

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide 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

<p>1a Name of plan <u>THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376 PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>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>ABBOTT BALL COMPANY</u></p> <p><u>RAILROAD PLACE, P.O. BOX 330100</u> <u>WEST HARTFORD, CT 06133-0100</u></p>	<p>1c Effective date of plan <u>01/01/1957</u></p> <p>2b Employer Identification Number (EIN) <u>06-0235810</u></p> <p>2c Plan Sponsor's telephone number <u>860-236-5901</u></p> <p>2d Business code (see instructions) <u>332700</u></p>

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.	08/25/2025	NICHOLAS DIFIORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/25/2025	NICHOLAS DIFIORE
	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	107
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	23
	6a(2)	22
	6b	48
	6c	16
	6d	86
	6e	19
	6f	105
	6g(1)	
6g(2)		
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:
1B 1I

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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 SB (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>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376 PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ABBOTT BALL COMPANY</u>	D Employer Identification Number (EIN) <u>06-0235810</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>5600997</u>
	b Actuarial value	2b	<u>5600997</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>66</u>	<u>3957022</u>
	b For terminated vested participants	<u>18</u>	<u>495987</u>
	c For active participants	<u>23</u>	<u>1106512</u>
	d Total	<u>107</u>	<u>5559521</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.05 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>2000</u>
	c Target normal cost	6c	<u>2000</u>

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

SIGN HERE			
	Signature of actuary	<u>08/21/2025</u>	Date
	<u>BILL BECK, EA</u>	<u>23-06566</u>	Most recent enrollment number
	Type or print name of actuary	<u>860-633-5283</u>	Telephone number (including area code)
	<u>USI CONSULTING GROUP</u>		
	Firm name		
	<u>95 GLASTONBURY BLVD., SUITE 102</u> <u>GLASTONBURY, CT 06033-1296</u>		
	Address of the firm		

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

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	69084
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	45236
9	Amount remaining (line 7 minus line 8)	0	23848
10	Interest on line 9 using prior year's actual return of <u>15.97</u> %	0	3809
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
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>5.19</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
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	27657

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.24 %
15	Adjusted funding target attainment percentage	15	100.74 %
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	91.58 %
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		
Totals ▶			18(b)	0	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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 65

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 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? 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	
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 6c)	31a	2000
b Excess assets, if applicable, but not greater than line 31a	31b	2000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....		

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	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE C (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>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376 PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ABBOTT BALL COMPANY	D Employer Identification Number (EIN) 06-0235810	

Part I Service Provider Information (see instructions)

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)

BANK OF AMERICA

94-1687665

(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?
21 27 51	NONE	13707	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WP FINANCIAL

84-3311885

(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?
21 27 51	NONE	11882	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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) <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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376 PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ABBOTT BALL COMPANY	D Employer Identification Number (EIN) 06-0235810

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)	0
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	20345
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	380208
(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)	
(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)	5220639
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	5288428

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	5600999	5398225
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	5600999	5398225

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)	0	
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	133702	
(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)		133702
(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)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	80848	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		214550

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	391795	
(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)		391795
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1643	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	23886	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		25529
j Total expenses. Add all expense amounts in column (b) and enter total	2j		417324

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-202774
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: **KAHN, LITWIN, RENZA & CO., LTD**

(2) EIN: **05-0409384**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.)		X	
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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
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	
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?		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?		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		
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		
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	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 563314.

SCHEDULE R (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>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376 PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ABBOTT BALL COMPANY</u>	D Employer Identification Number (EIN) <u>06-0235810</u>	

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): 94-1687665

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		0
---	--	---

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**THE ABBOTT BALL COMPANY
UAW-AFL-CIO LOCAL NO. 376
PENSION PLAN AND TRUST**

**Financial Statements
and Supplemental Schedules**

Years Ended December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

**THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376
PENSION PLAN AND TRUST**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

Years Ended December 31, 2024 and 2023

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Note A: Schedules not included with this supplemental data have been omitted because they are not applicable.

INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of
The Abbott Ball Company UAW-AFL-CIO
Local No. 376 Pension Plan and Trust:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of The Abbott Ball Company UAW-AFL-CIO Local No. 376 Pension Plan and Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the Statements of Net Assets Available for Plan Benefits as of December 31, 2024 and 2023, and the related Statements of Changes in Net Assets Available for Plan Benefits for the years then ended, the Statement of Accumulated Plan Benefits as of December 31, 2023, the related Statement of Changes in Accumulated Plan Benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section –

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of the ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Note 9 to the financial statements, the Board of Directors of The Abbott Ball Company, the Plan's sponsor, voted on March 20, 2025 to terminate the Plan effective April 25, 2025, which indicates that the Plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of and for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Kahn, Litwin, Renya & Co., Ltd.

August 6, 2025

**THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376
PENSION PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2024 and 2023**



	2024	2023
Assets		
Investments, at fair value:		
Cash and cash equivalents	\$ 89,452	\$ 380,208
Exchange traded funds	-	3,248,272
Mutual funds	5,288,428	1,972,367
Total investments	5,377,880	5,600,847
Receivables:		
Accrued investment income	20,345	152
Total receivables	20,345	152
Net Assets Available for Plan Benefits	\$ 5,398,225	\$ 5,600,999

THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376
PENSION PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
Years Ended December 31, 2024 and 2023



	2024	2023
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	\$ 133,702	\$ 73,707
Net appreciation in fair value of investments	80,848	739,921
Total additions	214,550	813,628
Deductions from net assets attributed to:		
Benefits paid to participants	391,795	399,687
Administrative expenses	25,529	27,514
Total deductions	417,324	427,201
Net increase (decrease)	(202,774)	386,427
Net Assets Available for Plan Benefits, beginning of year	5,600,999	5,214,572
Net Assets Available for Plan Benefits, end of year	\$ 5,398,225	\$ 5,600,999

THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376
PENSION PLAN AND TRUST
STATEMENT OF ACCUMULATED PLAN BENEFITS
December 31, 2023



Actuarial present value of accumulated plan benefits:

Vested benefits:

Retired participants and beneficiaries currently receiving payments	\$ 3,361,909
Active participants	881,016
Terminated participants	<u>377,756</u>
Total vested benefits	<u>4,620,681</u>

Actuarial Present Value of Accumulated Plan Benefits **\$ 4,620,681**

Note: The most recent actuarial report to-date was prepared as of January 1, 2024.

**THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376
PENSION PLAN AND TRUST
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year Ended December 31, 2023**



Actuarial Present Value of Accumulated Plan Benefits, January 1, 2023	\$ 4,645,320
Increase (decrease) during the year attributable to:	
Benefits paid	(399,687)
Interest adjustment for change in discount rate	311,420
Additional benefits earned, including experience gains and losses	63,628
Net decrease in accumulated plan benefits	(24,639)
Actuarial Present Value of Accumulated Plan Benefits, January 1, 2024	\$ 4,620,681

THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376
PENSION PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

1. Description of the Plan

The following brief description of The Abbott Ball Company UAW-AFL-CIO Local No. 376 Pension Plan and Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan, covering substantially all employees of The Abbott Ball Company (the Company) represented by Local No. 376 of UAW-AFL-CIO (the Union). It is sponsored by the Company and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's assets are managed by Bank of America, N.A., the trustee of the Plan.

Effective July 1, 2012, the Company suspended future benefit accruals under the Plan. Only the years of service credited as of that date will be used in the determination of accrued pension benefits at retirement. All other plan provisions remain unchanged.

On March 20, 2025, the Board of Directors of the Company voted to terminate the Plan effective April 25, 2025 (Note 9).

Administrative Committee

The Administrative Committee is comprised of three members appointed by the Company and three members who are employees of the Company appointed by the Union. The Administrative Committee's responsibilities include, but are not limited to, determining the eligibility of employee participation in the Plan; computing benefit payments and directing the trustee to pay retirees; maintaining all necessary records for the administration of the Plan; assisting participants as to their rights, benefits, or elections available; and consulting with the Company and the trustee regarding the short and long-term liquidity needs of the Plan.

Pension Benefits

Participants of the Plan may take normal retirement at age 65 or early retirement at age 60, with reduced benefits, provided that they have completed at least five years of credited service. Retirement benefits fully vest after five years of credited service (no provision for partial vesting) or upon attaining 65 years of age. Participants with five or more years of credited service are eligible for death benefits. Participants with five or more years of credited service and who have attained the age of 45 are eligible for disability benefits. A participant's monthly benefit is determined by multiplying the participant's years of vested service by a value determined between the Company and the Union. For the years ended December 31, 2024 and 2023, this value was \$34.

THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376
PENSION PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

Participants may receive a lump-sum payment equal to the present value of their future benefit if the amount is less than \$5,000; otherwise, participants may elect to receive the value of their accumulated plan benefits in one of the three available options:

- *Lifetime Only* – the normal monthly benefit is paid to the retiree for their lifetime, with no benefits payable to any beneficiary after their death,
- *Ten-Year Certain* – the Lifetime Only benefit is reduced to provide benefits for the remainder of the retiree’s life, with payments guaranteed for a minimum of 10 years; if the retiree dies within 10 years after the benefit payments start, their beneficiary would continue to receive the same benefit for the balance of the minimum 10-year period, or
- *Joint and Survivor* – reduced benefit payments are received by the retiree during their lifetime, with 50% of the benefits to be continued after their death to their elected beneficiary, for the remainder of his or her life. The amount of the reduction will depend upon both the retiree’s and beneficiary’s age.

Death and Disability Benefits

If an employee with at least five years of credited service dies at age 50 or older, a death benefit equal to 50% of the lifetime only benefit is paid to the employee’s beneficiary. If an employee becomes totally disabled at age 45 or older, with at least five years of credited service, the employee is eligible to receive disability benefits equal to the normal retirement benefits they have accumulated as of the time they become disabled.

Vesting

Participants become fully vested in their retirement benefit, for years of service credited prior to July 1, 2012, after completing five years of service or after attaining age 65. There is no provision for partial vesting.

2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan’s financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

The Plan’s investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 3). The Plan’s Investment Committee determines the Plan’s valuation policies utilizing information provided by the investment advisors and the trustee.

THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376
PENSION PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

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

Funding Policy

The Company's contributions to the Plan are based on the advice and calculations of an independent actuary, limited to the maximum amount permitted by law or regulations as a deduction in the Company's federal income tax returns. Participants do not contribute to the funding of the Plan. The Plan met the minimum ERISA funding requirements for the years ended December 31, 2024 and 2023.

Payment of Benefits

Benefit payments are recognized when paid to participants or their designated beneficiaries.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based upon employees' years of credited service. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The Company's contributions and the present value of the Plan's accumulated benefits are in accordance with the Pension Protection Act of 2006 (PPA). The Company's annual contribution is equal to the target normal cost, plus the shortfall amortization charge minus any pre-funding and carryover balances. Certain assumptions are made as to employee turnover and mortality rates.

THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376
PENSION PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

The significant actuarial assumptions used in the valuation as of January 1, 2024 and 2023 include (a) assumed rate of return on investments was 7.00%, (b) all fees connected with the operations of the Plan will be paid by the Plan, (c) retirement age assumptions (the normal retirement age is 65 years), (d) discount rates of 4.75% and 5.00%, respectively, (e) assumed mortality rates based upon the Pri-2012 Mortality (Blue Collar) with MP-2021 Scaling, for males and females, and pension benefits for normal retirement of \$34 per month. These assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Administrative Expenses

Certain administrative expenses of the Plan are paid by the Company, unless the Company directs that the expenses be paid by the Plan. Investment management and recordkeeping fees, if applicable, are paid by the Plan through revenue sharing as a reduction of investment income (net appreciation or depreciation) from the related investment fund.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported changes in net assets. Accordingly, actual results may differ from those estimates.

Risks and Uncertainties

The Plan provides for various investment options with various investment objectives. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 Plan Benefits.

Plan contributions and the actuarial present value of accumulated plan benefits are prepared based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to the uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Financial Instruments with a Concentration of Credit Risk

The Plan's investments are held by a single trustee. The Plan's exposure to credit risk is associated with the outside entity's non-performance of their fiduciary responsibilities relating to these amounts in the agreement with the trustee.

THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376
PENSION PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

The Plan invested in two mutual funds that accounted for approximately 95% of total Plan investments as of December 31, 2024. The Plan invested in one mutual fund that accounted for approximately 14% of total Plan investments as of December 31, 2023.

3. Fair Value Measurements

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives highest priority to unadjusted quoted prices in active markets for identical assets (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy and inputs to the valuation methodologies are described as follows:

Level 1 inputs are unadjusted quoted prices in active markets for identical assets the Plan has the ability to access.

Level 2 inputs are other than quoted prices in active markets that are observable either directly or indirectly for the asset. Such inputs are derived principally from or corroborated by observable market data for similar assets by correlation or other means, over substantially the full contractual term of the asset, if applicable.

Level 3 inputs are unobservable and significant to the fair value measurement. Such inputs generally rely on the Plan's own assumptions about the assumptions that market participants would use in pricing the asset.

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

The following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis.

Cash and Cash Equivalents: The carrying amounts of cash and cash equivalents are deemed to be valued at the deposit amount plus accrued interest, as determined according to stated terms.

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

THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376
PENSION PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

Exchange Traded Funds: Valued at the daily closing price as reported by the funds. The exchange traded funds (ETFs) held by the Plan were open-end ETF funds that were registered with the Securities and Exchange Commission. These funds were required to publish its daily NAV and to transact at that price. The ETFs held by the Plan were deemed to be actively traded.

As of December 31, 2024 and 2023, the Plan's investments are reported at level 1 within the fair value hierarchy.

4. Plan Termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions set forth in ERISA. Effective July 1, 2012, the Company's Board of Directors voted to freeze the Plan with respect to the accrual of benefits as a result of future employment as agreed to in the Collective Bargaining Agreement dated May 3, 2012. Subsequent to year end, the Company's Board of Directors voted to terminate the Plan effective April 25, 2025. On that same date, the Plan sponsor submitted its termination application to the Internal Revenue Service (IRS) and Pension Benefit Guaranty Corporation (PBGC) (Note 9).

5. Income Tax Status

The Plan obtained its latest determination letter on February 16, 2017, in which the IRS stated that the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code (IRC). The Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376
PENSION PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

6. Summary of Financial Data Certified by the Trustee

The following is a summary of financial information and data certified by the trustee, Bank of America, N.A.:

Statements of Net Assets Available for Plan Benefits at December 31, 2024 and 2023, except for receivables, if any;

Investment income and net appreciation in fair value of investments on the Statements of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2024 and 2023; and

Investment information provided in the supplemental schedules, Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions, as of and for the year ended December 31, 2024.

7. Differences from Form 5500

Differences between the Annual Return/Report of Employee Benefit Plan, Form 5500, and these financial statements are a result of different classifications between line items. Total Plan assets are in agreement.

8. Related Party Transactions and Parties-In-Interest Transactions

Certain Plan investments are held and managed by a financial institution and the trustee. Therefore, these transactions qualify as party-in-interest transactions. The Plan made direct payments to the financial institution and the trustee for administrative and management services in the amounts of \$25,529 and \$27,514 for the years ended December 31, 2024 and 2023, respectively.

9. Subsequent Events

On March 20, 2025, the Board of Directors of the Company voted to terminate the Plan effective April 25, 2025. Participants were notified of the intent to terminate the Plan in compliance with the IRS and the PBGC regulations. On April 25, 2025, the Plan Sponsor submitted termination applications to the IRS and the PBGC. These filings are anticipated to be approved, and Plan liquidation is expected to be completed no sooner than August 31, 2025.

Management has evaluated subsequent events through August 6, 2025, which is the date these financial statements were available to be issued.

THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376
PENSION PLAN AND TRUST
ATTACHMENT TO SCHEDULE H, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Employer Identification Number: 06-0235810

Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
<u>Separate Accounts</u>				
Cash and cash equivalents:				
	Federated	Government Obligations Fund Premier Class	\$ 89,452	\$ 89,452
	Total cash and cash equivalents		<u>89,452</u>	<u>89,452</u>
Mutual funds:				
	T Rowe Price	Institutional Long Duration Credit Fund	2,481,401	2,282,030
	Vanguard	Total Bond Market Index Fund Admiral Shares	2,943,000	2,801,169
	Vanguard	Long-Term Treasury Index Fund Admiral Shares	230,800	205,229
	Total mutual funds		<u>5,655,201</u>	<u>5,288,428</u>
	Total investments		<u>\$ 5,744,653</u>	<u>\$ 5,377,880</u>

* Indicates party-in-interest to the Plan.

THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376
PENSION PLAN AND TRUST
ATTACHMENT TO SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**
Year Ended December 31, 2024

Employer Identification Number: 06-0235810
Plan Number: 002

(a) Identity of Party Involved	(b) Description of Asset	Number of Transactions	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/(Loss)
Series of Transactions Exceeding 5% of Plan Assets									
*Bank of America	Temporary Overnight Deposit	20	\$ 8,816,013	\$ -	N/A	\$ -	\$ 8,816,013	\$ 8,816,013	\$ -
*Bank of America	Temporary Overnight Deposit	17	\$ -	\$ 8,816,013	N/A	\$ -	\$ 8,816,013	\$ 8,816,013	\$ -
Federated	Government Obligations Fund Premier Class	18	\$ 6,300,620	\$ -	N/A	\$ -	\$ 6,300,620	\$ 6,300,620	\$ -
Federated	Government Obligations Fund Premier Class	19	\$ -	\$ 6,251,667	N/A	\$ -	\$ 6,251,667	\$ 6,251,667	\$ -
Single Transaction Exceeding 5% of Plan Assets									
Federated	Government Obligations Fund Premier Class	1	\$ 5,770,594	\$ -	N/A	\$ -	\$ 5,770,594	\$ 5,770,594	\$ -
Federated	Government Obligations Fund Premier Class	1	\$ -	\$ 3,173,800	N/A	\$ -	\$ 3,173,800	\$ 3,173,800	\$ -
Federated	Government Obligations Fund Premier Class	1	\$ -	\$ 2,481,400	N/A	\$ -	\$ 2,481,400	\$ 2,481,400	\$ -
T Rowe Price	Institutional Long Duration Credit Fund	1	\$ 2,481,401	\$ -	N/A	\$ -	\$ 2,481,401	\$ 2,481,401	\$ -
Vanguard	Total Bond Market Index Fund Admiral Shares	1	\$ 2,943,000	\$ -	N/A	\$ -	\$ 2,943,000	\$ 2,943,000	\$ -
*Bank of America	Temporary Overnight Deposit	1	\$ 5,770,594	\$ -	N/A	\$ -	\$ 5,770,594	\$ 5,770,594	\$ -
*Bank of America	Temporary Overnight Deposit	1	\$ -	\$ 5,770,594	N/A	\$ -	\$ 5,770,594	\$ 5,770,594	\$ -
*Bank of America	Temporary Overnight Deposit	1	\$ 2,250,600	\$ -	N/A	\$ -	\$ 2,250,600	\$ 2,250,600	\$ -
*Bank of America	Temporary Overnight Deposit	1	\$ -	\$ 2,609,453	N/A	\$ -	\$ 2,609,453	\$ 2,609,453	\$ -
American Funds	The Bond Fund of America Class F-2	1	\$ -	\$ 397,612	N/A	\$ -	\$ 375,175	\$ 397,612	\$ 22,437
iShares	S&P 500 Value ETF	1	\$ -	\$ 281,755	N/A	\$ 8	\$ 108,650	\$ 281,755	\$ 173,105
iShares	Russell 1000 Growth ETF	1	\$ -	\$ 304,433	N/A	\$ 8	\$ 78,263	\$ 304,433	\$ 226,170
iShares	US Technology ETF	1	\$ -	\$ 422,766	N/A	\$ 12	\$ 117,473	\$ 422,766	\$ 305,293
Vanguard	Core Bond Fund Admiral Shares	1	\$ -	\$ 797,435	N/A	\$ 25	\$ 826,918	\$ 797,435	\$ (29,483)
Vanguard	Growth ETF	1	\$ -	\$ 405,834	N/A	\$ 11	\$ 143,081	\$ 405,834	\$ 262,753
Vanguard	Whitehall Funds High Dividend Yield ETF	1	\$ -	\$ 283,701	N/A	\$ 8	\$ 158,575	\$ 283,701	\$ 125,126

* Represents party-in-interest to the Plan.

** Transactions or series of transactions in excess of 5% of the current value of the Plan's assets as of January 1, 2024 as defined in Section 2520.103-6 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA.

THE ABBOTT BALL COMPANY
UAW-AFL-CIO LOCAL NO. 376 PENSION PLAN

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS

COST METHOD

In accordance with PPA, the annual cost is equal to the target normal cost plus the shortfall amortization charge minus any prefunding and carryover balances.

Unit Credit method. The normal cost is the sum of the individual normal costs for active participants. The normal cost for an individual is the present value, as of the valuation date, of the participant's retirement, death, and withdrawal benefits which he is expected to accrue during the current plan year.

The actuarial accrued liability is the sum of the individual present values, for all participants, of the benefits accrued, based on service to the valuation date.

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities specific to your pension plan. These inputs include economic and non-economic assumptions, plan provisions and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.

ACTUARIAL ASSUMPTIONS

Interest Rates

Without Adjusted Interest Rates under Funding Relief:

Liabilities are valued using the three segment rates based on the 24-month average of the corporate bond yield curve published by the Secretary of the Treasury for the applicable month of September 2023.

With Adjusted Interest Rates under Funding Relief:

The interest rates are the adjusted 24-month segment rates using 25-year average segment rate corridors of 95% to 105% per Funding Relief.

PBGC Premiums and LDRM:

The Plan Sponsor is using the Alternative Method to determine the Variable Rate Premium.

	Without Adjusted Interest Rates	With Adjusted Interest Rates	PBGC Premiums & LDRM
Segment 1 (0 to 5 years)	3.62%	4.75%	3.62%
Segment 2 (5 to 20 years)	4.46%	4.87%	4.46%
Segment 3 (20+ years)	4.52%	5.59%	4.52%
Effective Rate	4.41%	5.05%	4.41%

THE ABBOTT BALL COMPANY
UAW-AFL-CIO LOCAL NO. 376 PENSION PLAN

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

Pre-Retirement*Mortality Assumption*

Non-Disabled – 2024 Optional Combined Table provided in IRC Regulation §1.430(h)(3)-1(e)

Disabled – 2024 Optional Combined Table provided in IRC Regulation §1.430(h)(3)-1(e)

Salary Projection – None

Social Security Wage Base Increases – None

Retirement Age – 65

Expense Load – \$2,000

Lump Sums – 0% of the population are assumed to take a lump sum

Disability Rates – None

Withdrawal Rates – See withdrawal rates in table below

<u>Age</u>	<u>Withdrawal</u>	
	<u>Male</u>	<u>Female</u>
20	5.000%	5.000%
25	5.000%	5.000%
30	3.750%	3.750%
35	2.250%	2.250%
40	1.250%	1.250%
45	0.750%	0.750%
50	0.000%	0.000%
55	0.000%	0.000%
60	0.000%	0.000%

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Post-Retirement*Mortality Assumption*

Post-decrement/retirement – 2024 Optional Combined Table provided in IRC Regulation §1.430(h)(3)-1(e)

Cost of Living Increase – None

THE ABBOTT BALL COMPANY
UAW-AFL-CIO LOCAL NO. 376 PENSION PLAN

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

RATIONALE FOR ASSUMPTIONS

1. Prescribed Assumptions: The Interest Rates and Mortality Assumptions are prescribed by the IRS and/or Plan Sponsor elections.
2. The Retirement, Withdrawal, and Disability Assumptions were chosen based on an industry experience.
3. The Expected Return on Plan Assets assumption was chosen based on discussion with the Plan Sponsor and on expected future experience.

In our opinion, the assumptions selected are not expected to have a significant bias. That is, the results shown should not be overly optimistic or pessimistic.

ASSET VALUATION

Current market value of plan assets as reported by the trustee, plus accrued contributions.

Expected Return on Assets for IRC 430, for FASB ASC 960 and FASB 715

Valuation expected return on assets is mandated by PPA. The expected return for the actuarial value of assets, as well as the expected return on the market value of assets for ASC 960 and ASC 715 purposes is determined based on the assumption described below.

The return reflects the anticipated gross long-term rate of return on plan assets based on the Plan's current and expected future asset portfolio, as supported by the Plan's investment manager.

This reflects consideration of the following factors:

- Current yields of fixed income securities (government and corporate)
- Forecasts of inflation, GDP growth, and total returns for each asset class
- Historical and current investment data
- Historical plan performance
- Investment policy
- Effect of reinvestment
- Investment volatility
- Investment manager performance
- Investment and other administrative expenses paid from plan assets

THE ABBOTT BALL COMPANY
UAW-AFL-CIO LOCAL NO. 376 PENSION PLAN

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

PLAN SPONSOR ELECTIONS

The plan sponsor has elected to use the three segment rates based on the 24-month average of the corporate bond yield curve with a 4-month look-back.

The Sponsor has elected to use the Market Value of Assets for the Actuarial Asset Valuation Method.

The plan sponsor elected to use the Alternative method to value liabilities for the variable premium calculation during the 2020 premium payment year. This election cannot be changed until the 2025 premium payment year.

Credit Balances – Excess contributions plus interest for the 2023 plan year in the amount of \$0 was elected to be added to the prefunding balance.

The voluntary reduction of the funding standard carryover balance was \$0.

The voluntary reduction of the prefunding balance was \$0.

\$45,236 of the prefunding balance was used to offset the 2023 plan year contribution.

ATTRIBUTION PARAMETERS

Attribution parameters determine how growth in the benefit formula is allocated to years of service. Because the plan is frozen, there is no further attribution; all benefits are included in the accrued liability as of the valuation date.

ACCRUED AND VESTED BENEFITS

Vested benefits are based on the Plan Document vesting schedule based on years of service. Please refer to the Summary of Plan Provisions section of this report for requirements for particular benefits.

Early retirement subsidies are only valued once participants become eligible by meeting the specified requirements.

Disability and death benefits (other than the qualified pre-retirement survivor annuity) are not treated as vested benefits for liability calculation purposes.

THE ABBOTT BALL COMPANY
UAW-AFL-CIO LOCAL NO. 376 PENSION PLAN

SUMMARY OF PLAN PROVISIONS

<u>Effective Date</u>	1/1/1957
<u>Plan Year Beginning</u>	1/1/2024
<u>Eligibility</u> Requirements	Frozen as of 6/30/2012 Minimum age 0 Minimum months of Service: 0
Eligible Class:	Member of Local 376 bargaining unit
Entry Date	1/1 coinciding with or next following the date the requirements are met
<u>Normal Retirement Date</u>	The first day of the month coinciding with or next following attainment of age 65
<u>Normal Retirement Benefit</u> Benefit Formula	\$34 monthly times year of service, frozen on 6/30/2012
Normal Form of Benefit	Single: Life Annuity Married: 50% Joint and Survivor Annuity
Optional Forms of Benefit	Life Annuity, 10 Year Certain and Life Annuity, 50%, 66.67%, 75% and 100% Joint and Survivor
Optional Forms Conversion	1971 Group Annuity Mortality Table for Males, (-2,-2), 6.00%
Accrued Benefit	Normal Retirement Benefit based on service to date
<u>Early Retirement Benefit</u>	Minimum Age 60 Minimum Service 5 Years Benefit Amount: Accrued Benefit, reduced by .6% for each month by which early retirement precedes normal retirement
<u>Pre-Retirement Death Benefit</u>	Minimum Age 60 Minimum Service 5 Years Maximum of life Annuity to spouse equal to 50% of the accrued benefit or the REA minimum survivor annuity.
<u>Disability Benefit</u>	Minimum Age 45 Minimum Service 5 Years Immediate annuity equal to 100% of the accrued benefit

THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376 PENSION PLAN

Age and Service Distribution as of January 1, 2024

Years of Credited Service

Attained Age	<u>Under 1</u> No.	<u>1 to 4</u> No.	<u>5 to 9</u> No.	<u>10 to 14</u> No.	<u>15 to 19</u> No.	<u>20 to 24</u> No.	<u>25 to 29</u> No.	<u>30 to 34</u> No.	<u>35 to 39</u> No.	<u>40 & up</u> No.
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0
40 to 44	1	1	0	0	0	0	0	0	0	0
45 to 49	0	1	1	0	1	0	0	0	0	0
50 to 54	0	0	3	1	0	0	0	0	0	0
55 to 59	0	0	1	2	2	1	0	0	0	0
60 to 64	0	0	2	1	0	0	1	0	0	0
65 to 69	0	0	0	0	0	0	0	0	1	0
70 & up	0	0	0	0	0	1	0	0	0	0

THE ABBOTT BALL COMPANY
UAW-AFL-CIO LOCAL NO. 376 PENSION PLAN

DEVELOPMENT OF SHORTFALL AMORTIZATION CHARGE AS OF 1/1/2024

(A) 1st Segment Rate		4.75%	
2nd Segment Rate		4.87%	
3rd Segment Rate		5.59%	
(B) Funding Target		5,559,521	
(C) Adjusted Plan Assets			
(1) Actuarial Assets		5,600,997	
(2) Funding Standard Carryover Balance		0	
(3) Prefunding Balance (PFB)		27,657	
(4) Adjusted Assets: (1) - (2) - (3), not less than 0		5,573,340	
(D) Funding Shortfall: (B) - (C)(4), not less than 0		0	
(E) Current Shortfall Amortization Installments			
(1)	(2)	(3)	(4)
<u>Year Established</u>	<u>Installment Amount</u>	<u>Years Remaining</u>	<u>Present Value</u>
	None		
(F) Exemption from New Shortfall Amortization Base			
The Plan is exempt from a new shortfall amortization base if the assets, adjusted by the prefunding balance (if used to reduce the minimum required contribution) are greater than or equal to the funding target.			
(1) Shortfall Funding Target: (B)		5,559,521	
(2) The PFB, if used to reduce the minimum required contribution, otherwise 0		0	
Your plan is exempt from a new shortfall amortization base.			
(G) Shortfall Amortization Base			
(1) Adjusted Funding Shortfall: (F)(1) – (C)(4), not less than 0		0	
(2) New Current Year Base: (G)(1) - (E)(4)(Total), or 0 if exempt		0	
(3) Fifteen-Year Installment Amount		0	
(H) Shortfall Amortization Charge: (E)(2)(Total) + (G)(3), not less than 0		0	

THE ABBOTT BALL COMPANY
UAW-AFL-CIO LOCAL NO. 376 PENSION PLAN

Schedule SB, line 22 – Description of Weighted Average Retirement Age
EIN: 06-0235810 Plan No.: 002

100% of the population is assumed to retire at age 65

**SCHEDULE SB
(Form 5500)**

**Single-Employer Defined Benefit Plan
Actuarial Information**

OMB No. 1210-0110

2024

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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).

This Form is Open to Public Inspection

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 The Abbott Ball Company UAW-AFL-CIO Local No. 376 Pension Plan	B Three-digit plan number (PN) ▶	002
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C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Abbott Ball Company	D Employer Identification Number (EIN) 06-0235810
---	---

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 1 Day 1 Year 2024

2 Assets:	
a Market value.....	2a 5,600,997
b Actuarial value.....	2b 5,600,997

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.....	66	3,957,022	3,957,022
b For terminated vested participants.....	18	495,987	495,987
c For active participants.....	23	1,106,512	1,106,512
d Total.....	107	5,559,521	5,559,521


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** 5.05 %

6 Target normal cost.....	
a Present value of current plan year accruals.....	6a 0
b Expected plan-related expenses.....	6b 2,000
c Target normal cost.....	6c 2,000

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		<u>8/21/2025</u>
	Signature of actuary	Date

Bill Beck, EA	23-06566
Type or print name of actuary	Most recent enrollment number
USI Consulting Group	(860) 633-5283
Firm name	Telephone number (including area code)
95 Glastonbury Blvd., Suite 102	
Glastonbury CT 06033-1296	
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

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	69,084
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	45,236
9	Amount remaining (line 7 minus line 8)	0	23,848
10	Interest on line 9 using prior year's actual return of <u>15.97</u> %	0	3,809
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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>5.15</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
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	27,657

Part III Funding Percentages

14 Funding target attainment percentage	14	100.24%
15 Adjusted funding target attainment percentage	15	100.74%
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	91.58%
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	
Totals ▶			18(b)	0	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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 65

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 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? 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**

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 6c)	31a	2,000
b Excess assets, if applicable, but not greater than line 31a	31b	2,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....		

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** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376
PENSION PLAN AND TRUST
ATTACHMENT TO SCHEDULE H, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Employer Identification Number: 06-0235810

Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
<u>Separate Accounts</u>				
Cash and cash equivalents:				
	Federated	Government Obligations Fund Premier Class	\$ 89,452	\$ 89,452
	Total cash and cash equivalents		<u>89,452</u>	<u>89,452</u>
Mutual funds:				
	T Rowe Price	Institutional Long Duration Credit Fund	2,481,401	2,282,030
	Vanguard	Total Bond Market Index Fund Admiral Shares	2,943,000	2,801,169
	Vanguard	Long-Term Treasury Index Fund Admiral Shares	230,800	205,229
	Total mutual funds		<u>5,655,201</u>	<u>5,288,428</u>
	Total investments		<u>\$ 5,744,653</u>	<u>\$ 5,377,880</u>

* Indicates party-in-interest to the Plan.

THE ABBOTT BALL COMPANY UAW-AFL-CIO LOCAL NO. 376
PENSION PLAN AND TRUST
ATTACHMENT TO SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**
Year Ended December 31, 2024

Employer Identification Number: 06-0235810
Plan Number: 002

(a) Identity of Party Involved	(b) Description of Asset	Number of Transactions	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/(Loss)
Series of Transactions Exceeding 5% of Plan Assets									
*Bank of America	Temporary Overnight Deposit	20	\$ 8,816,013	\$ -	N/A	\$ -	\$ 8,816,013	\$ 8,816,013	\$ -
*Bank of America	Temporary Overnight Deposit	17	\$ -	\$ 8,816,013	N/A	\$ -	\$ 8,816,013	\$ 8,816,013	\$ -
Federated	Government Obligations Fund Premier Class	18	\$ 6,300,620	\$ -	N/A	\$ -	\$ 6,300,620	\$ 6,300,620	\$ -
Federated	Government Obligations Fund Premier Class	19	\$ -	\$ 6,251,667	N/A	\$ -	\$ 6,251,667	\$ 6,251,667	\$ -
Single Transaction Exceeding 5% of Plan Assets									
Federated	Government Obligations Fund Premier Class	1	\$ 5,770,594	\$ -	N/A	\$ -	\$ 5,770,594	\$ 5,770,594	\$ -
Federated	Government Obligations Fund Premier Class	1	\$ -	\$ 3,173,800	N/A	\$ -	\$ 3,173,800	\$ 3,173,800	\$ -
Federated	Government Obligations Fund Premier Class	1	\$ -	\$ 2,481,400	N/A	\$ -	\$ 2,481,400	\$ 2,481,400	\$ -
T Rowe Price	Institutional Long Duration Credit Fund	1	\$ 2,481,401	\$ -	N/A	\$ -	\$ 2,481,401	\$ 2,481,401	\$ -
Vanguard	Total Bond Market Index Fund Admiral Shares	1	\$ 2,943,000	\$ -	N/A	\$ -	\$ 2,943,000	\$ 2,943,000	\$ -
*Bank of America	Temporary Overnight Deposit	1	\$ 5,770,594	\$ -	N/A	\$ -	\$ 5,770,594	\$ 5,770,594	\$ -
*Bank of America	Temporary Overnight Deposit	1	\$ -	\$ 5,770,594	N/A	\$ -	\$ 5,770,594	\$ 5,770,594	\$ -
*Bank of America	Temporary Overnight Deposit	1	\$ 2,250,600	\$ -	N/A	\$ -	\$ 2,250,600	\$ 2,250,600	\$ -
*Bank of America	Temporary Overnight Deposit	1	\$ -	\$ 2,609,453	N/A	\$ -	\$ 2,609,453	\$ 2,609,453	\$ -
American Funds	The Bond Fund of America Class F-2	1	\$ -	\$ 397,612	N/A	\$ -	\$ 375,175	\$ 397,612	\$ 22,437
iShares	S&P 500 Value ETF	1	\$ -	\$ 281,755	N/A	\$ 8	\$ 108,650	\$ 281,755	\$ 173,105
iShares	Russell 1000 Growth ETF	1	\$ -	\$ 304,433	N/A	\$ 8	\$ 78,263	\$ 304,433	\$ 226,170
iShares	US Technology ETF	1	\$ -	\$ 422,766	N/A	\$ 12	\$ 117,473	\$ 422,766	\$ 305,293
Vanguard	Core Bond Fund Admiral Shares	1	\$ -	\$ 797,435	N/A	\$ 25	\$ 826,918	\$ 797,435	\$ (29,483)
Vanguard	Growth ETF	1	\$ -	\$ 405,834	N/A	\$ 11	\$ 143,081	\$ 405,834	\$ 262,753
Vanguard	Whitehall Funds High Dividend Yield ETF	1	\$ -	\$ 283,701	N/A	\$ 8	\$ 158,575	\$ 283,701	\$ 125,126

* Represents party-in-interest to the Plan.

** Transactions or series of transactions in excess of 5% of the current value of the Plan's assets as of January 1, 2024 as defined in Section 2520.103-6 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA.