

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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.) [x] 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: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: GERRESHEIMER GLASS SALARIED RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1994
2a Plan sponsor's name (employer, if for a single-employer plan): GERRESHEIMER GLASS INC.
2b Employer Identification Number (EIN): 22-2784102
2c Plan Sponsor's telephone number: 856-896-6260
2d Business code (see instructions): 327210

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

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>GERRESHEIMER GLASS SALARIED RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GERRESHEIMER GLASS INC.</u>	D Employer Identification Number (EIN) <u>22-2784102</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 type="checkbox"/> 101-500 <input checked="" 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>4870632</u>
	b Actuarial value	2b	<u>5024755</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>87</u>	<u>3122216</u>
	b For terminated vested participants	<u>37</u>	<u>1435984</u>
	c For active participants	<u>12</u>	<u>781902</u>
	d Total	<u>136</u>	<u>5340102</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>5.13 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>98500</u>
	c Target normal cost	6c	<u>98500</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>09/16/2025</u>	Date
	<u>CURT EVANS</u>	<u>23-05239</u>	Most recent enrollment number
	Type or print name of actuary	<u>215-561-1143</u>	Telephone number (including area code)
	<u>BROWN & BROWN INSURANCE SVCS, INC.</u>		
	Firm name		
	<u>300 CONSHOHOCKEN STATE ROAD SUITE 650 WEST CONSHOHOCKEN, PA 19428</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	55812
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	55812
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>15.03</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		83921
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>5.08</u> %		1428
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		8389
c	Total available at beginning of current plan year to add to prefunding balance		93738
d	Portion of (c) to be added to prefunding balance		93738
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	93738

Part III Funding Percentages			
14	Funding target attainment percentage	14	91.76 %
15	Adjusted funding target attainment percentage	15	91.76 %
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	87.80 %
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		
01/10/2025	32000	0					
09/15/2025	20000	0					
			Totals ▶	18(b)	52000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0	
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 48768	
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(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: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b

22 Weighted average retirement age **22** 62

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	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	98500
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	442558	43579
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	142079
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	93369
36 Additional cash requirement (line 34 minus line 35)	36	48710
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	48768

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

a Total (excess, if any, of line 37 over line 36)	38a	58
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	58

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.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

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

A Name of plan GERRESHEIMER GLASS SALARIED RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GERRESHEIMER GLASS INC.	D Employer Identification Number (EIN) 22-2784102	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BROWN & BROWN INSURANCE SVCS INC. 300 CONSHOCKEN STATE ROAD
SUITE 650
WEST CONSHOCKEN, PA 19428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	73930	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)

FIDUCIENT ADVISORS 100 NORTHFIELD DRIVE
WINDSOR, CT 06095

(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?
27 50	NONE	9590	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)

PRINCIPAL BANK 510 N VALLEY MILLS DRIVE
SUITE 400
WACO, TX 76710

(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?
29 28 50 62 99	NONE	6641	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"/>

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)

PKF O'CONNOR DAVIES LLP

27-1728945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	1820	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"/>

(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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GERRESHEIMER GLASS SALARIED RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GERRESHEIMER GLASS INC.	D Employer Identification Number (EIN) 22-2784102

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	231000	52000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	234	279
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	72970	617646
(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)	4570661	3040333
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	4874865	3710258
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	4874865	3710258

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)	52000	
(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)		52000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5260	
(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)		5260
(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)	118854	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		118854
(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)		
(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)		303909
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		480023

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2076155	
(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)		2076155
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)	1248	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	1820	
(5) Investment advisory and investment management fees	2i(5)	9590	
(6) Bank or trust company trustee/custodial fees	2i(6)	5393	
(7) Actuarial fees	2i(7)	73930	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	38317	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		130298
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2206453

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1726430
l Transfers of assets:			
(1) To this plan	2l(1)		561823
(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: PKF O'CONNOR DAVIES, LLP

(2) EIN: 27-1728945

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		10000000
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 556461.

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.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

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

A Name of plan <u>GERRESHEIMER GLASS SALARIED RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GERRESHEIMER GLASS INC.</u>	D Employer Identification Number (EIN) <u>22-2784102</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): 04-3581074 56-0898180

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	62
----------------------------------------------------------------------------------------------------------------------------------	---	----

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 _____.

**Gerresheimer Glass
Salaried Retirement Plan**

Financial Statements

December 31, 2024 and 2023

Independent Auditors' Report

The Participants and Plan Administrator Gerresheimer Glass Salaried Retirement Plan

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

We have performed audits of the accompanying financial statements of Gerresheimer Glass Salaried Retirement Plan (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 benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, 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 and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 5 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 ERISA Section 103(a)(3)(C).

The Participants and Plan Administrator
Gerresheimer Glass Salaried Retirement Plan
Page 2

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, 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 that 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.

The Participants and Plan Administrator
Gerresheimer Glass Salaried Retirement Plan
Page 3

- 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 schedules (1) Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and (2) Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary 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.

The Participants and Plan Administrator
Gerresheimer Glass Salaried Retirement Plan
Page 4

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 its 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, is 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).

PKF O'Connor Davies, LLP

October 14, 2025

**Gerresheimer Glass
Salaried Retirement Plan**

Statements of Net Assets Available for Benefits

	December 31,	
	2024	2023
ASSETS		
Investments, at fair value		
Mutual funds	\$ 3,040,333	\$ 4,570,661
Money market fund	617,646	72,970
Total Investments, at Fair Value	3,657,979	4,643,631
Accrued income	279	234
Employer contributions receivable	52,000	231,000
Total Assets	3,710,258	4,874,865
LIABILITIES	-	-
Net Assets Available for Benefits	\$ 3,710,258	\$ 4,874,865

**Gerresheimer Glass
Salaried Retirement Plan**

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2024	2023
ADDITIONS		
Investment Income		
Net appreciation in fair value of investments	\$ 303,909	\$ 532,239
Interest and dividends	124,114	101,869
Total Investment Income	428,023	634,108
Employer contributions	52,000	231,000
Total Additions	480,023	865,108
DEDUCTIONS		
Benefits paid to participants	2,076,155	344,915
Administrative fees	130,298	145,124
Total Deductions	2,206,453	490,039
Net Increase (Decrease)	(1,726,430)	375,069
Transfer from related plan	561,823	-
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	4,874,865	4,499,796
End of year	\$ 3,710,258	\$ 4,874,865

Gerresheimer Glass Salaried Retirement Plan

Notes to Financial Statements
December 31, 2024 and 2023

1. Description of the Plan

The following description of the Gerresheimer Glass Salaried Retirement Plan (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 defined benefit pension plan covering full-time salaried participants of Gerresheimer Glass Inc. (the "Company").

On June 30, 2001, the Plan was frozen to new participants and as of that date, certain participants continued accruing benefits for increasing years of service through December 31, 2004. All active participants continued to accrue benefits for salary increases through December 31, 2012, when the Plan experienced a complete plan freeze. The Plan is expected to remain in existence as long as necessary to pay accrued benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

On July 1, 2019, Principal Financial Group completed their acquisition of Wells Fargo & Company's Institutional Retirement & Trust business. The acquisition includes Wells Fargo's defined contribution, defined benefit, executive deferred compensation, employee stock ownership plans, institutional trust and custody and institutional asset advisory businesses. As a result of this acquisition, the trustee of the Plan changed from Wells Fargo Bank, N.A. to Principal Trust Company on February 22, 2022.

Effective June 1, 2024, the Company approved an amendment the Plan which will distribute balances to all inactive participants in the Plan. In addition, a plan merger with a related employee benefit plan is expected to take place effective December 31, 2024. As of December 31, 2024, \$561,823 of asset have been transferred into the Plan for plan merger and \$1,717,593 of assets out for inactive participants. Subsequent to year-end, \$2,368 of assets were transferred into the Plan.

Pension Benefits

Participants with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to 1.212% of average annual earnings plus 0.176% of earnings in excess of the social security wage base, multiplied by credited service (maximum of 35 years) plus 0.5% of average annual earnings multiplied by years of credited service in excess of 35 years minus the greater of (a) 1.212% of average annual earnings plus 0.176% of earnings in excess of the social security wage base, multiplied by credited service through the Owens Illinois sale date (maximum of 35 years) plus 0.5% of average annual earnings multiplied by years of credited service through the Owens Illinois sale date in excess of 35 years or (b) \$192 multiplied by years of credited service. The Plan permits early retirement at ages 55-64 with 10 years or more of credited service. If participants terminate before rendering 5 years of service, they forfeit the right to receive their accumulated plan benefits. The normal form of benefit payment is a joint and 50% survivor annuity for married participants and the single life annuity for participants who are not married.

**Gerresheimer Glass
Salaried Retirement Plan**

Notes to Financial Statements
December 31, 2024 and 2023

1. Description of the Plan (continued)

Pension Benefits (continued)

A participant may elect to receive their accrued based benefit as a life annuity, a joint 50%, 75% or 100% survivor annuity or as lump-sum under certain circumstances. A participant whose present value of their accrued benefit is \$1,000 or less will receive a lump-sum distribution when eligible.

Death and Disability Benefits

If an active participant dies at age 35 or older and has at least 5 years of credited service, a death benefit equal to 25% of the value of the employee's accumulated pension benefit is paid to the participant's beneficiary. Active participants who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled. However, the Plan no longer credits any additional compensation on or after January 1, 2013, and no Credited Service is earned after June 30, 2001.

2. Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") which requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits and changes therein. Actual results could differ from those estimates.

Fair Value Measurements

The Plan follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

Pursuant to U.S. GAAP, alternative investment where fair value is measured using the Net Asset Value ("NAV") per share as a practical expedient is not categorized within the fair value hierarchy.

**Gerresheimer Glass
Salaried Retirement Plan**

Notes to Financial Statements
December 31, 2024 and 2023

2. Summary of Significant Accounting Policies (continued)

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. Shares of mutual and commingled funds are 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 ("SEC"). These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. The pricing method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Employer and are excluded from these financial statements. Administrative expenses paid by the Plan include contract fees. Investment related expenses are included in net appreciation in fair value of investments.

Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is October 14, 2025.

3. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits presented below is based upon the actuarial valuation prepared by the Plan's actuary, Brown and Brown Consulting, as of January 1, 2024 and January 1, 2023.

Accumulated plan benefits are those future payments, including periodic and lump-sum distributions that are attributable under the Plan's provisions to the years of service participants have rendered. Accumulated plan benefits include benefits expected to be paid to: (1) retired or terminated participants or their beneficiaries (2) beneficiaries or participants who have died, and (3) present participants or their beneficiaries. Benefits under the Plan are based on (a) the participants' highest earnings during the three consecutive calendar years of participating service before retirement, and (b) 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 through the date the Plan was frozen, as applicable.

**Gerresheimer Glass
Salaried Retirement Plan**

Notes to Financial Statements
December 31, 2024 and 2023

3. Actuarial Present Value of Accumulated Plan Benefits (continued)

The actuarial present value of accumulated plan benefits is that 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 such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant assumptions underlying the actuarial assumptions are:

- a. Mortality – The 2024 Non-Annuitant and Annuitant Mortality Tables as set forth under Treasury Regulation Section 1.43(h)(3)-1(e) for minimum and maximum funding and for PBGC premium purposes and the PRI-2012 White-Collar Employee, Healthy Annuitant, and Disabled Mortality Tables projected on a generational basis using Scale MP-2021 for Plan and corporate accounting purposes.
- b. Retirement age – Varying from ages 55 to 70
- c. Discount rate – 6.75% for 2024 and 2023
- d. Investment return – 6.75% for 2024 and 2023

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

The actuarial present value of accumulated plan benefits as of January 01, 2024 is as follows:

Vested Benefits

Active participants and participants with deferred benefits	\$ 1,978,972
Participants currently receiving benefit payments	2,890,629
Total Vested Benefits	<u>4,869,601</u>

Nonvested benefits	<u>31,732</u>
--------------------	---------------

Total Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 4,901,333</u></u>
---------------------------------------------------------------	----------------------------

**Gerresheimer Glass
Salaried Retirement Plan**

Notes to Financial Statements
December 31, 2024 and 2023

3. Actuarial Present Value of Accumulated Plan Benefits (continued)

The change in the actuarial present value of accumulated plan benefits for the period ended January 01, 2024, is as follows:

Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year	<u>\$ 4,970,670</u>
Increase (Decrease) During the Year Attributable to:	
Benefits accumulated and actuarial gains and losses	(49,156)
Change in average discount period	322,909
Benefit payments	(344,915)
Change in actuarial assumptions	<u>1,825</u>
Net Decrease	<u>(69,337)</u>
Actuarial Present Value of Accumulated Plan Benefits, End of Year	<u>\$ 4,901,333</u>

4. Funding Policy

The Company's funding policy is to make contributions to the Plan as determined by the Plan's independent actuary so that all participants' benefits will be fully provided by the time they retire. In addition, the Company's policy is to contribute to the Plan not less than the minimum funding requirements of ERISA and not more than the maximum tax-deductible amount permitted by the Internal Revenue Code (the "Code"). No employee contributions are permitted. The minimum funding requirements of ERISA were met for 2024 and 2023.

Although it has not expressed any intentions to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

5. Certified Information (Unaudited)

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules (1) Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) and (2) Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions including investments held at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments, interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Principal Trust Company, a qualified institution.

**Gerresheimer Glass
Salaried Retirement Plan**

Notes to Financial Statements
December 31, 2024 and 2023

6. Investments

The following are the major categories of investments measured at fair value on a recurring basis at December 31, grouped by the fair value hierarchy:

	<u>2024</u>	<u>2023</u>
	Level 1	Level 1
Mutual funds	\$ 3,040,333	\$ 4,570,661
Money market fund	<u>617,646</u>	<u>72,970</u>
Total Investments at Fair Value	<u>\$ 3,657,979</u>	<u>\$ 4,643,631</u>

7. Concentrations

The following investments represent 10% or more of the Plan's net assets available for benefits at December 31:

	<u>2024</u>	<u>2023</u>
Vanguard Long Term Investment Grade Admiral Class	\$ 1,433,168	\$ *
All Spring Government Money Market Fund	617,646	*
Vanguard Total Bond Market Index Fund I	535,733	*
Vanguard 500 Index Fund	342,919	1,301,193
Hartford International Opportunities Fund	*	916,935
Western Asset Cora Plus Bond Fund	*	611,506
Prudential Total Return Bond Fund	*	608,591

*Investment was less than 10%.

8. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former participants or their beneficiaries have been receiving for at least three years, or annuity benefits that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed below).

**Gerresheimer Glass
Salaried Retirement Plan**

Notes to Financial Statements
December 31, 2024 and 2023

8. Plan Termination (*continued*)

3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions.

However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for those benefits and may also depend on the level of benefits guaranteed by the PBGC.

9. Pension Benefit Guaranty Corporation (PBGC)

A provision of Title IV of ERISA established the PBGC which administers a program to ensure the continued payment to participants and beneficiaries of certain benefits if the Plan terminates. In general, the PBGC guarantees the payment of all nonforfeitable basic benefits to which the participant is entitled under terms of the Plan, to the termination date. These payments are subject to specified statutory limitations based on the amount of an individual's monthly benefit.

10. Tax Status

The Plan has received its latest determination letter from the Internal Revenue Service on December 12, 2013, stating that the Plan is qualified under Section 401(a) of the Code and, as such, is exempt from Federal income taxation. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, the Plan administrator believes that the Plan is qualified and the related trust is tax-exempt as of the financial statement date.

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

11. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks.

**Gerresheimer Glass
Salaried Retirement Plan**

Notes to Financial Statements
December 31, 2024 and 2023

11. Risks and Uncertainties (continued)

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 statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions 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.

12. Plan Administration

Plan's assets are administered by Principal Trust Company. Contributions are held and managed by Principal Trust Company, as the trustee, who invests cash received and investment income and makes distributions. Certain administrative functions are performed by officials and participants of the Company. No such officer or employee receives compensation from the Plan.

13. Related Party and Party-in-Interest Transactions

Principal Trust Company is the trustee as defined by the Plan, and therefore transactions with these entities qualify as party-in-interest transactions. Principal Trust Company holds and invests the Plan's investments along with the investments of one other benefit plan sponsored by the Company. Administrative fees paid to Principal Trust Company for the years ended December 31, 2024 and 2023 were \$5,393 and \$5,040.

During 2024, the plan received a transfer of \$561,823 from a related employee benefit plan for benefit payments.

* * * * *

GERRESHEIMER GLASS SALARIED RETIREMENT PLAN

EIN: 22-2784102; PN: 001

2024 Schedule SB Attachment, Line 26a - Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 40	40 & up
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49		1								
50 to 54		1								
55 to 59		1		1						
60 to 64			1	2	1	2				
65 to 69		1				1				
70 & up										
Total	0	4	1	3	1	3	0	0	0	0

GERRESHEIMER GLASS SALARIED RETIREMENT PLAN
EIN: 22-2784102; PN: 001
2024 SCHEDULE SB ATTACHMENT, PART V – STATEMENT OF ACTUARIAL
ASSUMPTIONS/METHODS

Actuarial Methods

Actuarial Cost Method

The actuarial cost method used to determine the Plan's funding requirements is the Unit Credit method. Under this method, the funding target is the actuarial present value of accrued benefits as of the valuation date for all participants. The target normal cost is the actuarial present value of benefits expected to accrue in the current Plan year for each active participant under the assumed retirement age.

Asset Valuation Method

Plan assets used to determine the Plan's funding requirements are equal to a 3-year averaged fair market value of assets. Under this asset valuation method, Plan assets are equal to the average of (1) the adjusted fair market value of assets based on the December 31, 2021 market value of assets modified to reflect 2022 and 2023 distributions, contributions and expected investment income, (2) the adjusted fair market value of assets based on the December 31, 2022 market value of assets modified to reflect 2023 distributions, contributions and expected investment income and (3) the fair market value of assets as of the current Plan year. Expected investment income for the 2024 Plan year is based on a 6.75% return, net of investment expenses, limited to 5.59%, and for the 2023 Plan year was based on a 6.75% return, net of investment expenses, limited to 5.74%, and for the 2022 Plan year was based on a 6.75% return, net of investment expenses, limited to 5.92%. The resulting value cannot be less than 90%, nor greater than 110%, of the fair market value of assets.

Changes Since Prior Valuation

None.

GERRESHEIMER GLASS SALARIED RETIREMENT PLAN
EIN: 22-2784102; PN: 001
2024 SCHEDULE SB ATTACHMENT, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Assumptions

Discount Rate The corporate bond yield curve with 1-month lookback for determining Plan's minimum and maximum funding requirements.

Mortality 2024 Non-Annuitant and Annuitant Mortality Tables as set forth in Treasury Regulation Section 1.430(h)(3)-1(e) for minimum and maximum funding purposes.

Termination Illustrative sex-distinct rates of termination for representative ages are shown below:

<u>Age</u>	<u>Males</u>	<u>Females</u>
25	19.86%	24.50%
35	6.53	9.88
45	3.12	4.74
55	1.20	2.06

Disability Illustrative rates of disability for representative ages are shown below:

<u>Age</u>	<u>Rates</u>
25	0.10%
35	0.15
45	0.20
55	0.95
60	1.55

Retirement Participants are assumed to retire in accordance with the following select and ultimate rates of retirement:

<u>Age</u>	<u>Less Than 30 Years of Credited Service</u>	<u>30 or more Years of Credited Service</u>
55	6.0%	9.0%
56	6.0	8.4
57	6.0	7.8
58	6.0	7.2
59	7.0	7.7
60	12.0	12.0
61	12.0	12.0
62	24.0	24.0
63	24.0	24.0
64	24.0	24.0
65	50.0	50.0

GERRESHEIMER GLASS SALARIED RETIREMENT PLAN
EIN: 22-2784102; PN: 001
2024 SCHEDULE SB ATTACHMENT, PART V – STATEMENT OF ACTUARIAL
ASSUMPTIONS/METHODS

66	25.0	25.0
67	25.0	25.0
68	25.0	25.0
69	25.0	25.0
70	100.0	100.0

Form of Payment Lump sum payment for those that retire from active service and a life annuity for deferred vested participants.

Basis for Lump Sum Distribution Amounts 2024 Applicable Mortality Table for IRC 417(e) Minimum Lump Sum Distributions and the Discount Rate.

Preretirement Spouse's Death Benefit 80% married, with wives 3 years younger than husbands.

Expenses For determining the plan's funding requirements, an amount equal to the current year's expected administrative expenses of \$98,500.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

Complete all entries in accordance with the instructions to the Form 5500.

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... [x] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [x] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan GERRESHEIMER GLASS SALARIED RETIREMENT PLAN 1b Three-digit plan number (PN) 001 1c Effective date of plan 01/01/1994 2a Plan sponsor's name (employer, if for a single-employer plan) GERRESHEIMER GLASS INC. 537 CRYSTAL AVENUE VINELAND NJ 08360 2b Employer Identification Number (EIN) 22-2784102 2c Plan Sponsor's telephone number 856-896-6260 2d Business code (see instructions) 327210

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Katy Kowalik, 10/14/2025, Katy Kowalik. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor GERRESHEIMER GLASS EMPLOYEE BENEFITS COMMITTEE 537 CRYSTAL AVENUE VINELAND NJ 08360	3b Administrator's EIN 22-2784102 3c Administrator's telephone number 856-896-6260
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

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	136
-------------------------------------------------------------------------	----------	-----

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 12
a(2) Total number of active participants at the end of the plan year	6a(2) 18
b Retired or separated participants receiving benefits	6b 45
c Other retired or separated participants entitled to future benefits	6c 10
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 73
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 6
f Total. Add lines 6d and 6e	6f 79
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
-------------------------------------------------------------------------------------------------------------------------------------	----------	--

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 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) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

**Gerresheimer Glass
Salaried Retirement Plan**

Schedule Pursuant to Department of Labor Requirements
Year Ended December 31, 2024

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

EIN #: 22-2784102
Plan #: 001

(a) Identity of Party Involved	(b) Description of Asset	Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
Category (i)—Single of Transactions in Excess of 5% of Plan Assets							
Principal Trust Company	Allspring Government Money Market Fund	1	-	1,755,000	1,755,000	1,755,000	-
Principal Trust Company	Allspring Government Money Market Fund	1	-	1,780,700	1,780,700	1,780,700	-
Principal Trust Company	Allspring Government Money Market Fund	1	-	561,823	561,823	561,823	-
Principal Trust Company	Hartford International Opportunities Fund	1	-	350,000	294,279	350,000	55,721
Principal Trust Company	PGIM Total Return Bond R-6	1	-	597,680	718,603	597,680	(120,923)
Principal Trust Company	Vanguard Total Bond Market Index Fund I	1	-	580,000	580,000	580,000	-
Principal Trust Company	Vanguard Total Bond Market Index Fund I	1	-	255,000	255,000	255,000	-
Principal Trust Company	Vanguard Total Bond Market Index Fund I	1	-	310,000	293,655	310,000	16,345
Principal Trust Company	Vanguard Long Term Investment Grade Admiral Class	1	-	1,500,000	1,500,000	1,500,000	-
Principal Trust Company	Vanguard Long Term Investment Grade Admiral Class	1	-	295,000	295,000	295,000	-
Principal Trust Company	Vanguard Long Term Investment Grade Admiral Class	1	-	500,000	500,000	500,000	-
Principal Trust Company	Vanguard Long Term Investment Grade Admiral Class	1	-	860,000	808,657	860,000	51,343
Principal Trust Company	Vanguard Short-Term Investment Grade Admiral Class	1	-	245,000	245,000	245,000	-
Principal Trust Company	Vanguard 500 Index	1	-	275,000	125,730	275,000	149,270
Principal Trust Company	Vanguard 500 Index	1	-	410,000	179,348	410,000	230,652
Principal Trust Company	Western Asset Core Plus F/C	1	-	589,424	719,401	589,424	(129,977)
Category (ii)—Series of Transactions in the Same Security in Excess of 5% of Plan Assets							
Principal Trust Company	Allspring Government Money Market Fund	18	2,893,756	-	2,893,756	2,893,756	-
Principal Trust Company	Allspring Government Money Market Fund	30	-	2,349,083	2,349,083	2,349,083	-
Principal Trust Company	Harbor Small Cap Growth	1	2,073	-	2,073	2,073	-
Principal Trust Company	Harbor Small Cap Growth	7	-	240,000	219,515	240,000	20,485
Principal Trust Company	Hartford International Opportunities Fund	1	3,353	-	3,353	3,353	-
Principal Trust Company	Hartford International Opportunities Fund	6	-	780,000	640,247	780,000	139,754
Principal Trust Company	Hartford Schoders Emerging Markets Equity Fund	1	1,144	-	1,144	1,144	-
Principal Trust Company	Hartford Schoders Emerging Markets Equity Fund	5	-	370,000	304,383	370,000	65,616
Principal Trust Company	PGIM Total Return Bond R-6	3	7,407	-	7,407	7,407	-
Principal Trust Company	PGIM Total Return Bond R-6	1	-	597,680	718,603	597,680	(120,923)
Principal Trust Company	Boston Partners Small Cap Value Fund	1	8,180	-	8,180	8,180	-
Principal Trust Company	Boston Partners Small Cap Value Fund	4	-	235,000	209,738	235,000	25,262
Principal Trust Company	Vanguard Total Bond Market Index Fund I	9	18,408	-	18,408	18,408	-
Principal Trust Company	Vanguard Total Bond Market Index Fund I	2	835,000	-	835,000	835,000	-
Principal Trust Company	Vanguard Total Bond Market Index Fund I	3	-	340,000	322,683	340,000	17,317
Principal Trust Company	Vanguard Long Term Investment Grade Admiral Class	9	59,774	-	59,774	59,774	-
Principal Trust Company	Vanguard Long Term Investment Grade Admiral Class	3	2,295,000	-	2,295,000	2,295,000	-
Principal Trust Company	Vanguard Long Term Investment Grade Admiral Class	3	-	935,000	879,652	935,000	55,348
Principal Trust Company	Vanguard Short-Term Investment Grade Admiral Class	9	8,781	-	8,781	8,781	-
Principal Trust Company	Vanguard Short-Term Investment Grade Admiral Class	3	485,000	-	485,000	485,000	-
Principal Trust Company	Vanguard Short-Term Investment Grade Admiral Class	2	-	190,000	186,602	190,000	3,398
Principal Trust Company	Vanguard 500 Index	4	9,783	-	9,783	9,783	-
Principal Trust Company	Vanguard 500 Index	7	-	1,169,783	521,637	1,169,783	648,145
Principal Trust Company	Western Asset Core Plus F/C	3	6,819	-	6,819	6,819	-
Principal Trust Company	Western Asset Core Plus F/C	1	-	589,424	719,401	589,424	(129,977)

There were no category (iii) or (iv) reportable transactions during the year ended December 31, 2024.

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
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

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 Gerresheimer Glass Salaried Retirement Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Gerresheimer Glass Inc.	D Employer Identification Number (EIN) 22-2784102	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	4,870,632
	b Actuarial value	2b	5,024,755
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	87	3,122,216
	b For terminated vested participants	37	1,435,984
	c For active participants	12	781,902
	d Total	136	5,340,102
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.13 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	98,500
	c Target normal cost	6c	98,500

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>9/16/2025</u> Date
	Curt Evans Type or print name of actuary	<u>23-05239</u> Most recent enrollment number
	Brown & Brown Ins. Services, Inc. Firm name	<u>(215) 561-1143</u> Telephone number (including area code)
	300 Conshohocken State Rd Suite 650 West Conshohocken PA 19428 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	55,812
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	55,812
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>15.03</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		83,921
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>5.08</u> %		1,428
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		8,389
c Total available at beginning of current plan year to add to prefunding balance		93,738
d Portion of (c) to be added to prefunding balance		93,738
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	93,738

Part III	Funding Percentages	
14 Funding target attainment percentage	14	91.76%
15 Adjusted funding target attainment percentage	15	91.76%
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	87.80%
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
01/10/2025	32,000				
09/15/2025	20,000				
			Totals ▶	18(b)	52,000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 48,768
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(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: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 98,500
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	442,558		43,579	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 142,079
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	93,369	93,369	
36 Additional cash requirement (line 34 minus line 35)				36 48,710
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 48,768
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 58
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 58
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

GERRESHEIMER GLASS SALARIED RETIREMENT PLAN

EIN: 22-2784102 / PN: 001

2024 SCHEDULE SB ATTACHMENT, LINE 22 - DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

<u>Retirement Age</u>	<u>Rates of Retirement</u>	<u>Weighted Age</u>
55	6%	3.3000
56	6%	3.1584
57	6%	3.0219
58	6%	2.8904
59	7%	3.2245
60	12%	5.2279
61	12%	4.6772
62	24%	8.3669
63	24%	6.4614
64	24%	4.9886
65	50%	8.0220
66	25%	2.0364
67	25%	1.5504
68	25%	1.1802
69	25%	0.8981
70	100%	<u>2.7335</u>
		62

GERRESHEIMER GLASS SALARIED RETIREMENT PLAN

EIN: 22-2784102; PN: 001

2024 SCHEDULE SB ATTACHMENT, PART V – SUMMARY OF PLAN PROVISIONS

(1) Eligibility for Participation

Salaried employees of Gerresheimer Glass Inc. (the “Company”) who were employed on January 1, 1994 (the “Effective Date”) became eligible to participate in the Plan on the Effective Date. Effective January 1, 1996, salaried employees of the Company are eligible to participate in the Plan on the January 1 or July 1 following the completion of 1000 hours of service during the first year of employment or in any current or subsequent calendar year. The plan was frozen to new participants on June 30, 2001.

(2) Definitions

Plan Year: January 1 through December 31.

Credited Service: Total service as a salaried employee measured from date of hire through June 30, 2001; however, a Participant who has attained age 52 with at least 27 years of service as of June 30, 2001, shall continue to be credited with additional service while he or she is a non-highly compensated employee until the earliest of June 30, 2004, age 60 or the completion of 30 years of Credited Service. Participants on the Company’s Salary Sick Leave Plan or the Long-Term Disability Plan with at least one year of Credited Service are considered employees.

Final Average Earnings: The average of total compensation for the highest three consecutive calendar years on or before December 31, 2012.

Joint Venture Participant: A Participant who terminated employment as of the formation of the Kimble Chase Life and Science Research Products LLC joint venture due to employment by such joint venture.

OI Participant: A Participant who was an employee of Gerresheimer Glass Inc. immediately prior to January 1, 1994 and was a Participant in the OI Salary or OI Hourly Plan.

OI Chicago Heights Participant: A Participant who was an employee of Owens-Brockway Glass Containers on March 31, 1999 and who was a Participant in the OI Salary or OI Hourly Plan.

Accrued Benefit: The accrued benefit is equal to the greater of \$192 times Years of Credited Service or (a) 1.212% of Final Average Earnings multiplied by Credited Service, not in excess of 35 years, plus (b) 0.176% of Final Average Earnings in excess of the Social Security Taxable Wage Base multiplied by Credited Service, not in excess

GERRESHEIMER GLASS SALARIED RETIREMENT PLAN

EIN: 22-2784102; PN: 001

2024 SCHEDULE SB ATTACHMENT, PART V – SUMMARY OF PLAN PROVISIONS

of 35 years, plus (c) 0.5% of Final Average Earnings times Credited Service in excess of 35 years.

Alternative Benefit for OI Participants and OI Chicago Heights Participants: The Accrued Benefit of an OI Participant or OI Chicago Heights Participant will not be less than the Accrued Benefit, taking into account Credited Service and Credited Earnings under the OI Salary Plan reduced by the Accrued Benefit earned under the OI Salary Plan. In determining the Accrued Benefit under the OI Salary Plan, the Final Average Earnings under the OI Salary Plan will be equal to the Final Average Earnings at the date of termination with the Company, subject to a maximum equal to the Final Average Earnings as of the December 31, 1993 (with respect to OI Participants) or March 31, 1999 (with respect to OI Chicago Heights Participants) increased at 6.5% for each full calendar year from the closing to the date of termination, compounded annually.

Benefit Formula for Joint Venture Participants: For purposes of determining a Joint Venture Participant's Final Average Earnings and for purposes of determining eligibility for an Early Retirement Benefit, Vested Benefit or a Death Benefit, the Plan will recognize compensation on or before December 31, 2012 and service earned by a Joint Venture Participant during employment with Kimble Chase Life Science and Research Products LLC provided that such compensation and service will be discontinued if the Participant commences his or her retirement benefit or terminates employment with Kimble Chase regardless if rehired by such entity.

(3) Normal Retirement Benefit

(a) Eligibility: Age 65.

(b) Benefit: Accrued Benefit as of the date of normal retirement.

(4) Early Retirement Benefit

(a) Eligibility: Age 55 and 10 Years of Credited Service.

(b) Benefit: Accrued Benefit as of the date of Early Retirement, reduced by 5/12% for each month that Early Retirement precedes age 60, but without reduction if the Participant has completed at least 30 Years of Credited Service.

GERRESHEIMER GLASS SALARIED RETIREMENT PLAN

EIN: 22-2784102; PN: 001

2024 SCHEDULE SB ATTACHMENT, PART V – SUMMARY OF PLAN PROVISIONS

- (5) Delayed Retirement Benefit
- (a) Eligibility: After Normal Retirement.
 - (b) Benefit: Accrued Benefit as of the date of postponed retirement.
- (6) Vested Benefit
- (a) Eligibility: 5 Years of Credited Service or a Joint Venture Participant.
 - (b) Benefit: Accrued Benefit determined at termination, payable at Normal Retirement, or as early as age 55, reduced actuarially for commencement preceding Normal Retirement.
- (7) Spouse's Benefit
- (a) Eligibility: An active full-time salaried employee or a participant on long-term disability who has attained age 35 with at least 5 years of service in the month in which death occurs, provided that the spouse has been married to the Participant for at least one year.
 - (b) Benefit: the more valuable benefit between an immediate monthly benefit payable for the life of the surviving spouse equal to 25% of monthly base pay at date of death or as of December 31, 2012, if earlier, and the Statutory Preretirement Death Benefit (if eligible). An Orphan Benefit of 5% of monthly base pay at date of death or as of December 31, 2012, if earlier, is payable to each orphan child of the Participant (subject to a maximum of 15%) until age 18, or age 22 if a full-time student.
- (8) Statutory Preretirement Death Benefit
- (a) Eligibility: a vested Participant with a surviving spouse who has been married to the Participant for the 12 month period preceding death.
 - (b) Benefit: minimum statutory qualified preretirement survivor annuity commencing on the month following the month in which the Participant would have reached the earliest retirement date.
- (9) Forms of Payment
- (a) Normal Form: Life annuity, if single; actuarially-reduced 50% joint and survivor annuity, if married.

GERRESHEIMER GLASS SALARIED RETIREMENT PLAN

EIN: 22-2784102; PN: 001

2024 SCHEDULE SB ATTACHMENT, PART V – SUMMARY OF PLAN PROVISIONS

- (b) Optional Forms: Life annuity; actuarially-reduced 50%, 75%, or 100% joint and survivor annuity; lump sum; and level income option (deferred vested participants are not eligible for a lump sum or level income option).
- (c) Actuarial Equivalence: Annuity optional form conversions are based on a 6% interest rate and the 1971 T.P.F.&C. Forecast Mortality Table (assuming a male participant and a female beneficiary, where the female table is setback six years from the male table). The actuarial reduction for joint and survivor annuities for married participants will not be less 90%, 85% and 80% for the 50%, 75% and 100% joint and survivor annuities, respectively. The preceding percentages are increased or decreased by 1% for each year the spouse is older or younger than the Participant, subject to a minimum reduction of 95% for the 50% and 75% options and 90% for the 100% option. Lump sum and level income option form conversions are based the IRC 417(e) applicable mortality table and applicable interest rate for the third month preceding the date of distribution.

Changes Since Prior Valuation

None.

**Gerresheimer Glass
Salaried Retirement Plan**

Supplemental Schedules
December 31, 2024

**Gerresheimer Glass
Salaried Retirement Plan**

Schedule Pursuant to Department of Labor Requirements
December 31, 2024

EIN: 22-2784102
Plan #001

Schedule H, Part IV, Line 4i - Schedule of Assets (Held At End of Year)

(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
		Shares/Units		
	Money Market Fund			
*	All Spring Government Money Market Fund	617,646	\$ 617,646	\$ 617,646
	Mutual Funds			
	Vanguard 500 Index Fund	632	139,504	342,919
	Hartford International Opportunities Fund	10,846	173,402	208,776
	Vanguard Long Term Investment Grade Admiral Class	190,328	1,475,121	1,433,168
	Vanguard Short-Term Investment Grade Admiral Class	29,877	307,177	308,035
	Hartford Schoders Emerging Markets Equity Fund	5,230	71,784	87,030
	Harbor Small Cap Growth Fund	4,263	54,937	60,109
	Vanguard Total Bond Market Index Fund I	56,512	530,726	535,733
	Boston Partners Small Cap Value Fund	2,484	60,854	64,563
	Total Mutual Funds		<u>2,813,505</u>	<u>3,040,333</u>
			<u>\$ 3,431,151</u>	<u>\$ 3,657,979</u>

* Denotes a party-in-interest as defined by ERISA
See independent auditors' report

GERRESHEIMER GLASS SALARIED RETIREMENT PLAN
EIN: 22-2784102; PN: 001
2024 SCHEDULE SB ATTACHMENT, LINE 32 – SCHEDULE OF AMORTIZATION
BASES

Shortfall Amortization Charge

The shortfall amortization charge is the sum of the shortfall amortization installments. The shortfall amortization installment is the level annual payment of the shortfall amortization base amortized over 15 years based on interest rates in effect for the first 14 years. The shortfall amortization charge as of the valuation date for the current plan year is shown below.

Original Shortfall Amortization <u>Base</u>	Inception <u>Date</u>	Shortfall Amortization Balance on <u>1/1/2024</u>	Remaining <u>Years</u>	Shortfall Amortization <u>Installment</u>
\$ 679,683	1/1/2023	\$ 650,147	14	\$ 62,696
(207,589)	1/1/2024	<u>(207,589)</u>	15	<u>(19,117)</u>
		442,558		43,579