

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h1 style="text-align: center;">2024</h1>  <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)  
 a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

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

<b>1a</b> Name of plan <u>ALTIMUM PACKAGING PENSION PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>017</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ALTIMUM PACKAGING LP</u>  <u>2500 WINDY RIDGE PARKWAY STE 1400</u> <u>ATLANTA, GA 30339-0000</u>	<b>1c</b> Effective date of plan <u>07/15/1990</u>  <b>2b</b> Employer Identification Number (EIN) <u>06-1056158</u>  <b>2c</b> Plan Sponsor's telephone number <u>678-742-4600</u>  <b>2d</b> Business code (see instructions) <u>326100</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	PAMELA KOGLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	PAMELA KOGLER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>ALTIUM PACKAGING LP</b> <b>c</b> Plan Name <b>ALTIUM PACKAGING LP BASIC NON-CONTRIBUTORY HOURLY PENSION PLAN</b>	<b>4b</b> EIN <b>06-1056158</b>	
	<b>4d</b> PN <b>017</b>	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	<b>927</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	<b>66</b>
	<b>6a(2)</b>	<b>65</b>
	<b>6b</b>	<b>793</b>
	<b>6c</b>	<b>179</b>
	<b>6d</b>	<b>1037</b>
	<b>6e</b>	<b>141</b>
	<b>6f</b>	<b>1178</b>
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
**1B**

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b>		<b>b General Schedules</b>	
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)	
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)	
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____	
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____		(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)	
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)		(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)	

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

<b>A</b> Name of plan <u>ALTIUM PACKAGING PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>017</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ALTIUM PACKAGING LP</u>	<b>D</b> Employer Identification Number (EIN) <u>06-1056158</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>37354844</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>39738800</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>695</u>	<u>28283073</u>	<u>28283073</u>
<b>b</b> For terminated vested participants .....	<u>170</u>	<u>5299343</u>	<u>5299343</u>
<b>c</b> For active participants .....	<u>66</u>	<u>3947661</u>	<u>3947661</u>
<b>d</b> Total .....	<u>931</u>	<u>37530077</u>	<u>37530077</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.04 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>6788</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>435000</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>441788</u>	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>  <u>MELINDA J. ZATTO</u> Signature of actuary  <u>STRATEGIC BENEFITS ADVISORS INC</u> Firm name  <u>3567 PARKWAY LANE- SUITE 250</u> <u>ATLANTA, GA 30092-5307</u>  Address of the firm	<u>09/23/2025</u> Date  <u>23-05671</u> Most recent enrollment number  <u>770-551-8989</u> Telephone number (including area code)
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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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....		
<b>10</b>	Interest on line 9 using prior year's actual return of _____ % .....		
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> 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>5.16</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	105.88 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	105.88 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	104.21 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (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
			<b>Totals ▶</b>	<b>18(b)</b>	<b>18(c)</b>

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

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

**21** Discount rate:

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

**22** Weighted average retirement age ..... **22** 64

**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**

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

**Part VIII Minimum Required Contribution For Current Year**

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

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	441788
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	441788

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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**

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

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

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

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

**Part IX Pension Funding Relief Under 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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>ALTIUM PACKAGING PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>017</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALTIUM PACKAGING LP</b>	<b>D</b> Employer Identification Number (EIN) <b>06-1056158</b>	

**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

**FIRST STATE TRUST COMPANY**

**13-3124172**

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

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

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**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)

STRATEGIC BENEFITS ADVISORS INC

03-0415817

(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 17 50	ACTUARIAL	190932	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)

MORGAN STANLEY

11-3658445

(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?
17 28 51	INVESTMENT ADVISORY	87799	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)

SAGE INVESTMENT ADVISORS

74-2798841

(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?
17 28 51	INVESTMENT ADVISORY	49875	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)

EC BARRETT LLC

93-2107924

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
10	CPA/AUDITORS	18200	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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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.

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

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

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

<b>a</b> Name: EC BARRETT LLC	<b>b</b> EIN: 93-2107924
<b>c</b> Position: AUDITOR	
<b>d</b> Address: 750 HAMMOND DRIVE, BLDG, 17 ATLANTA, GA 30328	<b>e</b> Telephone: 404-250-4570

Explanation: RFP AND SELECTED NEW AUDIT FIRM OF WINDHAM BRANNON, LLC

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ALTIUM PACKAGING PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>017</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALTIUM PACKAGING LP</b>	<b>D</b> Employer Identification Number (EIN) <b>06-1056158</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		2508
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	391779	1784023
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	563569	1634588
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	4787171	3884998
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	31612071	52941116
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	254	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	37354844	60247233
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	84027	129914
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	84027	129914
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	37270817	60117319

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	12736	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	105580	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	1680186	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1798502
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	20063	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		20063
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	20923226	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	20988564	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-65338
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-972568	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-972568

	(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)	
<b>c</b> Other income .....	2c	190
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	780849

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	3040152
(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)	3040152
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	
<b>h</b> Interest expense .....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	18200
(5) Investment advisory and investment management fees .....	2i(5)	137674
(6) Bank or trust company trustee/custodial fees .....	2i(6)	
(7) Actuarial fees .....	2i(7)	190932
(8) Legal fees .....	2i(8)	
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	127497
(11) Other expenses .....	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	474303
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	3514455

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	-2733606
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	25580108
(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: WINDHAM BRANNON, LLC

(2) EIN: 58-1763439

**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
<b>a</b> 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>b</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	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 547936.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>ALTIUM PACKAGING PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>017</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ALTIUM PACKAGING LP</u>	<b>D</b> Employer Identification Number (EIN) <u>06-1056158</u>	

<b>Part I</b>	<b>Distributions</b>
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**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

**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): 23-3060382

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 3 0

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

**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

**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

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

**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

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

**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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

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

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

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

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

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

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

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

**19** If the total number of participants is 1,000 or more, complete lines (a) 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 \_\_\_\_\_.

# **Altium Packaging Pension Plan**

## **Financial Statements**

**December 31, 2024 and 2023**

# Altium Packaging Pension Plan

## Table of Contents December 31, 2024 and 2023

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## INDEPENDENT AUDITOR'S REPORT

To the Benefits Director and Retirement Plan Committee  
Altium Packaging Pension Plan

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements**

We have performed an audit of the financial statements of the Altium Packaging Pension Plan (the Plan), formerly the Altium Packaging LP Basic Non-Contributory Hourly Pension 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) which comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (the 2024 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audit 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2024, and for the year then ended, stating that the certified investment information, as described in Note 3 to the 2024 financial statements, is complete and accurate.

### **Opinion on the 2024 Financial Statements**

In our opinion, based on our audit and the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section of the report,

- the amounts and disclosures in the accompanying 2024 financial statements, 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 (GAAP); and
- the certified investment information in the accompanying 2024 financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion on the 2024 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our 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 the financial statements in accordance with GAAP, 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 within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current Plan instrument, including all Plan amendments. Management is also responsible for 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.

## **Auditor's Responsibilities for the Audit of the 2024 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 2024 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's 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 GAAS 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 substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the 2024 financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of the 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 judgement, 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 audit 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 2024 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 GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2024 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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.

#### **Other Matter – 2024 Supplemental Schedules Required by ERISA**

The 2024 supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the 2024 financial statements but are supplementary information required by the DOL'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 2024 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 2024 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2024 financial statements or to the 2024 financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or

is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion,

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

#### **Other Matter – Auditor's Report on the 2023 Financial Statements**

Predecessor auditors performed an audit of the 2023 financial statements of Altium Packaging Pension Plan. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by the qualified institutions. Their report dated October 15, 2024 indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements 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). Their report also indicated that the form and content of the 2023 supplemental schedules, other than the information in the 2023 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 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 determines meets the requirements of ERISA Section 103(a)(3)(C).

*Windham Brannon, LLC*

October 14, 2025

# Altium Packaging Pension Plan

## Statements of Net Assets Available for Benefits December 31, 2024 and 2023

	2024	2023
<b>Assets</b>		
<b>Cash, non-interest bearing</b>	\$ 2,508	\$ -
<b>Investments, at fair value</b>		
Registered investment companies	-	254
U.S. government securities	3,884,998	4,787,171
Corporate bonds	52,941,116	31,612,071
Money market fund	357,703	-
Interest bearing cash	1,276,885	563,569
<b>Total investments</b>	<b>58,460,702</b>	<b>36,963,065</b>
<b>Receivables</b>		
Accrued interest and dividends	642,711	391,779
Inter-plan transfer receivable	1,141,312	-
<b>Total receivables</b>	<b>1,784,023</b>	<b>391,779</b>
<b>Total assets</b>	<b>60,247,233</b>	<b>37,354,844</b>
<b>Liabilities</b>		
<b>Operating payables</b>	<b>129,914</b>	<b>84,027</b>
<b>Net assets available for benefits</b>	<b>\$ 60,117,319</b>	<b>\$ 37,270,817</b>

# Altium Packaging Pension Plan

## Statements of Changes in Net Assets Available for Benefits For the Years Ended December 31, 2024 and 2023

	2024	2023
<b>Additions</b>		
Investment income:		
Interest	\$ 1,798,502	\$ 1,246,976
Dividends	20,063	75,551
Other income	190	783
Net change in fair value of investments	(1,037,906)	2,019,305
<b>Total investment income</b>	<b>780,849</b>	<b>3,342,615</b>
Less investment expenses	(191,645)	(193,802)
<b>Total additions, net</b>	<b>589,204</b>	<b>3,148,813</b>
<b>Deductions</b>		
Benefits paid to participants or beneficiaries	3,040,152	3,085,476
Administrative expenses	282,658	439,655
<b>Total deductions</b>	<b>3,322,810</b>	<b>3,525,131</b>
<b>Net decrease</b>	<b>(2,733,606)</b>	<b>(376,318)</b>
<b>Transfer of assets into plan (Note 1)</b>	<b>25,580,108</b>	<b>-</b>
<b>Net assets available for benefits</b>		
Beginning of year	37,270,817	37,647,135
<b>End of year</b>	<b>\$ 60,117,319</b>	<b>\$ 37,270,817</b>

# Altium Packaging Pension Plan

## Notes to Financial Statements December 31, 2024 and 2023

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### 1. Description of Plan

The following description of the Altium Packaging Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document, copies of which are available from the plan administrator, for a more complete description of the Plan's provisions.

#### General

The Plan is a defined benefit pension plan sponsored by Altium Packaging LP (Plan Sponsor). The Altium Packaging LP General Pension Board and the Plan Sponsor control and manage the operation and administration of the Plan. First State Trust Company serves as the trustee of the Plan (trustee). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 31, 2024 the assets from the Altium Packaging LP Salaried Pension Plan (Salaried Plan) were merged into the Altium Packaging LP Non-Contributory Hourly Pension Plan and was effectively renamed the Altium Packaging Pension Plan. The transfer of assets and liabilities occurred on December 31, 2024. Contributions related to the 2024 Plan year that were received after year-end were recorded as inter-plan transfer receivable, as these amounts were received by the newly renamed Altium Packaging Pension Plan, but were related to the Salaried Plan.

#### Benefits

Employees with five years of vesting service, as defined by the Plan, are entitled to pension benefits upon retirement. There is no partial vesting of benefits. The Plan provides for normal retirement benefits upon reaching the normal retirement age of 65, as defined by the Plan, and has provisions for early retirement and death and disability benefits. Benefits under the Plan are determined based upon a flat dollar formula. Generally, the flat dollar formula is calculated as the flat dollar multiplier multiplied by years of credited service with certain adjustments, as provided in the Plan. Participants may elect to receive their pension benefits in various forms of joint and survivor annuities, or as a lump-sum payment option for participants whose present value of benefits is under \$15,000. The Plan is frozen to new entrants.

#### Death and Disability Benefits

If an active employee dies, a death benefit equal to 50% of the value of the employee's accumulated pension benefit is paid to the employee's spouse. Active employees who become totally disabled receive monthly disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they became disabled. Disability benefits are paid until normal retirement age, at which time, disabled participants will receive the normal retirement benefit 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.

# Altium Packaging Pension Plan

## Notes to Financial Statements

December 31, 2024 and 2023

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### Contributions

Contributions to provide benefits under the Plan are made solely by the Plan Sponsor. The Plan Sponsor's funding policy is to make cash contributions to the Plan in amounts computed by the Plan's actuary using the unit credit actuarial cost method at a rate that is intended to satisfy the minimum funding standards of ERISA. This method and the actuarial assumptions referred to in Note 5 have been designed to provide sufficient funds to pay benefits as they become payable under the Plan. The Plan Sponsor met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023 as advised by the Plan's actuary. There were no contributions made by the Plan Sponsor to the Plan during the years ended December 31, 2024 and 2023.

## 2. Summary of Significant Accounting Policies

### Basis of Accounting

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

### Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States 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 at the date of the financial statements. Actual results could differ from those estimates, and such estimates may be material to the financial statements.

### Contributions

In accordance with Financial Accounting Standards Board Accounting Standards Codification 326, *Financial Instruments—Credit Losses*, the Plan estimated the current credit risk associated with the inter-plan transfer receivable. After giving consideration to the risk characteristics, historical payment experience, current conditions, and reasonable forecasts, the Plan determined that no allowance for credit losses was necessary and there was no current year activity in the allowance for credit losses.

### Valuation of Investments and Income Recognition

The Plan's investments are stated 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. See Note 4 for a discussion of fair value measurements.

# Altium Packaging Pension Plan

## Notes to Financial Statements December 31, 2024 and 2023

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

### **Payment of Benefits**

Benefits are recorded when paid.

### **Administrative Expenses**

The Plan's expenses are paid by either the Plan or the Plan Sponsor, as provided by the Plan document. Administrative expenses that are paid directly by the Plan Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, investment related expenses are presented as investment expenses in the accompanying statements of changes in net assets available for benefits. Expenses paid by the Plan are paid to service providers of the Plan and therefore qualify as party-in-interest transactions. All expenses not paid by the Plan are paid by the Company, and the Company does not expect reimbursement from the Plan for these expenses.

### **Subsequent Events**

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 14, 2025, which is the date the financial statements were available to be issued.

### **3. Information Certified by the Qualified Institution**

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net change in fair value of investments, and interest and dividend income for the year ended December 31, 2024, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by First State Trust Company, the Plan's qualified institution.

### **4. Investments and Fair Value Measurements**

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. The Retirement Plan Committee determines the Plan's valuation policies.

# Altium Packaging Pension Plan

## Notes to Financial Statements December 31, 2024 and 2023

---

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

Investments are exposed to various risks, such as market, currency, interest rate, and credit risks. Market risks include U.S. and global events which could impact the value of Plan investments. Such events would include healthcare crises, such as a pandemic, international conflicts, supply chain disruptions, global monetary policy decisions, significant exogenous economic influences, and significant cybersecurity attacks, among others. It is at least reasonably possible that changes in their fair value will occur in the near term and that such changes could materially affect the funded status of the Plan and the amounts reported in the statement of net assets available for benefits.

The FASB established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three levels. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities, and the lowest priority to unobservable inputs. The three levels of the fair value hierarchy are described as follows:

Level 1 – unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access

Level 2 – other significant observable inputs, including quoted prices in active markets for similar securities (ratings, interest rates, maturity, etc.) and quoted prices for identical securities in inactive markets

Level 3 – unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. This includes certain pricing models, discounted cash flow methodologies, and similar techniques that use significant unobservable inputs.

Observable inputs are those based on market data obtained from sources independent of the Plan, and unobservable inputs reflect the Plan's own assumptions based on the best information available. The input levels are not necessarily an indication of the risk or liquidity associated with financial instruments at that level but rather the degree of judgment used in determining those values.

# Altium Packaging Pension Plan

## Notes to Financial Statements

December 31, 2024 and 2023

Following is a description of the valuation methodologies used for the assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Investments in interest bearing cash and the money market fund are stated at quoted market prices for the identical security in an active market. Investments in the registered investment companies are valued at the daily closing price as reported by the fund. Investments in interest bearing cash, registered investment companies, and the money market fund are considered Level 1 assets.

U.S. government securities are valued using a market approach on yields currently available on comparable securities of issuers with similar credit ratings. Corporate bonds are valued using a market approach on yields currently available on comparable securities of issuers with similar credit ratings. Both U.S. government securities and corporate bonds are considered Level 2 assets.

The investments at December 31, 2024 and 2023 are comprised of the following:

	2024		
	Level 1	Level 2	Total
Money market fund	\$ 357,703	\$ -	\$ 357,703
U.S. government securities	-	3,884,998	3,884,998
Corporate bonds	-	52,941,116	52,941,116
Interest bearing cash	1,276,885	-	1,276,885
<b>Total</b>	<b>\$ 1,634,588</b>	<b>\$ 56,826,114</b>	<b>\$ 58,460,702</b>

	2023		
	Level 1	Level 2	Total
Registered investment companies	\$ 254	\$ -	\$ 254
U.S. government securities	-	4,787,171	4,787,171
Corporate bonds	-	31,612,071	31,612,071
Interest bearing cash	563,569	-	563,569
<b>Total</b>	<b>\$ 563,823</b>	<b>\$ 36,399,242</b>	<b>\$ 36,963,065</b>

### 5. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by an independent consulting actuary and is the amount that results in 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.

# Altium Packaging Pension Plan

## Notes to Financial Statements December 31, 2024 and 2023

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The significant assumptions used in the actuarial computations as of January 1, 2024 and 2023 are as follows:

### Interest rate

Funding:	Effective Highway and Transportation Funding Act rate of 5.04% (2024) and 5.16% (2023)
Discount rate:	5.50% (2024) and 5.25% (2023), compounded annually
Long term return:	5.50% (2024) and 5.50% (2023), compounded annually

### Mortality

Funding:	Internal Revenue Service (IRS) 2024 Static Mortality Table (2024) and IRS 2023 Static Mortality Table (2023)
Expense:	Pri-2012 Blue Collar Headcount-Weighted Mortality Table with a 113% load factor and projected using the MP-2021 scale (2024) and Pri-2012 Blue Collar Headcount-Weighted Mortality Table with a 113% load factor and projected using the MP-2021 scale (2023)
Retirement:	Average retirement age - 64.04

The foregoing actuarial assumptions are based upon the presumption that the Plan will continue in existence. If the Plan were to terminate, different actuarial assumptions and other factors might be applied in determining the actuarial present value of accumulated plan benefits. Plan contributions are made, and the actuarial present value of accumulated plan benefits is reported, based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to the uncertainties inherent in the estimations and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

The following sets forth information regarding the actuarial present value of accumulated Plan benefits as of January 1, 2024:

### **Actuarial present value of accumulated plan benefits**

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#### Vested benefits:

Participants and beneficiaries currently receiving payments	\$ 25,431,476
Vested benefits for other participants	8,273,368
<b>Total actuarial present value of accumulated plan benefits</b>	<b>\$ 33,704,844</b>

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# Altium Packaging Pension Plan

## Notes to Financial Statements December 31, 2024 and 2023

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Changes in the actuarial present value of accumulated Plan benefits for January 1, 2024 is as follows:

Actuarial present value of accumulated plan benefits at January 1, 2023	\$ 35,437,194
Increase (decrease) during the year attributable to:	
Benefits accumulated & gains/(losses)	(511,069)
Interest due to decrease in discount period	1,864,195
Benefits paid	(3,085,476)
Net decrease	(1,732,350)
<b>Actuarial present value of accumulated plan benefits at January 1, 2024</b>	<b>\$ 33,704,844</b>

The Plan's Adjusted Funding Target Attainment Percentage (AFTAP), calculated under provisions of the IRC, was 105.88% and 104.21% at December 31, 2024 and 2023, respectively. There were no restrictions on benefit payments during 2024 or through the date of this report.

### 6. Income Tax Status

The Internal Revenue Service has determined and informed the Company, by letter dated October 16, 2014, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income tax. The Plan's income tax returns for the past three years are subject to examination by taxing authorities and may change upon examination.

### 7. Plan Termination

Although the Plan is frozen to new entrants, the Company has not expressed any intent to terminate the Plan. However, the Plan may be discontinued at the option of the Company, subject to the provisions of ERISA. In the event of Plan termination, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations governing the priority order of participants' rights to the net assets of the Plan. To the extent unfunded benefits may exist, ERISA provides that such benefits, subject to certain limits, are eligible for payment by the PBGC, a federal corporation created by ERISA.

In general, the PBGC will guarantee the payment of most vested normal retirement age benefits and early retirement age benefits that employees were receiving or were entitled to receive as of the date the Plan terminated. Such benefits, however, are only guaranteed to the extent of the actuarial value of the vested benefits as of the date the Plan terminated, payable in the form of a straight-life annuity commencing at age 65. Additionally, the total amount of such guaranteed benefits is subject to an overall ceiling that is adjusted periodically by PBGC.

Plan	Altium Packaging LP Hourly Pension Plan
Employer Identification Number	06-1056158
Plan Number	017
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## Schedule SB, Part V - Summary of Plan Provisions

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### Provisions Common to All Locations

**1. Type of Plan**

The Plan is a defined benefit plan.

**2. Effective Date**

July 15, 1990, reflecting restated plan document effective as of January 1, 2014.

**3. Eligibility for Participation**

All regular hourly-rated employees of the Company are members of the Plan on the January 1 following the later of date of hire or age 20-1/2 provided they are included under a Pension Agreement between the Company and a Union or are in an employee group (not covered by the Company's Salaried Employees Pension Plan) which is designated as a covered group under this Plan by the General Pension Board.

**4. Monthly Accrued Benefit Formula**

Basic Pension Amount times service (and ERISA restored service).

**5. Normal Retirement Benefits**

(a) *Eligibility*: Age 65 with 5 years of Plan membership.

(b) *Benefit*: Accrued benefit payable immediately.

**6. Full Early Retirement Benefits**

(a) *Eligibility*: see specific locations for details.

(b) *Benefit*: Accrued benefit payable immediately.

Plan	Altium Packaging LP Hourly Pension Plan
Employer Identification Number	06-1056158
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## Schedule SB, Part V - Summary of Plan Provisions

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### 7. Reduced Early Retirement Benefits

- (a) *Eligibility*: see specific locations for details.
- (b) *Benefit*: see specific locations for details.

### 8. Disability Retirement Benefits

- (a) *Eligibility*: see specific locations for details.
- (b) *Benefit*: Accrued benefit payable immediately.

### 9. Deferred Vested Termination

- (a) *Eligibility*: 5 years of service (and ERISA restored service).
- (b) *Benefit*: Accrued benefit payable at age 65, or benefit payable upon early retirement if age and service requirements for early retirement have been completed equal to such accrued benefit reduced by 1/2 of 1 % for each month payable before age 65.

### 10. Pre-Retirement Spouse's Benefit

- (a) *Eligibility*: Married for at least one year and meets eligibility requirements for vesting, early or normal retirement or is accruing a deferred disability retirement benefit.
- (b) *Benefit*: 50% of accrued benefit, reduced for 50% Joint and Survivor form of payment, payable at member's 65th birthday. Further reduced if spouse elects early receipt (see reduced early retirement or vested deferred retirement, whichever is applicable).
- (c) *Cost for Protection*: Before age 55, charged 0.25% for each year of coverage. Once age 55 is attained, charged 0.75% per year from ages 55 through 64. Charge frozen at age 65, generally.

Plan	Altium Packaging LP Hourly Pension Plan
Employer Identification Number	06-1056158
Plan Number	017
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## Schedule SB, Part V - Summary of Plan Provisions

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### 11. Normal Form of Payment

- (a) *Pensioners*: see specific locations for details.
- (b) *Deferred Vesteds*: Life Annuity or 50% Joint and Survivor Annuity, if married.

### 12. Optional Forms of Payment

Life Annuity, 100%, 75% and 50% Joint and Survivor Annuity for all pensioners. Level Income Option is available at selected locations for early retirements prior to age 62.

Terminated participants whose lump sum value is not more than \$15,000 have the option of receiving their pension in the form of a single lump sum distribution.

## #065 OIL CITY - NOH

### 1. Effective Date

April 1, 1993. Covered group: Employees hired prior to January 1, 2004. Benefit accruals for participants with less than 5 years of service were frozen as of March 31, 2005.

### 2. Basic Pension Amount

*Based on Job Class as follows:*

<u>Job Class</u>	<u>Service Prior to 1/1/2002</u>	<u>Service After 1/1/2002</u>
A	\$23.80	\$33.80
B,C	\$23.15	\$33.15
D,E	\$21.80	\$31.80
F	\$21.15	\$31.15

### 3. Full Early Retirement Benefit

*Eligibility*: Age 62 and 10 years of service.

### 4. Reduced Early Retirement Benefit

- (a) *Eligibility*: Age 60 with 10 years of service.
- (b) *Benefit*: Accrued benefit reduced by 1/2 of 1% for each month payments begin before age 62.

Plan	Altium Packaging LP Hourly Pension Plan
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Plan Year Beginning	January 1, 2024

## Schedule SB, Part V - Summary of Plan Provisions

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### 5. 30-Year Pension

- (a) *Eligibility*: 30 years of service and hired before January 1, 2001.
- (b) *Benefit*: Equal to the greater of (i) the accrued benefit calculated as if the participant terminated on December 31, 2000 or (ii) the accrued benefit calculated as of the participant's date of retirement, reduced by the following early retirement factors:

<u>Age at Retirement</u>	<u>Early Retirement Factor</u>
50	0.3801
51	0.4165
52	0.4567
53	0.5014
54	0.5511
55	0.6064
56	0.6682
57	0.7373
58	0.8147
59	0.9018
60 or older	1.0000

Payments will be suspended during any period that is worked in competitive employment, but not beyond age 65.

### 6. Disability Retirement Benefit

- (a) *Eligibility*: 10 years of service and totally and permanently disabled.
- (b) *Benefit*: Accrued benefit payable immediately, plus temporary supplement of \$300 per month less Social Security benefit, payable until earlier of age 62 or eligibility for unreduced Social Security.

### 7. Special Early Retirement Benefit

- (a) *Eligibility*: Permanent plant shutdown or layoff and (i) at least age 55 with 15 years of service and age plus service at least equal to 75 or (ii) at least 15 years of service and age plus service equal to at least 80.
- (b) *Benefit*: Accrued benefit payable immediately, plus a temporary supplement of \$300 per month payable to the earlier of age 62 or eligibility for unreduced Social Security.

Plan	Altium Packaging LP Hourly Pension Plan
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Plan Number	017
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## Schedule SB, Part V - Summary of Plan Provisions

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### 8. Survivor Income Benefit

- (a) *Eligibility*: Death in active service and completed at least 10 years of service or death after retirement.
- (b) *Benefit*: \$132.50 per month, payable immediately.

### 9. Pre-Retirement Spouse's Benefit

No additional charge during active service upon meeting eligibility requirements for reduced early or full early retirement. Monthly spouse's benefit includes any survivor income payable.

### 10. Normal Form of Payment

Life Annuity or 50% Joint & Survivor Annuity, if married.

### 11. Optional Forms of Payment

No Level Income Option.

## #110 SANTA ANA - GMPPAW

### 1. Contract Period

May 1, 2014 to April 30, 2017. Covered group: Employees hired prior to May 1, 2009. Benefit accruals were frozen as of December 31, 2020.

### 2. Basic Pension Amount      \$24.00

### 3. Full Early Retirement Benefit

*Eligibility*: Age 62 and 10 years of service or age 58 with 30 years of service.

### 4. Reduced Early Retirement Benefit

- (a) *Eligibility*: Age 55 with 10 years of service.
- (b) *Benefit*: Accrued benefit reduced by 5/12 of 1% for each month payments begin before age 65.

Plan Altium Packaging LP Hourly Pension Plan  
Employer Identification Number 06-1056158  
Plan Number 017  
Plan Year Beginning January 1, 2024

## Schedule SB, Part V - Summary of Plan Provisions

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**5. Disability Retirement Benefit**

*Eligibility*: 10 years of service and totally and permanently disabled.

**6. Normal Form of Payment**

*Pensioners*: Life annuity or 50% Joint & Survivor Annuity, if married; 60 months guaranteed.

**7. Optional Forms of Payment**

Level Income option available for retirement eligible employees who commence prior to age 62.

### #123 DUPAGE - IAMAW

**1. Contract Period**

November 1, 2015 to October 31, 2018. Covered group: Employees hired prior to November 1, 2003. Benefit Accruals were frozen as of June 30, 2022.

**2. Basic Pension Amount**      \$14.00

**3. Full Early Retirement Benefit**

None.

**4. Reduced Early Retirement Benefit**

(a) *Eligibility*: Age 60 and 10 years of service.

(b) *Benefit*: Accrued benefit reduced by 1/2 of 1% for each month payments begin before age 65.

**5. Disability Retirement**

*Eligibility*: 15 years of service and totally and permanently disabled.

**6. Normal Form of Payment**

Life Annuity or 50% Joint & Survivor Annuity, if married.

**7. Optional Forms of Payment**

No Level Income Option.

Plan	Altium Packaging LP Hourly Pension Plan
Employer Identification Number	06-1056158
Plan Number	017
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## Schedule SB, Part V - Summary of Plan Provisions

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### #122 CINCINNATI - GMPPAW #124 BALTIMORE - GMPPAW

**1. Contract Period**

June 1, 2015 to May 31, 2018. Covered Group: Employees hired prior to June 1, 2009. Cincinnati plant closed December 31, 2009. Baltimore benefit accruals were frozen as of December 31, 2018.

**2. Basic Pension Amount**

*Based on Job Class as follows:*

<u>Job Class</u>	<u>Basic Pension Amount</u>
A, B, C, D, E	\$29.00
F, G, H, L	\$27.00
I, J, K, M, N, O, P	\$23.00

**3. Full Early Retirement Benefit**

*Eligibility:* Age 62 and 10 years of service or age 58 with 30 years of service.

**4. Reduced Early Retirement Benefit**

- (a) *Eligibility:* Age 55 and 10 years of service.
- (b) *Benefit:* Accrued benefit reduced by 5/12 of 1% for each month payments begin before age 65.

**5. Disability Retirement**

*Eligibility:* 10 years of service and totally and permanently disabled.

**6. Normal Form of Payment**

*Pensioners:* Life annuity or 50% Joint & Survivor Annuity, if married; 60 months guaranteed.

**7. Optional Forms of Payment**

Level Income option available for retirement eligible employees who commence prior to age 62.

Plan	Altium Packaging LP Hourly Pension Plan
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## Schedule SB, Part V - Summary of Plan Provisions

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### #134/#135 ELK GROVE - IAMAW

**1. Contract Period**

March 1, 1999 to February 28, 2002. **Closed on September 1, 2003.**

**2. Basic Pension Amount**

<u>Service</u>	<u>Basic Pension Amount</u>
Before 3/1/1996	\$14.25
From 3/1/1996 to 2/29/2000	\$20.00
From 3/1/2000 to 2/28/2002	\$21.00
From 03/01/2002	\$22.00

**3. Full Early Retirement Benefit**

None.

**4. Reduced Early Retirement Benefit**

(a) *Eligibility*: Age 60 with 15 years of service.

(b) *Benefit*: Accrued benefit reduced by 1/2 of 1% for each month payments begin before age 65.

**5. Disability Retirement Benefit**

*Eligibility*: 15 years of service and totally and permanently disabled.

**6. Normal Form of Payment**

Life Annuity or 50% Joint & Survivor Annuity, if married.

**7. Optional Forms of Payment**

No Level Income Option.

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## Schedule SB, Part V - Summary of Plan Provisions

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### #141 CLEVELAND - GMPPAW

**1. Contract Period**

June 1, 1997 to May 31, 2000. **Closed on September 29, 1999.**

**2. Basic Pension Amount**

*Based on Job Class as follows:*

<u>Job Class</u>	<u>Basic Pension Amount</u>
A, B, C, D	\$23.00
E, F, G, H	\$22.00
I, J, K, L, M, N, O	\$21.00

**3. Full Early Retirement Benefit**

*Eligibility:* Age 62 and 10 years of service or age 58 with 30 years of service.

**4. Reduced Early Retirement Benefit**

(a) *Eligibility:* Age 55 and 10 years of service.

(b) *Benefit:* Accrued benefit reduced by 5/12 of 1% for each month payments begin before age 65.

**5. Normal Form of Payment**

*Pensioners:* Life annuity or 50% Joint & Survivor Annuity, if married; 60 months guaranteed.

**6. Optional Forms of Payment**

Level Income option available for retirement eligible employees who commence prior to age 62.

### #142 HOUSTON - IBT

**1. Contract Period**

Closed August 17, 2010. The amounts described here are in addition to any pension due from the Central States Southeast and Southwest Areas Pension Fund.

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## Schedule SB, Part V - Summary of Plan Provisions

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2. **Basic Pension Amount**        \$3.50 times service prior to July 1, 1971.

3. **Full Early Retirement Benefit**

*Eligibility:* Age 62 and 15 years of service.

4. **Reduced Early Retirement Benefit**

(a) *Eligibility:* Age 55 and 20 years of service.

(b) *Benefit:* Accrued benefit reduced by 1/2 of 1% for each month payments begin before age 62.

5. **Disability Retirement Benefit**

None.

6. **Normal Form of Payment**

Life Annuity or 50% Joint & Survivor Annuity, if married.

7. **Optional Forms of Payment**

No Level Income Option.

8. **Special Early Retirement Subsidy**

At the closing of the Houston plant and the subsequent termination of contributions to the Central States Southeast and Southwest Areas Pension Fund, the Company selected benefits under the Default Schedule. The Company elected to preserve the early retirement benefits for recent retirees and active retirement eligible employees whose benefits earned as of June 30, 2008, would be decreased by the move from the Primary Schedule to the Default Schedule.

### #143 LIMA - GMPPAW

1. **Contract Period**

March 1, 1994 to June 30, 2000. **Closed June 30, 1999.**

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## Schedule SB, Part V - Summary of Plan Provisions

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**2. Basic Pension Amount**

*Based on Job Class as follows:*

<u>Job Class</u>	<u>Basic Pension Amount</u>
A, B, C, D, E	\$16.00
F, G	\$15.00
H, I, J, K	\$14.00
L, M, N	\$13.00

**3. Full Early Retirement Benefit**

*Eligibility:* Age 60 and 10 years of service or age 58 with 30 years of service.

**4. Reduced Early Retirement Benefit**

(a) *Eligibility:* Age 55 and 10 years of service.

(b) *Benefit:* Accrued benefit reduced by 5/12 of 1% for each month payments begin before age 60.

**5. Disability Retirement Benefit**

*Eligibility:* 10 years of service and totally and permanently disabled.

**6. Normal Form of Payment**

*Pensioners:* Life annuity or 50% Joint & Survivor Annuity, if married; 60 months guaranteed.

**7. Optional Forms of Payment**

Level Income option available for retirement eligible employees who commence prior to age 62.

### #145 ELK GROVE - IAMAW

**1. Contract Period**

August 15, 2008 to August 14, 2011. Covered Group: Employees hired prior to August 15, 2008. Closed August 31, 2011.

**2. Basic Pension Amount**                      \$22.50

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## Schedule SB, Part V - Summary of Plan Provisions

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**3. Full Early Retirement Benefit**

None.

**4. Reduced Early Retirement Benefit**

(a) *Eligibility*: Age 60 and 15 years of service.

(b) *Benefit*: Accrued benefit reduced by 1/2 of 1% for each month payments begin before age 65.

**5. Disability Retirement**

*Eligibility*: 15 years of service and totally and permanently disabled.

**6. Normal Form of Payment**

Life Annuity or 50% Joint & Survivor Annuity if married.

**7. Optional Forms of Payment**

No Level Income Option.

### #146 NEW MARKET - GMPPAW

**1. Contract Period**

June 1, 1997 to May 31, 2000. **Closed on March 31, 1999.**

**2. Basic Pension Amount**

*Based on Job Class as follows:*

<u>Job Class</u>	<u>Basic Pension Amount</u>
A, B, C, D	\$21.50
E, F, G, H	\$20.50
I, J, K, L, M, N, O	\$19.50

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## Schedule SB, Part V - Summary of Plan Provisions

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### 3. Full Early Retirement Benefit

*Eligibility:* Age 62 and 10 years of service or age 58 with 30 years of service.

### 4. Reduced Early Retirement Benefit

(a) *Eligibility:* Age 55 and 10 years of service.

(b) *Benefit:* Accrued benefit reduced by 5/12 of 1% for each month payments begin before age 65.

### 5. Normal Form of Payment

*Pensioners:* Life annuity or 50% Joint & Survivor Annuity, if married; 60 months guaranteed.

### 6. Optional Forms of Payment

Level Income option available for retirement eligible employees who commence prior to age 62.

## #148 LENEXA - GMPPAW #248 KANSAS CITY - GMPPAW

### 1. Contract Period

August 1, 2015 to July 31, 2018. Plant #248 Kansas City sold as of June 21, 2005.  
Covered Group: Lenexa employees hired prior to August 1, 2009. Lenexa benefit accruals were frozen as of December 31, 2018.

### 2. Basic Pension Amount

*Based on Job Class as follows:*

<u>Job Class</u>	<u>Basic Pension Amount</u>
A, B, C, D E*, F, G, H, I, J, K	\$22.00
L, M, N	\$21.00

\*Includes employees in the Line Maintainer Training Program

### 3. Full Early Retirement Benefit

*Eligibility:* Age 62 and 10 years of service or age 58 with 30 years of service.

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Employer Identification Number  
Plan Number  
Plan Year Beginning

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## Schedule SB, Part V - Summary of Plan Provisions

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### 4. Reduced Early Retirement Benefit

- (a) *Eligibility*: Age 55 and 10 years of service.
- (b) *Benefit*: Accrued benefit reduced by 5/12 of 1% for each month payments begin before age 65.

### 5. Disability Retirement Benefit

*Eligibility*: 10 years of service and totally and permanently disabled.

### 6. Normal Form of Payment

*Pensioners*: Life annuity or 50% Joint & Survivor Annuity, if married; 60 months guaranteed.

### 7. Optional Forms of Payment

Level Income option available for retirement eligible employees who commence prior to age 62.

## #149 PUERTO RICO - NOH

### 1. Effective Date

January 1, 2001. Closed December 31, 2004.

### 2. Basic Pension Amount        \$7.00

### 3. Early Retirement Benefit

None.

### 4. Disability Retirement

None.

### 5. Normal Form of Payment

Life Annuity or 50% Joint & Survivor Annuity, if married.

### 6. Optional Forms of Payment

No Level Income Option.

Plan  
Employer Identification Number  
Plan Number  
Plan Year Beginning

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## Schedule SB, Part V - Summary of Plan Provisions

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### #149 PUERTO RICO - NOS

**1. Effective Date**

January 1, 2001. Closed December 31, 2004.

**2. Benefit Formula**

Based on Final Average Pay, Covered Compensation and Service, as follows:

$(A+B) \times (\text{service up to 35 years}) + (C) \times (\text{service over 35 years})$ .

A = 1/2% times Final Average Pay up to Covered Compensation

B = 1% times Final Average Pay in Excess of Covered Compensation

C = 1/2% times Final Average Pay

"Final Average Pay" means average of monthly pay during the highest 5 consecutive calendar years in the last 10 years of employment. "Pay" means base pay, overtime, shift premiums and incentive compensation (but only in the year they are actually paid). "Covered Covered Compensation" means the rounded average of the taxable wage bases in effect under Section 230 of the Social Security Act for each year in the 35 year period ending in the year of termination or retirement, divided by twelve.

**3. Early Retirement Benefit**

None.

**4. Disability Retirement**

None.

**5. Normal Form of Payment**

Life Annuity or 50% Joint & Survivor Annuity, if married.

**6. Optional Forms of Payment**

No Level Income Option.

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## Schedule SB, Part V - Summary of Plan Provisions

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### #475 CONGO - OCAW

**1. Contract Period**

October 1, 2001 to September 30, 2005. **Closed June 2, 2002.**

**2. Basic Pension Amount**

*Based on Job Class as follows:*

<u>Job Class</u>	<u>Basic Pension Amount</u>
A	\$21.50
B	\$21.50
C	\$20.80
D	\$20.15
E	\$20.15
F	\$18.80
G	\$18.80

**3. Lump Sum Retirement Allowance**

- (a) *Eligibility*: Eligible for normal, full early, reduced early or special early retirement.
- (b) *Benefit*: Lump sum equal to 520 times pay at average hourly rate. Paid in lieu of first three months of pension payments.

**4. Full Early Retirement Benefit**

- (a) *Eligibility*: Age 62 with 10 years of service or 30 years of service regardless of age.
- (b) *Benefit*: Accrued benefit payable immediately. If retiring under the 30 year provision, payments suspended during period worked in competitive employment, but not beyond age 65.

**5. Reduced Early Retirement Benefit**

- (a) *Eligibility*: Age 60 with 10 years of service.
- (b) *Benefit*: Accrued benefit reduced by 1/2 of 1% for each month payments begin before age 62.

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### 6. Disability Retirement Benefit

- (a) *Eligibility*: 10 years of service and totally and permanently disabled.
- (b) *Benefit*: Accrued benefit payable immediately, plus temporary supplement of \$300 per month less Social Security benefit, payable until the earlier of age 62 or eligibility for unreduced Social Security.

### 7. Special Early Retirement Benefit

- (a) *Eligibility*: Permanent plant shutdown or layoff and (i) at least age 55 with 15 years of service and age plus service at least equal to 75 or (ii) at least 15 years of service and age plus service equal to at least 80.
- (b) *Benefit*: Accrued benefit payable immediately, plus a temporary supplement of \$300 per month payable to the earlier of age 62 or eligibility for unreduced Social Security.

### 8. Survivor Income Benefit

- (a) *Eligibility*: Death in active service and completed at least 10 years of service or death after retirement.
- (b) *Benefit*: \$132.50 per month, payable immediately.

### 9. Pre - Retirement Spouse's Benefit

No additional charge during active service upon meeting eligibility requirements for reduced early or full early retirement. Monthly spouse's benefit includes any survivor income payable.

### 10. Normal Form of Payment

Life Annuity or 50% Joint & Survivor Annuity, if married.

### 11. Optional Forms of Payment

No Level Income Option.

# Altium Packaging Pension Plan

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) EIN: 06-1056158 Plan Number: 017 December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-in- interest	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity rate, rate of interest, collateral, par or maturity value	Cost	Current value
	FDIC Bank Deposit Fund	FDIC Bank Deposit Fund	\$ 190,363	\$ 190,363
	Morgan Stanley Bank	Bank Deposit	1,086,522	1,086,522
	State Street Corp.	Federal Money Market Fund	357,703	357,703
	US Treasury	Bonds 2.2500% 02/15/52	605,496	540,460
	US Treasury	Bonds 1.1250% 05/15/40	637,115	574,577
	US Treasury	Notes 1.3750% 11/15/31	270,804	256,670
	US Treasury	Notes 3.5000% 02/15/33	717,189	679,468
	US Treasury	Notes 2.2500% 08/15/27	176,921	180,575
	Fhlmc Super	30y Fixed 5.0000% 12/25/53	820,857	813,410
	Fannie Mae	UMBS Long 30 Yr 5.0000% 09/01/52	849,925	839,837
	Capital One Finl Corp	Bonds 1.8780% 11/02/27	506,428	548,577
	3m Co	Bonds 3.0500% 04/15/30	417,445	426,235
	Abbott Labs	Bonds 4.9000% 11/30/46	153,977	140,067
	Abbvie Inc	Bonds 0.0495% 03/15/31	265,000	265,239
	Adobe Inc	Bonds 4.9500% 04/04/34	349,318	346,850
	Aflac Inc	Bonds 4.7500% 01/15/49	257,231	227,832
	Air Lease Corp	Bonds 3.0000% 02/01/30	441,725	441,355
	Air Lease Corp	Bonds 3.2500% 10/01/29	289,231	304,318
	Air Lease Corp	Bonds 3.6250% 04/01/27	33,111	34,147
	ALABAMA PWR CO GLBL 2021B	Bonds 3.0000% 03/15/52	348,571	349,949
	Amazon Com Inc	Bonds 2.5000% 06/03/50	40,318	38,757
	Amazon Com Inc	Bonds 3.9500% 04/13/52	238,979	220,713
	Amazon Com Inc	Bonds 4.0500% 08/22/47	198,645	176,996
	American Express Co	Bonds 0.0539% 07/28/27	517,649	520,712
	American Wtr Cap Corp	Bonds 5.4500% 03/01/54	138,730	133,597
	American Wtr Cap Corp	Bonds 3.7500% 09/01/47	223,206	219,931
	Amgen Inc	Bonds 4.4000% 05/01/45	342,251	323,006
	Anheuser-busch Cos LI	Bonds 4.7000% 02/01/36	262,021	256,379
	Anheuser-busch Inbev Wldw I	Bonds 3.5000% 06/01/30	82,835	84,294
	Anthem Inc	Bonds 4.3750% 12/01/47	138,605	125,141
	Appalachian Pwr Co	Bonds 4.5000% 08/01/32	325,789	310,882
	Apple Inc	Bonds 3.8500% 08/04/46	492,002	427,189
	Apple Inc.	Bonds 3.8500% 05/04/43	162,494	169,927
	Atmos Energy Corp	Bonds 4.1250% 10/15/44	333,292	301,990
	Atmos Energy Corp	Bonds 4.3000% 10/01/48	154,695	151,320
	Automatic Data Processing I	Bonds 3.3750% 09/15/25	50,095	49,622
	Bank Amer Corp	Bonds 2.6760% 06/19/41	246,269	253,473
	Bank Amer Corp	Bonds 4.0780% 04/23/40	135,559	131,861
	Bank of America	Bonds 3.8240% 01/20/28	64,065	63,703
	Berkshire Hathaway Energy Co	Bonds 3.8000% 07/15/48	354,917	312,088
	Berkshire Hathaway Fin Corp	Bonds 3.8500% 03/15/52	140,652	136,211
	Berkshire Hathaway Fin Corp	Bonds 4.4000% 05/15/42	280,775	263,333

# Altium Packaging Pension Plan

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) EIN: 06-1056158 Plan Number: 017 December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-in-interest	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity rate, rate of interest, collateral, par or maturity value	Cost	Current value
	Berkshire Hathaway Inc Del	Bonds 3.1250% 03/15/26	79,475	78,784
	Bhp Billiton	Bonds 5.2500% 09/08/33	263,688	266,347
	BHP Billiton Fin USA Ltd.	Bonds 5.0000% 09/30/43	181,209	181,896
	Bk Of America Corp	Bonds 2.2990% 07/21/32	323,657	337,768
	Bk Of America Corp	Bonds 4.0830% 03/20/51	167,909	148,568
	Boeing Co	Bonds 2.1960% 02/04/26	334,396	356,942
	Bp Cap Mkts Amer Inc	Bonds 3.3790% 02/08/61	301,243	248,988
	Bristol-myers Squibb Co	Bonds 2.5500% 11/13/50	151,977	124,588
	Bristol-myers Squibb Co	Bonds 3.7000% 03/15/52	199,064	181,603
	Bristol-myers Squibb Co	Bonds 4.2500% 10/26/49	161,504	153,401
	Bristol-myers Squibb Co	Bonds 5.2000% 02/22/34	362,158	359,019
	Broadcom Inc	Bonds 4.1500% 11/15/30	338,972	350,294
	Burlington North BRK5	Bonds 5.7500% 05/01/40	296,124	286,868
	Caterpillar Inc Del	Bonds 3.2500% 09/19/49	238,437	197,921
	Centerpoint Energy Houston	Bonds 3.9500% 03/01/48	207,354	192,171
	Cheniere Corpus Christi Hld	Bonds 5.1250% 06/30/27	175,195	175,958
	Cisco Sys Inc	Bonds 5.3000% 02/26/54	117,447	111,620
	Citigroup Inc	Bonds 1.1220% 01/28/27	362,930	398,548
	Citigroup Inc	Bonds 5.8750% 02/22/33	138,028	132,607
	Citigroup Inc	Bonds 5.8750% 01/30/42	396,555	368,087
	Cleveland Clinic Fndtn	Bonds 4.8580% 01/01/14	173,850	169,956
	Cno Finl Group Inc	Bonds 5.2500% 05/30/29	382,328	377,218
	Comcast Corp	Bonds 5.5000% 05/15/64	309,374	289,515
	Comcast Corp New	Bonds 1.9500% 01/15/31	356,694	372,307
	Comcast Corp New	Bonds 4.6000% 10/15/38	322,732	294,275
	Comcast Corp New	Bonds 4.7500% 03/01/44	4,422	4,368
	Commonwealth Edison Co	Bonds 3.0000% 03/01/50	228,581	218,683
	Conocophillips	Bonds 6.5000% 02/01/39	133,192	125,704
	Consolidated Edison Co N Y	Bonds 3.3500% 04/01/30	639,472	637,285
	Consolidated Edison Company	Bonds 6.1500% 11/15/52	240,124	225,831
	Corporate Office Pptys L P	Bonds 2.7500% 04/15/31	307,481	315,547
	Corporate Office Pptys L P	Bonds 2.9000% 12/01/33	24,071	24,121
	CSX Corp	Bonds 4.4000% 03/01/43	19,559	17,310
	Deere John Capital Corp	Bonds 4.0500% 09/08/25	723,784	732,405
	Dell Intl L	Bonds 8.3500% 07/15/46	122,341	128,834
	Dignity Health	Bonds 5.2670% 11/01/64	97,338	103,324
	Dominion Energy Inc	Bonds 4.9000% 08/01/41	140,295	138,615
	Dte Elec Co	Bonds 2.2500% 03/01/30	220,654	224,625
	Dte Elec Co	Bonds 3.7500% 08/15/47	308,045	271,269
	Dte Energy Co	Bonds 4.8750% 06/01/28	268,854	274,230
	Duke Energy Carolinas Llc	Bonds 3.2000% 08/15/49	191,629	180,241
	Duke Energy Carolinas Llc	Bonds 6.0500% 04/15/38	16,795	15,798

# Altium Packaging Pension Plan

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) EIN: 06-1056158 Plan Number: 017 December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-in- interest	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity rate, rate of interest, collateral, par or maturity value	Cost	Current value
	Duke Energy Corporation	Bonds 4.5000% 08/15/32	338,585	347,496
	Duke Energy Progress Inc	Bonds 3.4000% 04/01/32	122,171	116,300
	Eli Lilly & Co	Bonds 5.0000% 02/09/54	84,516	78,195
	Enable Midstream Partners Lp	Bonds 4.9500% 05/15/28	539,136	538,941
	Energy Transfer Partners	Bonds 6.5000% 02/01/42	238,832	242,588
	Entergy La Llc	Bonds 5.7000% 03/15/54	93,397	93,616
	Entergy Texas Inc	Bonds 1.7500% 03/15/31	156,476	169,142
	Enterprise Products	Bonds 6.1250% 10/15/39	294,045	285,479
	Eversource Energy	Bonds 3.4500% 01/15/50	173,975	164,505
	Extra Space Storage Lp	Bonds 3.8750% 12/15/27	529,971	535,976
	Exxon Mobil Corp	Bonds 2.4400% 08/16/29	36,652	36,585
	Exxon Mobil Corporation	Bonds 3.0430% 03/01/26	488,359	482,361
	Exxon Mobil Corporation	Bonds 4.1140% 03/01/46	296,151	271,040
	Fedex Corp	Bonds 5.2500% 05/15/50	48,998	45,796
	General Mtrs Finl Co Inc	Bonds 3.6000% 06/21/30	243,384	255,484
	Goldman Sachs Gp	Bonds 6.7500% 10/01/37	347,458	332,831
	Goldman Sachs Group	Bonds 4.0170% 10/31/38	195,416	182,085
	Goldman Sachs Group Inc	Bonds 1.4310% 03/09/27	329,900	360,305
	HCA INC	Bonds 4.5000% 02/15/27	195,980	197,981
	HCA INC	Bonds 5.5000% 06/15/47	240,352	236,370
	Hep Inc	Bonds 6.7500% 02/01/41	121,388	120,310
	Healthcare Trust Of Amer HI	Bonds 3.7500% 07/01/27	324,690	334,970
	Hewlett Packard Enterprise	Bonds 4.4000% 09/25/27	452,575	450,286
	Hewlett Packard Enterprise	Bonds 6.3500% 10/15/45	314,860	317,136
	Home Depot Inc	Bonds 3.3500% 04/15/50	333,509	281,405
	Home Depot Inc	Bonds 5.9500% 04/01/41	17,208	15,724
	Jpmorgan Chase & Co	Bonds 0.0535% 04/24/34	537,803	533,958
	Jpmorgan Chase & Co	Bonds 2.5250% 11/19/41	337,205	337,438
	Kimco Realty Corp	Bonds 4.6000% 02/01/33	314,220	323,847
	Kimco Rlty Corp	Bonds 3.7000% 10/01/49	12,040	10,891
	Kimco Rlty Corp	Bonds 4.4500% 09/01/47	126,439	127,007
	Lilly Eli & Co	Bonds 5.0500% 08/14/54	144,450	133,793
	Lowe's Companies, Inc.	Bonds 5.6250% 04/15/53	238,588	230,701
	Lowes Cos Inc	Bonds 4.4000% 09/08/25	181,548	184,720
	Medtronic Inc	Bonds 4.3750% 03/15/35	20,381	18,768
	Merck & Co Inc	Bonds 2.1500% 12/10/31	25,954	25,103
	Merck & Co Inc	Bonds 2.7500% 12/10/51	153,557	145,315
	Merck & Co Inc.	Bonds 3.7000% 02/10/45	134,994	119,958
	Meta Platform	Bonds 5.4000% 08/15/54	115,191	111,383
	Meta Platform	Bonds 5.6000% 05/15/53	116,819	130,020
	Meta Platforms Inc	Bonds 3.5000% 08/15/27	205,050	210,097
	Metlife Inc	Bonds 5.7000% 06/15/35	181,146	179,911

# Altium Packaging Pension Plan

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) EIN: 06-1056158 Plan Number: 017 December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-in- interest	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity rate, rate of interest, collateral, par or maturity value	Cost	Current value
	Microsoft Corp	Bonds 2.6750% 06/01/60	355,238	287,257
	Microsoft Corp	Bonds 2.4000% 08/08/26	29,633	29,121
	Microsoft Corp	Bonds 3.1250% 11/03/25	163,664	163,166
	Microsoft Corp	Bonds 3.3000% 02/06/27	165,328	161,533
	Moodys Corp	Bonds 3.1000% 11/29/61	108,165	92,253
	Moodys Corp	Bonds 3.2500% 01/15/28	132,901	134,236
	National Rural Utils Coop F	Bonds 4.3000% 03/15/49	259,105	251,269
	National Rural Utils Coop F	Bonds 4.8000% 02/05/27	305,281	306,051
	Nevada Power Co	Bonds 3.7000% 05/01/29	38,983	38,163
	New York Presbyterian Hosp	Bonds 4.7630% 08/01/16	55,289	52,945
	Norfolk Southern Corp	Bonds 3.1500% 06/01/27	242,095	241,848
	Norfolk Southn Corp	Bonds 4.1000% 05/15/21	141,339	127,828
	Norfolk Southn Corp	Bonds 5.5500% 03/15/34	60,097	61,194
	Northern Trust Corporation	Bonds 6.1250% 11/02/32	164,746	168,677
	Nvidia Corp	Bonds 2.8500% 04/01/30	204,437	215,222
	Nvidia Corp	Bonds 3.5000% 04/01/50	39,245	37,199
	Nyu Hosps Ctr	Bonds 4.3680% 07/01/47	28,415	25,732
	Oracle Corp	Bonds 2.9500% 04/01/30	672,891	705,633
	Oracle Corp	Bonds 3.6000% 04/01/50	276,441	273,173
	Oracle Corp	Bonds 5.3750% 07/15/40	19,001	19,205
	Pepsico Inc	Bonds 2.8500% 02/24/26	83,777	83,416
	Pepsico Inc	Bonds 4.4500% 04/14/46	134,989	125,419
	Philip Morris Intl Inc	Bonds 4.2500% 11/10/44	131,875	134,726
	Phillips 66 Co	Bonds 5.6500% 06/15/54	114,677	111,163
	Piedmont Nat	Bonds 5.0500% 05/15/52	255,019	259,041
	Pnc Finl Svcs Group Inc	Bonds 5.3000% 01/21/28	525,420	524,638
	Primerica Inc	Bonds 2.8000% 11/19/31	277,766	273,017
	Prudential Finl Inc	Bonds 3.9350% 12/07/49	71,745	68,010
	Prudential Finl Inc	Bonds 3.9050% 12/07/47	353,624	306,533
	Puget Energy Inc	Bonds 2.8930% 09/15/51	84,598	79,123
	Raymond James Financial Inc	Bonds 4.9500% 07/15/46	269,373	251,438
	Reinsurance Group Amer Inc	Bonds 5.7500% 09/15/34	174,486	176,540
	Reinsurance Grp America Inc	Bonds 3.9000% 05/15/29	149,205	148,080
	Rlty In Co	Bonds 0.0270% 02/15/32	30,000	25,480
	Rlty In Co	Bonds 0.0340% 01/15/30	190,000	176,611
	Rtx Corporation	Bonds 5.7500% 01/15/29	366,889	366,589
	Sabine Pass Liquefaction Llc	Bonds 5.8750% 06/30/26	566,101	575,686
	Schlumberger	Bonds 4.5000% 05/15/28	409,561	406,740
	Selective Ins Group Inc	Bonds 5.3750% 03/01/49	223,056	205,519
	Sempra Energy	Bonds 4.0000% 02/01/48	384,047	381,487
	Simon Ppty Group Lp	Bonds 6.6500% 01/15/54	148,853	165,891
	Southern Calif Edison Co	Bonds 3.6500% 02/01/50	179,336	167,872

# Altium Packaging Pension Plan

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) EIN: 06-1056158 Plan Number: 017 December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-in- interest	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity rate, rate of interest, collateral, par or maturity value	Cost	Current value
	Southern Calif Edison Co	Bonds 4.1250% 03/01/48	172,372	159,931
	Southern Co	Bonds 3.2500% 07/01/26	129,672	132,239
	Southwest Aircls Co	Bonds 5.1250% 06/15/27	94,905	95,409
	Southwestern Elec Pwr Co	Bonds 3.2500% 11/01/51	107,330	105,270
	Sysco Corp	Bonds 6.6000% 04/01/50	293,446	273,950
	T Mobile Usa Inc	Bonds 2.2500% 02/15/26	357,655	379,203
	T Mobile Usa Inc	Bonds 3.7500% 04/15/27	178,910	180,729
	Target Corp	Bonds 2.9500% 01/15/52	92,778	82,548
	Target Corp	Bonds 3.3750% 04/15/29	37,435	37,961
	Toyota Motor Credit Corporation	Bonds 0.0000% 09/20/27	138,735	139,870
	Toyota Motor Credit Corporation	Bonds 0.0000% 10/08/27	195,246	193,706
	Toyota Mtr Cr Corp	Bonds 4.4500% 06/29/29	146,426	142,809
	Truist Finl Corp	Bonds 7.1610% 10/30/29	709,384	715,670
	United Health Care	Bonds 5.8000% 03/15/36	157,010	144,075
	United Healthcare Group Inc	Bonds 4.7500% 07/15/45	260,691	224,421
	United Parcel Service Inc	Bonds 2.5000% 09/01/29	77,948	77,209
	United Parcel Service Inc	Bonds 5.3000% 04/01/50	397,475	344,599
	Unitedhealth Grp	Bonds 4.8000% 01/15/30	60,600	59,813
	Valero Energy Corp	Bonds 6.6250% 06/15/37	180,019	178,570
	Visa Inc	Bonds 3.1500% 12/14/25	111,511	113,716
	Vmware Inc	Bonds 3.9000% 08/21/27	369,472	371,458
	Walmart Inc	Bonds 4.5000% 09/09/52	108,148	104,401
	Well Tower INC	Bonds 4.2500% 04/01/26	435,937	432,846
	Wells Fargo & Co	Bonds 2.3930% 06/02/28	444,918	470,834
	Wells Fargo Co Mtn Be	Bonds 4.9000% 11/17/45	471,847	476,614
	Wells Fargo Co Mtn Be	Bonds 4.1000% 06/03/26	943,731	935,404
	Wesleyan Univ Conn	Bonds 4.7810% 07/01/16	113,627	105,407
	Wyeth	Bonds 5.9500% 04/01/37	185,352	177,513
	Xcel Energy Inc	Bonds 3.5000% 12/01/49	93,983	86,035
	Conocophillip	Bonds 5.5500% 03/15/54	140,000	134,190
	Mylan Nv	Bonds 5.2500% 06/15/46	195,510	210,573
	Pfizer Invt Enterprises	Bonds 5.3400% 05/19/63	42,668	41,289
	Rio Tinto Fin Usa Ltd	Bonds 2.7500% 11/02/51	334,689	274,093
	Royal Bk Cda	Bonds 4.8750% 01/19/27	93,901	95,342
	Shell International	Bonds 3.6250% 05/15/42	150,776	143,901
	Toronto Dominion Bank	Bonds 4.6930% 09/15/27	899,657	908,291
	Totalenergies Cap Sa	Bonds 5.4880% 04/05/54	85,000	81,417
	Bank Amer Corp	Bonds 3.4190% 12/20/28	719,795	728,895
	Bank New York Mellon Corp	Bonds 5.6060% 07/21/39	360,297	362,532
	Bank New York Mellon Corp	Bonds 6.3170% 10/25/29	719,487	703,527
	Capital One Finl Corp	Bonds 5.2470% 07/26/30	542,701	542,495
	Citigroup Inc	Bonds 2.6660% 01/29/31	706,821	720,209

# Altium Packaging Pension Plan

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) EIN: 06-1056158 Plan Number: 017 December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-in- interest	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity rate, rate of interest, collateral, par or maturity value	Cost	Current value
	Citigroup Inc	Bonds 6.1740% 05/25/34	535,936	536,002
	Goldman Sachs Group Inc	Bonds 2.6400% 02/24/28	408,107	428,355
	Goldman Sachs Group Inc	Bonds 2.6500% 10/21/32	982,380	1,017,299
	Goldman Sachs Group Inc	Bonds 3.2100% 04/22/42	325,632	310,236
	Jp Morgan Chase Bank Na	Bonds 3.8820% 07/24/38	439,033	418,526
	Jpmorgan Chase & Co	Bonds 1.9530% 02/04/32	493,416	547,345
	Jpmorgan Chase & Co	Bonds 4.0050% 04/23/29	540,355	542,993
	Pnc Finl Svcs Group Inc	Bonds 5.4920% 05/14/30	533,256	537,467
	Schwab Charles Corp	Bonds 5.8530% 05/19/34	415,139	412,083
	State Str Corp	Bonds 3.1520% 03/30/31	255,041	261,134
	Us Bancorp	Bonds 2.4910% 11/03/36	723,876	704,913
	Wells Fargo & Co	Bonds 2.5720% 02/11/31	62,399	66,126
	<b>Total</b>		<b>\$ 59,490,207</b>	<b>\$ 58,460,702</b>

Plan  
Employer Identification Number  
Plan Number  
Plan Year Beginning

Altium Packaging LP Hourly Pension Plan  
06-1056158  
017  
January 1, 2024

**Schedule SB, line 26a - Schedule of Active Participant Data**

	Attained Age	Years of Service										Total Number
		Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
<u>Average Age:</u> 56.81	Under 25	0	0	0	0	0	0	0	0	0	0	0
	25-29	0	0	0	0	0	0	0	0	0	0	0
<u>Average Service:</u> 30.74	30-34	0	0	0	0	0	0	0	0	0	0	0
<u># of Males:</u> 52	35-39	0	0	0	0	1	0	0	0	0	0	1
<u># of Females:</u> 14	40-44	0	0	0	0	2	2	0	0	0	0	4
	45-49	0	0	0	0	1	1	3	0	0	0	5
	50-54	0	0	0	0	1	4	5	1	1	0	12
	55-59	0	0	0	0	3	4	5	8	2	1	23
	60-64	0	0	0	0	1	0	0	3	4	9	17
	65-69	0	0	0	0	0	0	0	1	0	2	3
	70 & Over	0	0	0	0	0	0	0	0	0	1	1
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>11</b>	<b>13</b>	<b>13</b>	<b>7</b>	<b>13</b>	<b>66</b>

Plan  
Employer Identification Number  
Plan Number  
Plan Year Beginning

Altium Packaging LP Hourly Pension Plan  
06-1056158  
017  
January 1, 2024

## Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

**Interest Rate:**

<b>Target Liability</b>	<b>Minimum</b>
<b>Segment 1</b>	4.75%
<b>Segment 2</b>	4.87%
<b>Segment 3</b>	5.59%
<b>Lookback Month</b>	September
<b>Effective Rate</b>	5.04%
<b>Long Term Rate of Return</b>	5.50%

**Mortality:**

**Funding:** IRS 2024 Static Mortality Table.

**Withdrawal:**

Participants are assumed to terminate employment for reasons other than death, disability, or retirement in accordance with annual rates varying by age and service. The following tables illustrate the assumed number of such terminations per year:

**For the 1st 3 years of service:**

Svc	Annual Rate of Termination
	Male/Female
1	50.00%
2	35.00%
3	25.00%

**After 3 years of service:**

Age	Annual Rate of Termination
	Male/Female
25	20.00%
30	15.00%
35	10.00%
40	7.50%
45	5.00%
55	0.00%

Plan  
Employer Identification Number  
Plan Number  
Plan Year Beginning

Altium Packaging LP Hourly Pension Plan  
06-1056158  
017  
January 1, 2024

## Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

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**Retirement:**

Participants are assumed to retire in accordance with annual rates varying by age. The following table illustrates the assumed number of such terminations per year:

Age	Annual Rate of Retirement	Age	Annual Rate of Retirement
55	2.00%	62	20.00%
56	0.00%	63	20.00%
57	0.00%	64	20.00%
58	5.00%	65	30.00%
59	5.00%	66	25.00%
60	5.00%	67	25.00%
61	5.00%	68	100.00%

**Disability:**

Participants are assumed to become disabled in accordance with annual rates varying by age. The following table illustrates the assumed number of such terminations per year:

Age	Annual Rate of Disability
40	0.04%
45	0.08%
50	0.21%
55	0.45%
56	0.56%
57	0.67%
58	0.79%
59	0.90%
60	1.01%
61	1.21%
62	1.44%
63	1.70%
64	2.00%
65	0.00%

Plan  
Employer Identification Number  
Plan Number  
Plan Year Beginning

Altium Packaging LP Hourly Pension Plan  
06-1056158  
017  
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## Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

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<b>Commencement Age for Deferred Benefits:</b>	Age 61, if eligible to commence prior to age 65. Otherwise, age 65 is assumed.
<b>Form of Payment</b>	Life annuity with 5 year certain for all eligible retirement types. Life Annuity for deferred vested commencements.
<b>Plan Administrative Expenses</b>	Plan administrative expenses are assumed to be \$435,000 in 2024.
<b>Actuarial Cost Method:</b>	<p>The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of the benefit accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments made within five years of the valuation date are discounted using the first segment rate, payments made at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments made at least 20 years from the valuation date are discounted using the third discount rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.</p>
<b>Asset Valuation:</b>	<p>The actuarial assets are determined by a three-point averaging method, averaging the following adjusted asset values:</p> <ol style="list-style-type: none"><li>1. Market value as of January 1, 2022, advanced to the valuation date with 2022 and 2023 benefit payments, expenses, contributions and expected return.</li><li>2. Market value as of January 1, 2023, advanced to the valuation date with 2023 benefit payments, expenses, contributions and expected return.</li><li>3. Market value as of January 1, 2024.</li></ol> <p>Discounted contributions made after the valuation date are included in all adjusted asset figures. The assumed rate of return is 5.50%, or the third segment rate for the year if lower. The averaged assets are further adjusted so that the final actuarial assets are no more than 110% and no less than 90% of market value.</p>
<b>Changes since the Prior Valuation:</b>	No non-prescribed actuarial assumptions have been changed since the prior valuation.

Plan  
Employer Identification Number  
Plan Number  
Plan Year Beginning

Altium Packaging LP Hourly Pension Plan  
06-1056158  
017  
January 1, 2024

### Schedule SB, line 22 - Description of Weighted Average Retirement Age

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The average retirement age was developed by assuming the following retirement rates and no decrements other than retirement. All retirements, except for the 100% retirement age, are assumed to occur at mid-year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a)x(b)x(c)
55.5	0.020	1.000	1.11
56.5	0.000	0.9800	0.00
57.5	0.000	0.9800	0.00
58.5	0.050	0.9800	2.87
59.5	0.050	0.9310	2.77
60.5	0.050	0.8845	2.68
61.5	0.050	0.8402	2.58
62.5	0.200	0.7982	9.98
63.5	0.200	0.6386	8.11
64.5	0.200	0.5109	6.59
65.5	0.300	0.4087	8.03
66.5	0.250	0.2861	4.76
67.5	0.250	0.2146	3.62
68	1.000	0.1609	<u>10.94</u>
			64.04

\* The annual rates of retirement result in an average retirement age of 64.04.

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**

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

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

**B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here .....

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here .....

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

<p><b>1a</b> Name of plan <b>ALTIUM PACKAGING PENSION PLAN</b></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <b>017</b></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>ALTIUM PACKAGING LP</b></p> <p><b>2500 WINDY RIDGE PARKWAY STE 1400</b></p> <p><b>ATLANTA GA 30339</b></p>	<p><b>1c</b> Effective date of plan <b>07/15/1990</b></p> <p><b>2b</b> Employer Identification Number (EIN) <b>06-1056158</b></p> <p><b>2c</b> Plan Sponsor's telephone number <b>678-742-4600</b></p> <p><b>2d</b> Business code (see instructions) <b>326100</b></p>

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

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

<b>SIGN HERE</b>	<i>Pamela Kogler</i>	10/14/2025	Pamela Kogler
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<i>Pamela Kogler</i>	10/14/2025	Pamela Kogler
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

# Altium Packaging Pension Plan

## Schedule H, Line 4j – Schedule of Reportable Transactions EIN: 06-1056158 Plan Number: 017 December 31, 2024

Date	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Value of Asset	(i) Net Gain/ (Loss)
Various	FDIC Bank Deposit Fund FST	Buy	\$ 2,270,415	\$ -	\$ 2,270,415	\$ 2,270,415	\$ -
Various	FDIC Bank Deposit Fund FST	Sell	-	2,186,076	2,186,076	2,186,076	-
Various	Morgan Stanley Bank Deposit	Buy	8,847,700	-	8,847,700	8,847,700	-
Various	Morgan Stanley Bank Deposit	Sell	-	8,218,723	8,218,723	8,218,723	-
Various	State Street Instl Invt Tr	Buy	1,432,723	-	1,432,723	1,432,723	-
Various	State Street Instl Invt Tr	Sell	-	1,567,695	1,567,695	1,567,695	-

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>A</b> Name of plan ALTIUM PACKAGING PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	017
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ALTIUM PACKAGING LP	<b>D</b> Employer Identification Number (EIN) 06-1056158	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

**1** Enter the valuation date: Month 01 Day 01 Year 2024

<b>2</b> Assets:		
<b>a</b> Market value .....	<b>2a</b>	37,354,844
<b>b</b> Actuarial value .....	<b>2b</b>	39,738,800

<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	695	28,283,073	28,283,073
<b>b</b> For terminated vested participants .....	170	5,299,343	5,299,343
<b>c</b> For active participants .....	66	3,947,661	3,947,661
<b>d</b> Total .....	931	37,530,077	37,530,077


**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) .....

<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	

**5** Effective interest rate ..... **5** 5.04%

<b>6</b> Target normal cost		
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	6,788
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	435,000
<b>c</b> Target normal cost .....	<b>6c</b>	441,788

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

<b>SIGN HERE</b>	 Signature of actuary	<u>9/23/2025</u> Date
	MELINDA J. ZATTO Type or print name of actuary	2305671 Most recent enrollment number
	STRATEGIC BENEFITS ADVISORS INC. Firm name	770-551-8989 Telephone number (including area code)
	3567 PARKWAY LANE - SUITE 250 ATLANTA GA 30092-5307 Address of the firm	

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.** Schedule SB (Form 5500) 2024 v. 240311

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of _____% .....		
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b>	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>5.16%</u> .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b>	Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	105.88%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	105.88%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	104.21%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>						
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (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	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	441,788	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	441,788	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	0	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>		
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

<b>41</b> 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 type="checkbox"/> 2021
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