

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>07/07/2021</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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>RETIREMENT INCOME PLAN FOR THE BRIDGETON NEW JERSEY HOURLY WORKERS OF ARDAGH GLASS INC.</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>030</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1990</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>35-1958205</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>317-558-1893</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>327210</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>030</u>	1c Effective date of plan <u>01/01/1990</u>		2b Employer Identification Number (EIN) <u>35-1958205</u>		2c Plan Sponsor's telephone number <u>317-558-1893</u>		2d Business code (see instructions) <u>327210</u>	
1b Three-digit plan number (PN) ▶	<u>030</u>										
1c Effective date of plan <u>01/01/1990</u>											
2b Employer Identification Number (EIN) <u>35-1958205</u>											
2c Plan Sponsor's telephone number <u>317-558-1893</u>											
2d Business code (see instructions) <u>327210</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>ARDAGH GLASS INC.</u> <u>P.O. BOX 84</u> <u>FISHERS, IN 46038</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.	04/11/2022	JACKIE SANNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
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 c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	459
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)	317
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
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: 2C 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 07/07/2021		
A Name of plan RETIREMENT INCOME PLAN FOR THE BRIDGETON NEW JERSEY HOURLY WORKERS OF ARDAGH GLASS INC.	B Three-digit plan number (PN) ▶	030
C Plan sponsor's name as shown on line 2a of Form 5500 ARDAGH GLASS INC.	D Employer Identification Number (EIN) 35-1958205	

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)

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(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 28 51	NONE KNOWN	62653	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 ☐

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)

(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 ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 07/07/2021		
A Name of plan RETIREMENT INCOME PLAN FOR THE BRIDGETON NEW JERSEY HOURLY WORKERS OF ARDAGH GLASS INC.	B Three-digit plan number (PN) ►	030
C Plan sponsor's name as shown on line 2a of Form 5500 ARDAGH GLASS INC.	D Employer Identification Number (EIN) 35-1958205	

Part I	Asset and Liability Statement
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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)	965787	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	21779	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	586255	0
(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)	6162393	0
(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)		
(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)	9901000	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	17637214	0

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	17637214	0
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	307054	
(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)		307054
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	215	
(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)		215
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	35512	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	125190	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		160702
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	40736577	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	39989664	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		746913
(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)		
(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)		423663
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1638547
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1179551	
(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)		1179551
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)	53065	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	9588	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		62653
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1242204
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		396343
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		18033557

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: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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

	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		500000
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.)			
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.)	X		
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?	X		
4k	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
4m	X		
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.	X		
4n	X		

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)
ARDAGH NORTH AMERICA BARGAINING 401(K) PLAN	35-1958205	010

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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 07/07/2021

A Name of plan RETIREMENT INCOME PLAN FOR THE BRIDGETON NEW JERSEY HOURLY WORKERS OF ARDAGH GLASS INC.	B Three-digit plan number (PN) ► 030
C Plan sponsor's name as shown on line 2a of Form 5500 ARDAGH GLASS INC.	D Employer Identification Number (EIN) 35-1958205

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): 25-1211909		
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	75

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	307054	
	b Enter the amount contributed by the employer to the plan for this plan year	6b	307054	
	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	0	
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) 2021
v. 201209

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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

Retirement Income Plan for the Bridgeton New Jersey Hourly Workers of Ardagh Glass Inc.

Financial Report
July 7, 2021

Retirement Income Plan for the Bridgeton New Jersey Hourly Workers of Ardagh Glass Inc.

Contents

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Independent Auditor's Report

To the Plan Administrator
Retirement Income Plan for the Bridgeton New Jersey
Hourly Workers of Ardagh Glass Inc.

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Retirement Income Plan for the Bridgeton New Jersey Hourly Workers of Ardagh Glass Inc. (the "Plan"), which comprise the statement of net assets available for benefits as of July 7, 2021 and December 31, 2020 and the related statement of changes in net assets available for benefits for the period from January 1, 2021 through July 7, 2021 and the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by PNC Bank (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained certifications from the Trustee as of July 7, 2021 and December 31, 2020 and for the period from January 1, 2021 through July 7, 2021 and the year ended December 31, 2020 that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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

Emphasis of Matter

As discussed in Note 6, effective July 7, 2021, the Plan transferred all investments and participant balances to the Ardagh North America Bargaining 401(k) Plan. Our opinion has not been modified with respect to this matter.

To the Plan Administrator
Retirement Income Plan for the Bridgeton New Jersey
Hourly Workers of Ardagh Glass Inc.

Other Matter

The supplemental schedule of reportable transactions for the period from January 1, 2021 through July 7, 2021 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

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

Plante & Moreau, PLLC

Schaumburg, Illinois
March 29, 2022

**Retirement Income Plan for the Bridgeton New Jersey Hourly Workers of
Ardagh Glass Inc.**

Statement of Net Assets Available for Benefits

	<u>July 7, 2021</u>	<u>December 31, 2020</u>
Assets		
Non-participant-directed investments at fair value (Note 4)	\$ -	\$ 16,649,648
Employer contributions receivable	-	965,787
Accrued income	-	21,779
	<u>-</u>	<u>17,637,214</u>
Net Assets Available for Benefits	<u><u>\$ -</u></u>	<u><u>\$ 17,637,214</u></u>

Retirement Income Plan for the Bridgeton New Jersey Hourly Workers of Ardagh Glass Inc.

Statement of Changes in Net Assets Available for Benefits

	Period from January 1, 2021 through July 7, 2021	Year Ended December 31, 2020
Additions		
Employer contributions	\$ 307,054	\$ 965,787
Investment income:		
Interest and dividends	160,917	411,230
Net realized and unrealized gains on investments	1,170,576	1,170,512
Total investment income	1,331,493	1,581,742
Total additions	1,638,547	2,547,529
Deductions		
Benefits paid directly to participants or beneficiaries	1,179,551	1,789,186
Administrative expenses	62,653	114,286
Total deductions	1,242,204	1,903,472
Net Increase before Other Changes	396,343	644,057
Transfers Out (Note 6)	(18,033,557)	-
Net (Decrease) Increase	(17,637,214)	644,057
Net Assets Available for Benefits		
Beginning of period	17,637,214	16,993,157
End of period	<u>\$ -</u>	<u>\$ 17,637,214</u>

Retirement Income Plan for the Bridgeton New Jersey Hourly Workers of Ardagh Glass Inc.

Notes to Financial Statements

July 7, 2021 and December 31, 2020

Note 1 - Plan Description

The following description of Retirement Income Plan for the Bridgeton New Jersey Hourly Workers of Ardagh Glass Inc. (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

Effective July 7, 2021, the Plan transferred all investments and participant balances to the Ardagh North America Bargaining 401(k) Plan.

General

The Plan is a defined contribution money purchase plan covering all eligible, hourly paid employees of Ardagh Glass Inc. (the "Company"). Employees become participants of the Plan on their hire date. Effective April 18, 2021, the plan participants' collective bargaining agreement between Ardagh Glass Inc. and the Independent United Workers Union was amended in anticipation of the merger, which froze participation to new participants and contributions to participants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Plan provides for employer contributions equal to a percentage of the participant's compensation, as defined in the plan agreement. The contribution percentage varies by the participant's hire date. Employee contributions are not permitted. As noted above, the plan participants' collective bargaining agreement was amended, which froze all contributions to the Plan on April 18, 2021.

Participant Accounts

Each participant's account is credited on the last day of each plan year with the participant's allocations of the employer's contributions and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participants' compensation or account balances, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may not direct the investments of the contributions made on their behalf by the Plan.

Vesting

Vesting in the Company's contributions, plus actual earnings thereon, is based on years of service. Participants vest in contributions made by the Company 20 percent after two years of continuous credited service and another 20 percent per year thereafter until they become fully vested after six years of service.

Benefit Payments

On termination of service due to death, disability, retirement, or other event, a participant (or the participant's beneficiary in the case of death) may elect to receive an amount equal to the value of the participant's vested interest in his or her account. For vested balances that exceed \$5,000, payments can be taken as a single lump-sum amount as a 50 percent qualified joint or survivor annuity or with the purchase of another form of annuity, as defined by the Plan.

For vested balances of \$5,000 or less, payments will be made in a single lump-sum amount. Participants who do not elect to receive or roll over their vested account balances will have their distributions automatically rolled into individual retirement accounts.

Retirement Income Plan for the Bridgeton New Jersey Hourly Workers of Ardagh Glass Inc.

Notes to Financial Statements

July 7, 2021 and December 31, 2020

Note 1 - Plan Description (Continued)

Forfeitures

If a participant is not fully vested on his or her termination date, the nonvested amount of the account is forfeited. Forfeitures are used to reduce future company contributions or to pay administrative expenses of the Plan. At July 7, 2021 and December 31, 2020, there was approximately \$0 and \$32,000 of forfeitures, respectively.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by PNC Bank or its affiliates. PNC Bank is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation

The Plan's investments are stated at fair value.

Corporate stock - common, money market funds, and mutual fund investments are valued based on quoted market prices reported in active markets. See Note 4 for additional information.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Various administrative costs are paid by the Company.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities 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 participants' account balances and the amounts reported in the financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including March 29, 2022, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

PNC Bank (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements and schedule of reportable transactions are based solely on information certified by the Trustee.

Retirement Income Plan for the Bridgeton New Jersey Hourly Workers of Ardagh Glass Inc.

Notes to Financial Statements

July 7, 2021 and December 31, 2020

Note 4 - Fair Value Measurements

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

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3

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

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

There were no assets held at July 7, 2021 due to the transfer described in Note 6. The following table presents information about the Plan's assets measured at fair value on a recurring basis at December 31, 2020:

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2020	
	Investments (at Fair Value)	Level 1
Corporate stocks - Common	\$ 6,162,393	\$ 6,162,393
Money market funds	586,255	586,255
Mutual funds	9,901,000	9,901,000
Total investments at fair value	<u>\$ 16,649,648</u>	<u>\$ 16,649,648</u>

Note 5 - Tax Status

The Plan, as adopted, is a volume submitter money purchase plan, which does not require an application for a determination letter from the Internal Revenue Service (IRS). The volume submitter plan has received a favorable notification letter from the IRS dated March 31, 2014. The Plan has not individually sought its own determination letter.

Retirement Income Plan for the Bridgeton New Jersey Hourly Workers of Ardagh Glass Inc.

Notes to Financial Statements

July 7, 2021 and December 31, 2020

Note 6 - Plan Merger

Effective July 7, 2021, the Plan transferred approximately \$18.0 million of investments to the Ardagh North America Bargaining 401(k) Plan. Accordingly, all assets, participants, and their related account balances were transferred out of the plan in July 2021.

Retirement Income Plan for the Bridgeton New Jersey Hourly Workers of Ardagh Glass Inc.
 Schedule of Reportable Transactions
 EIN- 35-1958205, Plan No.030
 For the Period January 1, 2021 through July 7, 2021

Detail

5% Report by asset-single transaction							Valuation	Threshold	
							\$16,671,426.71	\$833,571.33	
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
FEDERATED HERMES GOVERNMENT OBLIGATIONS FUND #07 ERISA & DISC IRA	SAL	06/17/21	875,000.000	\$875,000.00	\$0.00	\$0.00	\$875,000.00	\$875,000.00	\$0.00
FEDERATED HERMES GOVERNMENT OBLIGATIONS FUND #07 ERISA & DISC IRA	PUR	06/17/21	879,245.280	879,245.28	0.00	0.00	879,245.28	879,245.28	\$0.00
FEDERATED HERMES GOVERNMENT OBLIGATIONS FUND #07 ERISA & DISC IRA	PUR	07/02/21	8,665,581.410	8,665,581.41	0.00	0.00	8,665,581.41	8,665,581.41	\$0.00
FEDERATED HERMES GOVERNMENT OBLIGATIONS FUND #07 ERISA & DISC IRA	PUR	07/06/21	17,571,206.010	17,571,206.01	0.00	0.00	17,571,206.01	17,571,206.01	\$0.00
FEDERATED HERMES GOVERNMENT OBLIGATIONS FUND #07 ERISA & DISC IRA	SAL	07/06/21	9,155,460.920	9,155,460.92	0.00	0.00	9,155,460.92	9,155,460.92	\$0.00
FEDERATED HERMES GOVERNMENT OBLIGATIONS FUND #07 ERISA & DISC IRA	SAL	07/16/21	18,028,611.100	18,028,611.10	0.00	0.00	18,028,611.10	18,028,611.10	\$0.00
INVESCO QQQ TRUST ETF	SAL	07/06/21	2,790.000	989,712.60	83.70	5.05	710,677.14	877,943.76	\$278,946.71
BLACKROCK TOTAL RETURN-I	SAL	07/02/21	145,304.710	1,745,109.57	0.00	0.00	1,701,389.01	1,772,536.28	\$43,720.56
WESTERN ASSET CORE PLUS BOND FD CLASS I FD #287	SAL	07/02/21	144,106.679	1,743,690.82	0.00	0.00	1,696,166.92	1,802,006.64	\$47,523.90
3 PURCHASES FOR				\$27,116,032.70	TOTAL ISSUE AGGREGATE		\$59,653,617.71		
6 SALES FOR				\$32,537,585.01					

Retirement Income Plan for the Bridgeton New Jersey Hourly Workers of Ardagh Glass Inc.
 Schedule of Reportable Transactions
 EIN- 35-1958205, Plan No.030
 For the Period January 1, 2021 through July 7, 2021

Detail

5% Report by asset-aggregate							Valuation	Threshold	
							\$16,671,426.71	\$833,571.33	
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
BLACKROCK TOTAL RETURN-I	PUR	02/24/21	11,701.357	\$140,650.31	\$0.00	\$0.00	\$140,650.31	\$140,650.31	\$0.00
	PUR	03/25/21	338.906	4,019.42	0.00	0.00	4,019.42	4,019.42	0.00
	SAL	03/29/21	4,681.263	55,379.34	0.00	0.00	54,731.87	57,166.40	647.47
	PUR	04/26/21	2,350.085	27,989.51	0.00	0.00	27,989.51	27,989.51	0.00
	PUR	06/21/21	6,147.844	73,897.08	0.00	0.00	73,897.08	73,897.08	0.00
	SAL	07/02/21	145,304.710	1,745,109.57	0.00	0.00	1,701,389.01	1,772,536.28	43,720.56
4 PURCHASES FOR				\$246,556.32	TOTAL ISSUE AGGREGATE		\$2,047,045.23		
2 SALES FOR				\$1,800,488.91					
SEAFARER OVERSEAS GROWTH & INCOME INSTL CLASS FD # 11602	SAL	02/24/21	752.239	\$11,622.09	\$0.00	\$0.00	\$8,831.41	\$11,065.44	\$2,790.68
	PUR	03/25/21	17,327.002	257,825.79	0.00	0.00	257,825.79	257,825.79	0.00
	SAL	03/29/21	1,398.753	21,191.11	0.00	0.00	18,354.09	20,680.29	2,837.02
	SAL	04/26/21	402.665	6,281.57	0.00	0.00	5,283.67	5,953.32	997.90
	PUR	06/21/21	710.805	11,244.91	0.00	0.00	11,244.91	11,244.91	0.00
	SAL	07/02/21	38,287.130	598,810.71	0.00	0.00	504,312.19	566,803.49	94,498.52
2 PURCHASES FOR				\$269,070.70	TOTAL ISSUE AGGREGATE		\$906,976.18		
4 SALES FOR				\$637,905.48					
INVESCO QQQ TRUST ETF	SAL	02/25/21	34.000	\$10,669.54	\$1.02	\$0.05	\$8,556.69	\$10,667.16	\$2,111.78
	PUR	03/26/21	10.000	3,162.00	0.30	0.00	3,162.30	3,162.30	0.00
	SAL	03/30/21	33.000	10,248.15	0.99	0.06	8,312.36	10,353.70	1,934.74
	SAL	04/27/21	169.000	57,091.75	5.07	0.30	42,569.34	53,023.51	14,517.04
	PUR	06/22/21	86.000	29,565.05	2.58	0.00	29,567.63	29,567.63	0.00
	SAL	07/06/21	2,790.000	989,712.60	83.70	5.05	710,677.14	877,943.76	278,946.71
2 PURCHASES FOR				\$32,727.05	TOTAL ISSUE AGGREGATE		\$1,100,449.09		
4 SALES FOR				\$1,067,722.04					
TOUCHSTONE SANDS EM GR-INST FUND# 565	SAL	02/24/21	1,024.181	\$24,129.70	\$0.00	\$0.00	\$14,026.86	\$22,450.05	\$10,102.84
	PUR	03/25/21	11,334.633	234,966.94	0.00	0.00	234,966.94	234,966.94	0.00
	SAL	03/29/21	393.046	8,348.30	0.00	0.00	6,601.29	8,409.47	1,747.01
	SAL	04/26/21	613.250	13,601.89	0.00	0.00	10,299.67	13,120.88	3,302.22
	PUR	06/21/21	261.599	5,933.06	0.00	0.00	5,933.06	5,933.06	0.00

Retirement Income Plan for the Bridgeton New Jersey Hourly Workers of Ardagh Glass Inc.
 Schedule of Reportable Transactions
 EIN- 35-1958205, Plan No.030
 For the Period January 1, 2021 through July 7, 2021

Detail

5% Report by asset-aggregate (continued)							Valuation	Threshold	
							\$16,671,426.71	\$833,571.33	
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
	SAL	07/02/21	24,978.979	575,265.89	0.00	0.00	421,066.81	534,777.47	154,199.08
2 PURCHASES FOR				\$240,900.00	TOTAL ISSUE AGGREGATE		\$862,245.78		
4 SALES FOR				\$621,345.78					
WESTERN ASSET CORE PLUS BOND FD CLASS I FD #287	PUR	02/24/21	10,040.825	\$122,397.66	\$0.00	\$0.00	\$122,397.66	\$122,397.66	\$0.00
	PUR	03/25/21	1,017.443	12,158.44	0.00	0.00	12,158.44	12,158.44	0.00
	SAL	03/29/21	4,528.753	54,028.02	0.00	0.00	53,210.94	56,741.19	817.08
	PUR	04/26/21	1,422.634	17,199.65	0.00	0.00	17,199.65	17,199.65	0.00
	PUR	06/21/21	6,908.471	83,661.58	0.00	0.00	83,661.58	83,661.58	0.00
	SAL	07/02/21	144,106.679	1,743,690.82	0.00	0.00	1,696,166.92	1,802,006.64	47,523.90
4 PURCHASES FOR				\$235,417.33	TOTAL ISSUE AGGREGATE		\$2,033,136.17		
2 SALES FOR				\$1,797,718.84					
FEDERATED HERMES GOVERNMENT OBLIGATIONS FUND #07 ERISA & DISC IRA	PUR	01/04/21	0.650	\$0.65	\$0.00	\$0.00	\$0.65	\$0.65	\$0.00
	PUR	01/04/21	5,677.140	5,677.14	0.00	0.00	5,677.14	5,677.14	0.00
	PUR	01/05/21	6,604.740	6,604.74	0.00	0.00	6,604.74	6,604.74	0.00
	SAL	01/06/21	35.450	35.45	0.00	0.00	35.45	35.45	0.00
	SAL	01/07/21	18,043.630	18,043.63	0.00	0.00	18,043.63	18,043.63	0.00
	PUR	01/07/21	328.620	328.62	0.00	0.00	328.62	328.62	0.00
	PUR	01/08/21	10,582.130	10,582.13	0.00	0.00	10,582.13	10,582.13	0.00
	PUR	01/11/21	19,791.790	19,791.79	0.00	0.00	19,791.79	19,791.79	0.00
	SAL	01/12/21	5,475.420	5,475.42	0.00	0.00	5,475.42	5,475.42	0.00
	SAL	01/13/21	14,779.840	14,779.84	0.00	0.00	14,779.84	14,779.84	0.00
	SAL	01/14/21	38,622.980	38,622.98	0.00	0.00	38,622.98	38,622.98	0.00
	PUR	01/14/21	3,626.710	3,626.71	0.00	0.00	3,626.71	3,626.71	0.00
	PUR	01/15/21	9,807.620	9,807.62	0.00	0.00	9,807.62	9,807.62	0.00
	SAL	01/19/21	333.770	333.77	0.00	0.00	333.77	333.77	0.00
	SAL	01/20/21	8,648.290	8,648.29	0.00	0.00	8,648.29	8,648.29	0.00
	SAL	01/21/21	227.130	227.13	0.00	0.00	227.13	227.13	0.00
	SAL	01/21/21	25,162.150	25,162.15	0.00	0.00	25,162.15	25,162.15	0.00
	PUR	01/22/21	3,132.710	3,132.71	0.00	0.00	3,132.71	3,132.71	0.00
	PUR	01/25/21	4,529.120	4,529.12	0.00	0.00	4,529.12	4,529.12	0.00
	PUR	01/26/21	2,161.450	2,161.45	0.00	0.00	2,161.45	2,161.45	0.00
PUR	01/27/21	3,005.170	3,005.17	0.00	0.00	3,005.17	3,005.17	0.00	

Retirement Income Plan for the Bridgeton New Jersey Hourly Workers of Ardagh Glass Inc.
 Schedule of Reportable Transactions
 EIN- 35-1958205, Plan No.030
 For the Period January 1, 2021 through July 7, 2021

Detail

5% Report by asset-aggregate (continued)							Valuation	Threshold	
							\$16,671,426.71	\$833,571.33	
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
	SAL	01/28/21	1,315.970	1,315.97	0.00	0.00	1,315.97	1,315.97	0.00
	SAL	01/29/21	10,112.100	10,112.10	0.00	0.00	10,112.10	10,112.10	0.00
	PUR	02/01/21	0.250	0.25	0.00	0.00	0.25	0.25	0.00
	SAL	02/01/21	8,844.780	8,844.78	0.00	0.00	8,844.78	8,844.78	0.00
	PUR	02/02/21	17,601.850	17,601.85	0.00	0.00	17,601.85	17,601.85	0.00
	PUR	02/03/21	4,731.940	4,731.94	0.00	0.00	4,731.94	4,731.94	0.00
	PUR	02/04/21	27,645.230	27,645.23	0.00	0.00	27,645.23	27,645.23	0.00
	PUR	02/05/21	2,155.650	2,155.65	0.00	0.00	2,155.65	2,155.65	0.00
	PUR	02/08/21	9,098.390	9,098.39	0.00	0.00	9,098.39	9,098.39	0.00
	PUR	02/09/21	1,548.920	1,548.92	0.00	0.00	1,548.92	1,548.92	0.00
	PUR	02/10/21	4,069.970	4,069.97	0.00	0.00	4,069.97	4,069.97	0.00
	PUR	02/11/21	2,247.010	2,247.01	0.00	0.00	2,247.01	2,247.01	0.00
	SAL	02/12/21	432.770	432.77	0.00	0.00	432.77	432.77	0.00
	PUR	02/16/21	13,146.060	13,146.06	0.00	0.00	13,146.06	13,146.06	0.00
	SAL	02/17/21	31,687.860	31,687.86	0.00	0.00	31,687.86	31,687.86	0.00
	PUR	02/18/21	63.820	63.82	0.00	0.00	63.82	63.82	0.00
	PUR	02/19/21	5,534.260	5,534.26	0.00	0.00	5,534.26	5,534.26	0.00
	SAL	02/22/21	7,617.670	7,617.67	0.00	0.00	7,617.67	7,617.67	0.00
	PUR	02/23/21	141.500	141.50	0.00	0.00	141.50	141.50	0.00
	SAL	02/24/21	305,154.760	305,154.76	0.00	0.00	305,154.76	305,154.76	0.00
	PUR	02/25/21	217,439.770	217,439.77	0.00	0.00	217,439.77	217,439.77	0.00
	PUR	02/26/21	18,542.810	18,542.81	0.00	0.00	18,542.81	18,542.81	0.00
	PUR	03/01/21	0.060	0.06	0.00	0.00	0.06	0.06	0.00
	PUR	03/01/21	8,151.950	8,151.95	0.00	0.00	8,151.95	8,151.95	0.00
	PUR	03/02/21	14,325.130	14,325.13	0.00	0.00	14,325.13	14,325.13	0.00
	PUR	03/03/21	4,211.210	4,211.21	0.00	0.00	4,211.21	4,211.21	0.00
	PUR	03/04/21	5,922.660	5,922.66	0.00	0.00	5,922.66	5,922.66	0.00
	PUR	03/05/21	565.910	565.91	0.00	0.00	565.91	565.91	0.00
	PUR	03/08/21	3,231.150	3,231.15	0.00	0.00	3,231.15	3,231.15	0.00
	PUR	03/09/21	50,000.000	50,000.00	0.00	0.00	50,000.00	50,000.00	0.00
	SAL	03/09/21	72,346.570	72,346.57	0.00	0.00	72,346.57	72,346.57	0.00
	SAL	03/10/21	17,633.670	17,633.67	0.00	0.00	17,633.67	17,633.67	0.00
	PUR	03/11/21	16,298.500	16,298.50	0.00	0.00	16,298.50	16,298.50	0.00
	SAL	03/12/21	47,413.330	47,413.33	0.00	0.00	47,413.33	47,413.33	0.00
	PUR	03/12/21	21,923.030	21,923.03	0.00	0.00	21,923.03	21,923.03	0.00
	PUR	03/15/21	1,207.760	1,207.76	0.00	0.00	1,207.76	1,207.76	0.00
	PUR	03/16/21	700.360	700.36	0.00	0.00	700.36	700.36	0.00

Retirement Income Plan for the Bridgeton New Jersey Hourly Workers of Ardagh Glass Inc.
 Schedule of Reportable Transactions
 EIN- 35-1958205, Plan No.030
 For the Period January 1, 2021 through July 7, 2021

Detail

5% Report by asset-aggregate (continued)							Valuation	Threshold	
							\$16,671,426.71	\$833,571.33	
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
	SAL	03/17/21	1,597.330	1,597.33	0.00	0.00	1,597.33	1,597.33	0.00
	PUR	03/18/21	6,268.850	6,268.85	0.00	0.00	6,268.85	6,268.85	0.00
	SAL	03/19/21	23,354.080	23,354.08	0.00	0.00	23,354.08	23,354.08	0.00
	SAL	03/23/21	14,705.680	14,705.68	0.00	0.00	14,705.68	14,705.68	0.00
	SAL	03/24/21	180.500	180.50	0.00	0.00	180.50	180.50	0.00
	SAL	03/25/21	448,032.030	448,032.03	0.00	0.00	448,032.03	448,032.03	0.00
	PUR	03/26/21	420,588.510	420,588.51	0.00	0.00	420,588.51	420,588.51	0.00
	PUR	03/29/21	267,273.810	267,273.81	0.00	0.00	267,273.81	267,273.81	0.00
	PUR	03/30/21	565,000.000	565,000.00	0.00	0.00	565,000.00	565,000.00	0.00
	SAL	03/30/21	272,680.620	272,680.62	0.00	0.00	272,680.62	272,680.62	0.00
	PUR	03/31/21	4,352.530	4,352.53	0.00	0.00	4,352.53	4,352.53	0.00
	PUR	04/01/21	132,941.700	132,941.70	0.00	0.00	132,941.70	132,941.70	0.00
	SAL	04/01/21	131,096.850	131,096.85	0.00	0.00	131,096.85	131,096.85	0.00
	SAL	04/02/21	698,202.800	698,202.80	0.00	0.00	698,202.80	698,202.80	0.00
	PUR	04/02/21	3,691.670	3,691.67	0.00	0.00	3,691.67	3,691.67	0.00
	PUR	04/05/21	7,741.750	7,741.75	0.00	0.00	7,741.75	7,741.75	0.00
	SAL	04/06/21	4,147.670	4,147.67	0.00	0.00	4,147.67	4,147.67	0.00
	PUR	04/07/21	4,038.180	4,038.18	0.00	0.00	4,038.18	4,038.18	0.00
	SAL	04/08/21	2,789.750	2,789.75	0.00	0.00	2,789.75	2,789.75	0.00
	PUR	04/09/21	71,000.000	71,000.00	0.00	0.00	71,000.00	71,000.00	0.00
	SAL	04/09/21	70,661.210	70,661.21	0.00	0.00	70,661.21	70,661.21	0.00
	SAL	04/12/21	5,553.240	5,553.24	0.00	0.00	5,553.24	5,553.24	0.00
	SAL	04/13/21	71,250.640	71,250.64	0.00	0.00	71,250.64	71,250.64	0.00
	PUR	04/13/21	11,248.610	11,248.61	0.00	0.00	11,248.61	11,248.61	0.00
	PUR	04/14/21	202.890	202.89	0.00	0.00	202.89	202.89	0.00
	PUR	04/15/21	15,322.170	15,322.17	0.00	0.00	15,322.17	15,322.17	0.00
	SAL	04/16/21	860.080	860.08	0.00	0.00	860.08	860.08	0.00
	PUR	04/19/21	158.230	158.23	0.00	0.00	158.23	158.23	0.00
	PUR	04/20/21	6.720	6.72	0.00	0.00	6.72	6.72	0.00
	SAL	04/21/21	2,689.860	2,689.86	0.00	0.00	2,689.86	2,689.86	0.00
	PUR	04/22/21	55,000.000	55,000.00	0.00	0.00	55,000.00	55,000.00	0.00
	SAL	04/22/21	54,984.250	54,984.25	0.00	0.00	54,984.25	54,984.25	0.00
	SAL	04/23/21	45.780	45.78	0.00	0.00	45.78	45.78	0.00
	SAL	04/26/21	58,476.090	58,476.09	0.00	0.00	58,476.09	58,476.09	0.00
	SAL	04/26/21	32,540.660	32,540.66	0.00	0.00	32,540.66	32,540.66	0.00
	PUR	04/27/21	284,313.260	284,313.26	0.00	0.00	284,313.26	284,313.26	0.00
	SAL	04/28/21	2,476.190	2,476.19	0.00	0.00	2,476.19	2,476.19	0.00

Retirement Income Plan for the Bridgeton New Jersey Hourly Workers of Ardagh Glass Inc.
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 For the Period January 1, 2021 through July 7, 2021

Detail

5% Report by asset-aggregate (continued)							Valuation	Threshold	
							\$16,671,426.71	\$833,571.33	
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
	PUR	04/29/21	1,013.180	1,013.18	0.00	0.00	1,013.18	1,013.18	0.00
	PUR	04/30/21	1,820.240	1,820.24	0.00	0.00	1,820.24	1,820.24	0.00
	SAL	05/03/21	1,084.910	1,084.91	0.00	0.00	1,084.91	1,084.91	0.00
	SAL	05/03/21	16,522.040	16,522.04	0.00	0.00	16,522.04	16,522.04	0.00
	PUR	05/04/21	10,583.950	10,583.95	0.00	0.00	10,583.95	10,583.95	0.00
	PUR	05/05/21	174.360	174.36	0.00	0.00	174.36	174.36	0.00
	SAL	05/06/21	2,769.090	2,769.09	0.00	0.00	2,769.09	2,769.09	0.00
	PUR	05/07/21	218.620	218.62	0.00	0.00	218.62	218.62	0.00
	SAL	05/10/21	4,767.140	4,767.14	0.00	0.00	4,767.14	4,767.14	0.00
	SAL	05/11/21	15,129.200	15,129.20	0.00	0.00	15,129.20	15,129.20	0.00
	PUR	05/12/21	311.350	311.35	0.00	0.00	311.35	311.35	0.00
	PUR	05/13/21	60,000.000	60,000.00	0.00	0.00	60,000.00	60,000.00	0.00
	SAL	05/13/21	55,340.870	55,340.87	0.00	0.00	55,340.87	55,340.87	0.00
	SAL	05/14/21	56,514.050	56,514.05	0.00	0.00	56,514.05	56,514.05	0.00
	PUR	05/14/21	764.240	764.24	0.00	0.00	764.24	764.24	0.00
	PUR	05/17/21	686.540	686.54	0.00	0.00	686.54	686.54	0.00
	SAL	05/18/21	955.000	955.00	0.00	0.00	955.00	955.00	0.00
	PUR	05/19/21	65.170	65.17	0.00	0.00	65.17	65.17	0.00
	PUR	05/20/21	301.090	301.09	0.00	0.00	301.09	301.09	0.00
	PUR	05/21/21	4,583.580	4,583.58	0.00	0.00	4,583.58	4,583.58	0.00
	SAL	05/24/21	33,983.690	33,983.69	0.00	0.00	33,983.69	33,983.69	0.00
	PUR	05/25/21	1,099.410	1,099.41	0.00	0.00	1,099.41	1,099.41	0.00
	PUR	05/26/21	2,645.810	2,645.81	0.00	0.00	2,645.81	2,645.81	0.00
	PUR	05/27/21	859.630	859.63	0.00	0.00	859.63	859.63	0.00
	PUR	05/28/21	567.460	567.46	0.00	0.00	567.46	567.46	0.00
	PUR	06/01/21	0.280	0.28	0.00	0.00	0.28	0.28	0.00
	PUR	06/01/21	8,312.930	8,312.93	0.00	0.00	8,312.93	8,312.93	0.00
	PUR	06/02/21	5,380.750	5,380.75	0.00	0.00	5,380.75	5,380.75	0.00
	SAL	06/03/21	4,222.980	4,222.98	0.00	0.00	4,222.98	4,222.98	0.00
	PUR	06/04/21	511.020	511.02	0.00	0.00	511.02	511.02	0.00
	PUR	06/07/21	98.590	98.59	0.00	0.00	98.59	98.59	0.00
	PUR	06/08/21	34,000.000	34,000.00	0.00	0.00	34,000.00	34,000.00	0.00
	SAL	06/08/21	27,264.480	27,264.48	0.00	0.00	27,264.48	27,264.48	0.00
	PUR	06/09/21	141,049.070	141,049.07	0.00	0.00	141,049.07	141,049.07	0.00
	SAL	06/09/21	148,174.370	148,174.37	0.00	0.00	148,174.37	148,174.37	0.00
	PUR	06/10/21	809,030.690	809,030.69	0.00	0.00	809,030.69	809,030.69	0.00
	PUR	06/10/21	411.720	411.72	0.00	0.00	411.72	411.72	0.00

Retirement Income Plan for the Bridgeton New Jersey Hourly Workers of Ardagh Glass Inc.
 Schedule of Reportable Transactions
 EIN- 35-1958205, Plan No.030
 For the Period January 1, 2021 through July 7, 2021

Detail

5% Report by asset-aggregate (continued)							Valuation	Threshold	
							\$16,671,426.71	\$833,571.33	
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
	SAL	06/11/21	24,760.660	24,760.66	0.00	0.00	24,760.66	24,760.66	0.00
	SAL	06/11/21	1,391.830	1,391.83	0.00	0.00	1,391.83	1,391.83	0.00
	SAL	06/14/21	24,760.660	24,760.66	0.00	0.00	24,760.66	24,760.66	0.00
	PUR	06/14/21	350.010	350.01	0.00	0.00	350.01	350.01	0.00
	PUR	06/15/21	643.050	643.05	0.00	0.00	643.05	643.05	0.00
	PUR	06/16/21	24,760.660	24,760.66	0.00	0.00	24,760.66	24,760.66	0.00
	PUR	06/16/21	9,173.620	9,173.62	0.00	0.00	9,173.62	9,173.62	0.00
	SAL	06/17/21	875,000.000	875,000.00	0.00	0.00	875,000.00	875,000.00	0.00
	PUR	06/17/21	879,245.280	879,245.28	0.00	0.00	879,245.28	879,245.28	0.00
	PUR	06/18/21	12,446.370	12,446.37	0.00	0.00	12,446.37	12,446.37	0.00
	SAL	06/21/21	323,908.030	323,908.03	0.00	0.00	323,908.03	323,908.03	0.00
	SAL	06/22/21	292,806.780	292,806.78	0.00	0.00	292,806.78	292,806.78	0.00
	SAL	06/23/21	1,174.330	1,174.33	0.00	0.00	1,174.33	1,174.33	0.00
	PUR	06/24/21	307,053.660	307,053.66	0.00	0.00	307,053.66	307,053.66	0.00
	PUR	06/24/21	3,644.890	3,644.89	0.00	0.00	3,644.89	3,644.89	0.00
	PUR	06/25/21	10,312.700	10,312.70	0.00	0.00	10,312.70	10,312.70	0.00
	PUR	06/28/21	16,945.260	16,945.26	0.00	0.00	16,945.26	16,945.26	0.00
	PUR	06/29/21	124.700	124.70	0.00	0.00	124.70	124.70	0.00
	PUR	06/30/21	3,557.090	3,557.09	0.00	0.00	3,557.09	3,557.09	0.00
	PUR	07/01/21	6.990	6.99	0.00	0.00	6.99	6.99	0.00
	PUR	07/01/21	3,360.740	3,360.74	0.00	0.00	3,360.74	3,360.74	0.00
	PUR	07/02/21	8,665,581.410	8,665,581.41	0.00	0.00	8,665,581.41	8,665,581.41	0.00
	PUR	07/06/21	17,571,206.010	17,571,206.01	0.00	0.00	17,571,206.01	17,571,206.01	0.00
	SAL	07/06/21	9,155,460.920	9,155,460.92	0.00	0.00	9,155,460.92	9,155,460.92	0.00
	PUR	07/07/21	172.350	172.35	0.00	0.00	172.35	172.35	0.00
	PUR	07/08/21	294.760	294.76	0.00	0.00	294.76	294.76	0.00
	PUR	07/09/21	55,689.050	55,689.05	0.00	0.00	55,689.05	55,689.05	0.00
	PUR	07/09/21	600.870	600.87	0.00	0.00	600.87	600.87	0.00
	PUR	07/12/21	1,404.160	1,404.16	0.00	0.00	1,404.16	1,404.16	0.00
	SAL	07/12/21	1,238.550	1,238.55	0.00	0.00	1,238.55	1,238.55	0.00
	PUR	07/14/21	177.310	177.31	0.00	0.00	177.31	177.31	0.00
	PUR	07/15/21	1,163.130	1,163.13	0.00	0.00	1,163.13	1,163.13	0.00
	SAL	07/16/21	18,028,611.100	18,028,611.10	0.00	0.00	18,028,611.10	18,028,611.10	0.00
	PUR	07/16/21	146.870	146.87	0.00	0.00	146.87	146.87	0.00
	PUR	07/19/21	102.570	102.57	0.00	0.00	102.57	102.57	0.00
	SAL	07/20/21	1,755.490	1,755.49	0.00	0.00	1,755.49	1,755.49	0.00

Retirement Income Plan for the Bridgeton New Jersey Hourly Workers of Ardagh Glass Inc.
 Schedule of Reportable Transactions
 EIN- 35-1958205, Plan No.030
 For the Period January 1, 2021 through July 7, 2021

Detail

								Valuation	Threshold
5% Report by asset-aggregate (continued)								\$16,671,426.71	\$833,571.33
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
	106	PURCHASES FOR		\$31,021,555.07	TOTAL ISSUE AGGREGATE			\$62,629,364.69	
	62	SALES FOR		\$31,607,809.62					