended and Restated
Owens-Illinois Salary Retirement Plan

Notes to the Financial Statements - Continued

is available at the corporate office of the Company.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Payment of Benefits

Benefits are recorded when paid.

Basis of Presentation and Plan Investments

The Plan's assets are included in the Owens-Illinois Master Retirement Trust ("Master Trust") along with the assets of another pension plan at the Company. Each participating plan has an undivided interest in the Master Trust. The Master Trust assets are allocated among the participating plans by assigning to each plan those transactions (primarily contributions, benefit payments, and plan-specific expenses) that can be specifically identified and by allocating among all plans, in proportion to each plan's beneficial interest in the Master Trust, income and expenses resulting from the collective investment of the assets of the Master trust. At December 31, 2020 and 2019, the Plan's interest in the net assets of the Master Trust was approximately 29% and 30%, respectively.

The Master Trust holds an investment in a Harbor Capital Group Trust for Defined Benefit Plans ("Group Trust"). The trustee of the Plan is State Street Bank and Trust Co. ("State Street"). The Group Trust is under a separate trust agreement.

The Group Trust's assets are managed by designated advisors across a wide range of investment strategies and these investment funds consist of public securities such as domestic and foreign equity, intermediate and longer duration corporate debt issues and government securities. The Group Trust's assets are designed to preserve principal and maximize returns.

The Plan's earnings of the Group Trust are allocated in proportionate interest to each participating plan based on the fair market value of its net assets. The accompanying financial statements reflect the Plan's total interest in the net assets and transactions of the Group Trust as allocated by State Street.

Investment Valuation and Income Recognition

The Plan's interest in the Group Trust is valued at the unit price established by the trustee, which is deemed to be fair value. Fair value is defined as 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 (an exit price). See Note 6 for further discussion and disclosures related to fair value measurements.

Tenth Amended and Restated
Owens-Illinois Salary Retirement Plan

Notes to the Financial Statements - Continued

The O-I Glass, Inc. Investment Committee is responsible for determining the Plan's valuation policies and analyzing information provided by the investment custodians and issuers that is used to determine the fair value of the Plan's investments.

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

Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service ("IRS") dated November 25, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code ("the Code") and therefore, the related trust is tax-exempt. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore, believes the Plan, as amended, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States 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. Plan management has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Administrative Expenses

The Plan incurs administrative expenses directly related to the Plan, which consist primarily of trustee fees for investments held outside of the Master Trust, PBGC fees and actuarial fees. These expenses are reported on the statements of changes in the net assets available for benefits as administrative expenses. Administrative expenses related to the Master Trust are allocated to the Plan and are reflected in the net investment gain from the Master Trust. Expenses relating to purchases, sales or transfers of the Plan's investments are charged to the particular investment fund in which the expenses relate. All other administrative expenses are paid by the Company on behalf of the Plan.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of certain assets and liabilities and the reported amounts of certain additions and deductions during the reporting period. Most significantly, estimates and assumptions are used in the determination of the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates and assumptions.

Tenth Amended and Restated
Owens-Illinois Salary Retirement Plan

Notes to the Financial Statements - Continued

Risks and Uncertainties

The Plan invests in various investment securities, which are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Related Party and Party-in-Interest Transactions

Certain of the Plan's assets are invested in funds managed by the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

Funding Relief

The Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) was enacted on March 27, 2020, in response to the COVID-19 emergency. The CARES Act Section 3608 provides a pension funding holiday for contributions to a single-employer defined benefit pension plan that otherwise would be required to be paid in calendar year 2020. Specifically, no minimum required contributions under IRC Section 430(j) that were due in 2020 must be paid. The due date of delayed contributions was January 1, 2021, and interest accrued from the original due date until the contribution was made. The Plan elected this deferral and accrued the contributions until they were paid.

The American Rescue Plan Act (ARPA) of 2021 was enacted in March, 2021. ARPA increases interest rates used in near-term funding valuations and extends the amortization of the plans funding shortfall from 7 to 15 years. These provisions have the result of decreasing near term minimum required contributions for the Plan.

3. New Accounting Pronouncements

In July 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-09, *Codification Improvements*, which, among other things, amends an illustrative example of a fair value hierarchy disclosure to indicate that a certain type of investment should not always be considered to be eligible to use the net asset value per share practical expedient. Also, it further clarifies that an entity should evaluate whether a readily determinable fair value exists or whether its investments qualify for net asset value per share practical expedient in accordance with ASC 820, *Fair Value Measurement*. Adoption of the amended guidance, which is to be applied prospectively, affects the fair value disclosures, but does not change the fair value measurement of the investments. The adoption of this standard did not have a

Tenth Amended and Restated
Owens-Illinois Salary Retirement Plan

Notes to the Financial Statements - Continued

material impact on the Plan's financial statements. The Plan adopted ASU 2018-09 for the year ended December 31, 2020.

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments and lump sum distributions to which participants are entitled under the Plan's provisions based on services rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to: a) retired employees or their beneficiaries, b) terminated employees with vested benefits, c) beneficiaries of deceased employees, and d) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuary, and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of benefit payments (by means of decrements for such factors as death, withdrawal or early retirement) between the valuation date and the expected date of payment. The amount of accumulated plan benefits is estimated actuarially under the accrued benefit cost method (unit credit method).

The more significant assumptions underlying the actuarial computations are as follows:

Assumed rate of return on Investments	7.15% and 7.25% at December 31, 2019 and 2018, respectively.
Mortality basis (Healthy)	2019 - Separate male and female tables of rates for non-annuitants (based on RP-2014 "Employees" without collar or amount adjustments, with generational projection using the MP-2019 projection scale, unadjusted). Separate male and female plan specific annuitant mortality tables were developed for the Salary Plan and approved by the IRS. Rates were developed for annuitants based on the RPEC-2006 healthy annuitant mortality tables projected from 2006 to the midpoint of the study, 2015, using MP-2016. These tables were projected generationally from the midpoint of the study using the MP-2019 projection scale, unadjusted.

Tenth Amended and Restated
Owens-Illinois Salary Retirement Plan

Notes to the Financial Statements - Continued

2018 - Separate male and female tables of rates for non-annuitants (based on RP-2014 “Employees” without collar or amount adjustments, with generational projection using the MP-2018 projection scale, unadjusted). Separate male and female plan specific annuitant mortality tables were developed for the Salary Plan and approved by the IRS. Rates were developed for annuitants based on the RPEC-2006 healthy annuitant mortality tables projected from 2006 to the midpoint of the study, 2015, using MP-2016. These tables were projected generationally from the midpoint of the study using the MP-2018 projection scale, unadjusted.

Employee turnover

A moderate scale consistent with Company experience

Retirement age

Based on Company experience varying from ages 55-70

If the Plan would terminate, different actuarial assumptions determined by the PBGC and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present values of accumulated plan benefits (“APVAPB”) are as follows:

	December 31, 2019
Vested benefits:	
Participants currently receiving benefits	\$ 254,099,080
Other participants	100,614,583
Total vested benefits	354,713,663
Nonvested benefits	-
Total APVAPB	\$ 354,713,663

Tenth Amended and Restated
Owens-Illinois Salary Retirement Plan

Notes to the Financial Statements - Continued

The following table details the changes in the APVAPB:

	Year ended December 31, 2019
APVAPB at beginning of year	\$ 394,136,112
Increase (decrease) during the year attributable to:	
Increase due to decrease in the discount period	25,883,924
Change in actuarial assumptions	1,610,417
Benefits paid	(66,689,921)
Actuarial losses	7,316,160
Other	(7,543,029)
Net decrease	<u>(39,422,449)</u>
APVAPB at end of the year	<u>\$ 354,713,663</u>

5. Investments

Other than the fair value of the investments in a money market fund and interest-bearing cash held outside of the Master Trust and the related interest, certain information related to investments for the Plan and the Master Trust disclosed in the accompanying financial statements including investments held at December 31, 2020 and 2019, and net appreciation (depreciation) in fair value of investments, interest and dividends for the years ended December 31, 2020 and 2019, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by State Street.

	Year Ended December 31,	
	2020	2019
Investments at fair value not certified by the trustee:		
Interest-bearing cash	\$ 2,730,921	\$ 12,898,601
PIMCO Government Money Market Fund	692,948	114,697
Investment Income not certified by the trustee:		
Interest	12,077	28,531

Tenth Amended and Restated
Owens-Illinois Salary Retirement Plan

Notes to the Financial Statements - Continued

The following tables present the net assets of the Master Trust and the Plan's interest in the Master Trust:

	December 31, 2020	
	Plan's Interest in Master Trust Balances	Master Trust Balances
Interest in Group Trust	\$ 389,406,870	\$ 1,323,103,070
Total net assets	<u>\$ 389,406,870</u>	<u>\$ 1,323,103,070</u>
Plan's interest as a percentage of the Master Trust		29%

	December 31, 2019	
	Plan's Interest in Master Trust Balances	Master Trust Balances
Interest in Group Trust	\$ 361,443,012	\$ 1,202,297,998
Total net assets	<u>\$ 361,443,012</u>	<u>\$ 1,202,297,998</u>
Plan's interest as a percentage of the Master Trust		30%

Changes in net assets for the Master Trust are as follows:

	Year Ended December 31,	
	2020	2019
Net appreciation in fair value of investments	\$ 170,467,732	\$ 240,066,048
Interest and other income	<u>11,594</u>	<u>90,204</u>
Total investment income	<u>\$ 170,479,326</u>	<u>\$ 240,156,252</u>
Plan's interest in investment income of the Master Trust	<u>\$ 48,691,899</u>	<u>\$ 77,002,312</u>

Tenth Amended and Restated
Owens-Illinois Salary Retirement Plan

Notes to the Financial Statements - Continued

6. Fair Value Measurements

GAAP defines fair value as an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

Level 1: Observable inputs such as quoted prices in active markets;

Level 2: Inputs, other than quoted prices in active markets, that are observable either directly or indirectly; and

Level 3: Unobservable inputs for which there is little or no market data, which requires the Company to develop assumptions.

The asset's 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.

The investment valuation policy of the Master Trust is to value investments at fair value. The Master Trust invests in the Group Trust, which consists of investment funds valued at their respective net asset value as calculated by the trustee. There are no redemption restrictions related to assets in the Group Trust or Short Term Investment Fund. Short-term investments are stated at amortized cost, which approximates fair value.

The methods used to produce a fair value calculation may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Master Trust believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the asset values underlying the Master Trust's investments:

	Assets at fair value as of December 31, 2020			Total
	Level 1	Level 2	Level 3	
	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	
Investments measured at net asset value				
Interest in Group Trust				\$ 1,323,103,070
Total assets at fair value				<u>\$ 1,323,103,070</u>

Tenth Amended and Restated
Owens-Illinois Salary Retirement Plan

Notes to the Financial Statements - Continued

	Assets at fair value as of December 31, 2019			Total
	Level 1	Level 2	Level 3	
	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	
Investments measured at net asset value				
Interest in Group Trust				\$ 1,202,297,998
Total assets at fair value				<u>\$ 1,202,297,998</u>

The following tables set forth by level, within the fair value hierarchy, the asset values underlying the investments held outside of the Master Trust:

	Assets at fair value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 2,730,921	\$ -	\$ -	\$ 2,730,921
PIMCO Government Money Market Fund	692,948			692,948
Total assets at fair value	<u>\$ 3,423,869</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,423,869</u>

	Assets at fair value as of December 31, 2019			Total
	Level 1	Level 2	Level 3	
Interest-bearing cash	\$ 12,898,601	\$ -	\$ -	\$ 12,898,601
	<u>\$ 12,898,601</u>	<u>\$ -</u>	<u>\$ -</u>	
Investments measured at net asset value				
PIMCO Government Money Market Fund				\$ 114,697
Total assets at fair value				<u>\$ 13,013,298</u>

The assets held outside of the Master Trust include interest-bearing cash, which is valued at cost that approximates fair value as well as a Money Market fund, which is valued at net asset value as provided by the administrator of the fund.

7. Subsequent Events

The Company has evaluated subsequent events for the Plan through October 14, 2021, the date the financial statements were available for issuance.

Tenth Amended and Restated
Owens-Illinois Salary Retirement Plan

EIN 22-2781933 Plan #001

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)
December 31, 2020

Description	Shares or Principal Amount	Fair Value
Interest-bearing cash	-	\$ 2,730,921
PIMCO Government Money Market Fund	692,948	692,948
Total		<u>\$ 3,423,869</u>

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2020

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	4	1	1	1	0	0	0	0	0	0	7
40-44	2	1	1	15	24	1	0	0	0	0	44
45-49	1	4	1	13	18	8	0	0	0	0	45
50-54	3	2	0	9	20	12	20	4	0	0	70
55-59	0	5	1	5	13	6	15	14	8	0	67
60-64	2	4	1	6	8	4	7	5	15	1	53
65-69	0	3	0	0	3	1	1	0	3	1	12
70 & over	0	0	0	1	1	2	0	0	1	1	6

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Tenth Amended & Restated Salary Retirement Plan

EIN / PN: 22-2781933/001

Plan Sponsor: O-I Glass, Inc.

Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods — Contributions

Economic Assumptions

Interest rate basis:

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

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.75%	2.79%
■ Second segment rate	5.50%	3.92%
■ Third segment rate	6.27%	4.38%
■ Effective interest rate	5.68%	4.02%

Annual rates of increase

- Compensation: N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A
- Return on employee contributions 5.00%

Demographic Assumptions

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

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

Plan Name: Tenth Amended & Restated Salary Retirement Plan
EIN / PN: 22-2781933/001
Plan Sponsor: O-I Glass, Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Mortality

■ Healthy/Disabled

Separate male and female tables of rates for non-annuitants (based on RP-2014 "Employees" table, unadjusted, with generational projection using the MP-2018 scale, unadjusted).

Separate male and female plan specific annuitant mortality tables were developed for the Salary Plan and approved by the IRS. Rates were developed for annuitants based on the RPEC-2006 healthy annuitant mortality tables projected from 2006 to the midpoint of the study, 2015, using MP-2016.

Representative Mortality Rates for Annuitants:

Age	Males	Females
25	0.000469	0.000177
30	0.000461	0.000216
35	0.000540	0.000299
40	0.000639	0.000422
45	0.001480	0.000977
50	0.004062	0.002699
55	0.005743	0.003703
60	0.007866	0.005464
65	0.011275	0.008297
70	0.017096	0.013105
75	0.027547	0.021455
80	0.046450	0.036422
85	0.081079	0.064648
90	0.141846	0.114671

These tables were projected generationally from the midpoint of the study using the MP-2018 projection scale, unadjusted.

Termination

Rates varying by age and service

Representative Termination Rates:

Percentage leaving during the year		
Attained Age	Males	Females
25	0.120	0.120
40	0.060	0.060
55	0.010	0.010

Disability

No rates.

Plan Name: Tenth Amended & Restated Salary Retirement Plan
EIN / PN: 22-2781933/001
Plan Sponsor: O-I Glass, Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by from age 55 to age 70 and based on service average.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage leaving during the year		
Attained Age	Service < 30	Service > 30
55	0.060	0.150
60	0.120	0.150
62	0.240	0.270
65	0.500	0.500
70	1.000	1.000

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit The later of age 65 or termination of employment.
- Disability benefit N/A
- Retirement benefit Upon termination of employment.

Form of payment

80% of benefits are assumed to be taken as a lump sum, with the remaining 20% being taken as an annuity. Lump sums are valued using annuity substitution, using the respective segments rates described above and current year mortality required by IRC §417(e) post commencement.

Percent married

80% of males; 80% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.

Spouse age

Spouses of female participants are assumed to be three years older than the participant. Spouses of male participants are assumed to be three years younger than the participant.

Covered pay

N/A

Plan Name: Tenth Amended & Restated Salary Retirement Plan
EIN / PN: 22-2781933/001
Plan Sponsor: O-I Glass, Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Administrative expenses Return on asset assumption is net of any expenses paid by the trust. For the 2020 plan year administrative expenses were assumed to be \$4,100,000.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2020. The data was provided through the Plans' third party administrator and record-keeper, John Hancock. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. In consultation with O-I, the following assumptions were made for missing or apparently inconsistent data elements:

- Participants with missing gender are assumed to be female
- Participants with missing birthdates are assumed to have the prior year's birthdate; those who did not have a birthdate in the prior year (due to a new record) are assumed to be the average age of their status cohort
- Deceased participants whose beneficiaries have not been located by the time of the valuation are assumed to be alive and paid in the survivor amount paid by the plan administrator
- Accrued benefits for participants who terminate close to the census date and therefore do not have a final accrued benefit calculated by the plan administrator are estimated based on valuation data
- Missing beneficiary birth date for participants with joint and survivor benefits are assumed to be equal to the valuation assumption age difference between males and females
- Missing beneficiary gender for participants with joint and survivor benefits are assumed to be opposite of the participant's gender
- A group of Terminated Vested participants who have historically not been in the data provided by John Hancock and are currently being researched by O-I Glass Inc. were carried forward from prior valuations.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name: Tenth Amended & Restated Salary Retirement Plan
EIN / PN: 22-2781933/001
Plan Sponsor: O-I Glass, Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2018 plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
Benefits not valued	<p>All benefits described in the Plan Provisions section of this report were valued.</p> <p>The plan pays small benefits (with a present value up to \$5,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.</p> <p>Willis Towers Watson has reviewed the plan provisions with O-I and, based on that review, is not aware of any other significant benefits required to be valued that were not.</p>

Plan Name:	Tenth Amended & Restated Salary Retirement Plan
EIN / PN:	22-2781933/001
Plan Sponsor:	O-I Glass, Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Assumptions Rationale – Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Lump sum conversion rate	As required by IRC 430, lump sum benefits are valued using “annuity substitution”, so that the interest rates assumed are effectively the same as described above for the discount rate.
Administrative expenses	Administrative expenses are estimated by determining the expected actual expenses for the coming year, reflecting items such as expected PBGC premiums.

Assumptions Rationale – Significant Demographic Assumptions

Healthy Mortality	The base table reflects the adoption of the substitute mortality tables approved by the IRS.
Disabled Mortality	The base table reflects the adoption of the substitute mortality tables approved by the IRS.
Termination	<p>Termination rates were based on an experience study conducted in 2013, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.</p> <p>Assumed termination rates differ by gender because of observed differences in termination rates by gender.</p>
Disability	Disability rates were based on an experience study conducted in 2013, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on an experience study conducted in 2013, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Plan Name:	Tenth Amended & Restated Salary Retirement Plan
EIN / PN:	22-2781933/001
Plan Sponsor:	O-I Glass, Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Retirement rates differ by eligibility for unreduced retirement benefits because of the observed effects the availability of these benefits has on retirement rates.

Benefit commencement date for deferred benefits:

- Preretirement death benefit Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.

- Deferred vested benefit Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement. Deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at multiple ages is not expected to be significant.

Form of payment

The percentage of retiring participants assumed to take joint and survivor annuities, and the assumed survivor percentages, are based on observed experience over the period 2010-2013.

Percent married

The assumed percentage married is based on the percentage married observed among recent retirees.

Spouse age

The assumed age difference for spouses is based on the age difference observed among recent retirees.

Plan Name:	Tenth Amended & Restated Salary Retirement Plan
EIN / PN:	22-2781933/001
Plan Sponsor:	O-I Glass, Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Prescribed Methods

Funding methods

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

Changes in Assumptions and Methods

Change in assumptions since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality projection scale used to calculate the funding target and target normal cost was updated from MP-2017 to MP-2018, and the scale used for ASC 960 was updated from MP-2018 to MP-2019.

Change in methods since prior valuation

None.

Plan Name: Tenth Amended & Restated Salary Retirement Plan
EIN / PN: 22-2781933/001
Plan Sponsor: O-I Glass, Inc.
Valuation Date: January 1, 2020

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

A Name of plan TENTH AMENDED & RESTATED SALARY RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF O-I GLASS, INC.	D Employer Identification Number (EIN) 22-2781933	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2020</u>			
2 Assets:			
a Market value.....	2a	398,142,883	
b Actuarial value.....	2b	374,729,248	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	4,802	283,918,853	283,918,853
b For terminated vested participants	924	48,761,358	48,761,358
c For active participants.....	304	57,835,384	57,835,384
d Total.....	6,030	390,515,595	390,515,595
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for more than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.68%	
6 Target normal cost.....	6	4,100,000	

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>10-7-2021</u> Date 2008394
Dean E Nicholas Type or print name of actuary		Most recent enrollment number 248-936-7700
Willis Towers Watson US LLC Firm name		Telephone number (including area code)
Travelers Tower 26555 Evergreen Road Suite 1600 Southfield MI 48076 Address of the firm		

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

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

**Schedule SB (Form 5500) 2020
v. 200204**

7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)

Part III Funding Percentages

Part IV Contributions and Liquidity Shortfalls

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.50 %	3rd segment: 6.27 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☐ Prescribed - separate ☒ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	4,100,000										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>43,632,589</td> <td>4,342,666</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	43,632,589	4,342,666	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	43,632,589	4,342,666										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	8,442,666										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement		0	6,478,749									
36 Additional cash requirement (line 34 minus line 35).....	36	1,963,917										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	7,744,480										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	5,780,563										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	5,780,563										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	O-I Glass, Inc.
EIN/PN	22-2781933/001
Plan Name	Tenth Amended & Restated Salary Retirement Plan
Valuation Date	January 1, 2020
Enrolled Actuary	Dean Nicholas
Enrollment Number	20-08394

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 11 Prior Year's Excess Contributions to be Added to Prefunding Balance as of January 1, 2020

The 2019 Schedule SB as filed does not reflect the plan sponsor's election to apply the 15-year amortization provisions of the American Rescue Plan Act of 2021 to the 2019 plan year. As allowed by IRS Notice 2021-48, the plan sponsor chose not to refile the 5500 for the 2019 plan year to reflect that election. As a result of this decision, Line 11a of the 2020 Schedule SB will not match line 38a of the filed 2019 Schedule SB. Additionally, the calculations for line 11b cannot be derived based on the information shown in lines 38a and 38b of the filed 2019 Schedule SB.

Had the 2019 plan year Schedule SB been refiled, the 15-year amortization would have resulted in item 32a reflecting an installment of \$5,547,873. This change would have flowed into subsequent results for lines 34, 36, and 38.

Reflecting the updates above, line 38a would have been 25,434,592 and line 38b would have been 5,177,182 had the 2019 SB been refiled.

Plan Name:	Tenth Amended & Restated Salary Retirement Plan
EIN / PN:	22-2781933/001
Plan Sponsor:	O-I Glass, Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 19
Discounted Employer Contributions
as of January 1, 2020

Date	Applicable Plan Year	Contribution	Interest Rate Used to Discount During Timely Contribution Period	Timely Contribution Period	Interest Rate Used to Discount During Late Contribution Period	Late Contribution Period	Interest Adjusted Contribution
12/17/2020	2020	4,498,000	5.68%	0.9611111	N/A	N/A	4,265,399
01/15/2021	2020	3,684,600	5.68%	1.0388889	N/A	N/A	3,479,081
Total		8,182,600					7,744,480

Plan Name: Tenth Amended & Restated Salary Retirement Plan
EIN / PN: 22-2781933/001
Plan Sponsor: O-I Glass, Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2020

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

Plan Name:	Tenth Amended & Restated Salary Retirement Plan
EIN / PN:	22-2781933/001
Plan Sponsor:	O-I Glass, Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Effective Date

Latest complete reinstatement January 1, 2014

Most recent amendment December 21, 2017

Definitions

Accrued benefit The accrued benefit is the maximum of [(i) or (ii)] plus (iii). The accrued benefit is the maximum of [(i), (ii) and (iv)] for former Continental PET participants.

- (i) 1.212% of Average Annual Earnings multiplied by total years of Credited Service plus .176% of earnings in excess of the Social Security Wage base, multiplied by Credited Service (maximum 35 years).
- (ii) \$420 multiplied by years of Credited Service.
- (iii) Anchor Glass benefit as of January 1, 1995: Participants as of September 1, 1997 who transferred from the Anchor Glass Salary Plan.
- (iv) For former Continental PET participants who became participants in the O-I Salary Plan effective December 31, 1998: 1.25% of Average Annual Earnings up to covered compensation times Credited Service up to 35 years, plus 1.67% of Average Annual Earnings in excess of covered compensation times Credited Service up to 35 years, plus 1.67% of Average Annual Earnings times Credited Service over 35 years.

Plan Name: Tenth Amended & Restated Salary Retirement Plan
EIN / PN: 22-2781933/001
Plan Sponsor: O-I Glass, Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Average Annual Earnings The average of total earnings for the highest three calendar years.

Effective January 1, 2016, benefit accruals will be frozen for all participants in the Salary Plan.

For Kimble employees, the average annual earnings (which were frozen effective December 31, 2012) are limited to an increase of 6.50% (compounded annually) based on the average annual earnings as of:

- March 31, 1999 for Chicago Heights associates
- December 31, 1993 for all other associates.

For Continental PET Technologies, Inc. employees accrued benefit formula piece (iv), the highest consecutive 60 months in the last 10 years.

Credited Service Total service as a salaried employee calculated from Retirement Eligibility Date.

For calculation of benefits for Kimble employees, total service until a termination of employment as a salaried employee but frozen as of:

- March 31, 1999 for Chicago Heights associates
- December 31, 1993 for all other associates
- If rehired by Kimble, employee does NOT re-enter DB Plan.

Effective December 31, 2015, Credited Service for purposes of benefit accruals will be frozen for all participants in the Salary Plan. Service following December 31, 2015 will be included for determining eligibility for early retirement benefits and pre-retirement death benefits.

Normal Retirement Age Age 65.

Vested Service Total service from service date or Retirement Eligibility Date.

Normal Retirement

- Eligibility Age 65.
- Benefit The Accrued benefit.

Plan Name: Tenth Amended & Restated Salary Retirement Plan
EIN / PN: 22-2781933/001
Plan Sponsor: O-I Glass, Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

- Eligibility Age 55 with 10 or more years of Credited Service.
- Benefit Accrued benefit payable at the participant's Normal Retirement Age, or the benefit accrued through 12/31/2004 reduced 5% per year from age 60 (unreduced if participant has 30 or more years of service) plus the benefit accrued after 12/31/2004 reduced by 5% per year from age 65.

Vested Benefits

- Eligibility Five or more years of Vested Service.

Disability Benefit

- Eligibility After 1 year of Credited Service.
- Benefit The Accrued Benefit payable at Normal Retirement Age including service during period of disability.

Preretirement Death Benefit

A spouse or beneficiary will be entitled to receive larger of spouse's income benefit or spouse's survivor annuity discussed below (employee must be retirement eligible to pay a death benefit to someone besides a spouse).

- Spouse's Income Benefit
 - (i) Eligibility: All active participants who have completed five or more years of Credited Service, are age 35 or over with an eligible spouse or dependent children.
 - (ii) Benefit: 25% of the final salary is payable during spouse's lifetime, or 5% of the salary is payable to each child (maximum 3) until age 18 (age 22 if a full-time student).
- Spouse's Survivor Annuity
 - (i) Eligibility: All active vested participants and all terminated vested participants who have not commenced payments.
 - (ii) Benefit: REA 50% Joint and Survivor benefit.
- Lump Sum Benefit
 - (i) Eligibility: Any active participant with employee contributions.
 - (ii) Benefit: The return of employee contributions with interest.

Plan Name: Tenth Amended & Restated Salary Retirement Plan
EIN / PN: 22-2781933/001
Plan Sponsor: O-I Glass, Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Forms of Payment

- Normal Form Single Participant: Life annuity.
Married Participant: Actuarial equivalent 50% Joint and Survivor annuity.
- Optional Form Life Annuity, 75% or 100% Joint and Survivor options, Lump Sum.
- Pay Credits N/A

Other Plan Provisions None.

**Additional Provisions
Recognized for Pension
Cost Basis** None

Plan Name: Tenth Amended & Restated Salary Retirement Plan
EIN / PN: 22-2781933/001
Plan Sponsor: O-I Glass, Inc.
Valuation Date: January 1, 2020

Tenth Amended and Restated
Owens-Illinois Salary Retirement Plan

EIN 22-2781933 Plan #001

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)
December 31, 2020

Description	Shares or Principal Amount	Fair Value
Interest-bearing cash	-	\$ 2,730,921
PIMCO Government Money Market Fund	692,948	692,948
Total		<u>\$ 3,423,869</u>

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2020

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2020	(12,836,825)	15.00000	(12,836,825)	(1,205,207)
2. Shortfall	01/01/2019	60,004,354	14.00000	56,469,414	5,547,873
Total				43,632,589	4,342,666

Plan Name: Tenth Amended & Restated Salary Retirement Plan
EIN / PN: 22-2781933/001
Plan Sponsor: O-I Glass, Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 23 Information on Use of Substitute Mortality Tables as of January 1, 2020

Substitute mortality tables are used for all annuitants in the plan.

Prescribed mortality tables (generational) are used for all non-annuitants in the plan.

The last plan year for which the IRS approval for the substitute mortality tables applies is 2028.

Mortality ratios used to develop the table:

- 0.971920 for annuitants

Credibility for construction of the table: Partial

- 0.834550 for annuitants

Plan Name:	Tenth Amended & Restated Salary Retirement Plan
EIN / PN:	22-2781933/001
Plan Sponsor:	O-I Glass, Inc.
Valuation Date:	January 1, 2020