

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: PACTIV GENERAL EMPLOYEE BENEFIT TRUST
1b Three-digit plan number (PN): 100
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): PACTIV LLC
2b Employer Identification Number (EIN): 06-6534874
2c Plan Sponsor's telephone number: 847-482-2000
2d Business code (see instructions)

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

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

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

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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor PACTIV EVERGREEN EMPLOYEE BENEFITS ADMINISTRATION COMMITTEE 1900 WEST FIELD COURT LAKE FOREST, IL 60045-4828	3b Administrator's EIN 06-6534874 3c Administrator's telephone number 847-482-2000																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d																					
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan PACTIV GENERAL EMPLOYEE BENEFIT TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>100</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PACTIV LLC</p>	<p>D Employer Identification Number (EIN) 06-6534874</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	621436	0	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid 656</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

OSAIC WEALTH INC **ATTN COMPENSATION DEPT**
18700 N HAYDEN RD STE 255
SCOTTSDALE, AZ 85255-6787

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
656			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	203874

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0	
c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		
	(6) Total additions		7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	0	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year		7e(1)
	(2) Administration charge made by carrier		7e(2)
	(3) Transferred to separate account		7e(3)
	(4) Other (specify below)		7e(4)
(5) Total deductions	7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan PACTIV GENERAL EMPLOYEE BENEFIT TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>100</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PACTIV LLC</p>	<p>D Employer Identification Number (EIN) 06-6534874</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	461696	0	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid 229</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

OSAIC WEALTH INC **ATTN COMPENSATION DEPT**
18700 N HAYDEN RD STE 255
SCOTTSDALE, AZ 85255-6787

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
229			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	71150

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

A Name of plan PACTIV GENERAL EMPLOYEE BENEFIT TRUST	B Three-digit plan number (PN) ▶	100
C Plan sponsor's name as shown on line 2a of Form 5500 PACTIV LLC	D Employer Identification Number (EIN) 06-6534874	

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

BLACKROCK INVESTMENTS, LLC	40 EAST 52ND STREET NEW YORK, NC 10022
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDMAN SACHS ASSET MANAGEMENT FUND	PO BOX 06060 CHICAGO, IL 60606
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ISHARES / BLACKROCK	400 HOWARD STREET SAN FRANCISCO, CA 94105
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JPMORGAN ASSET MANAGEMENT	270 PARK AVENUE NEW YORK, NY 10017
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MORGAN STANLEY INVESTMENT MGMT

1585 BROADWAY AVE
NEW YORK, NY 10036

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

NORTHERN TRUST CORPORATION

36-2723087

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

PRINCIPAL LIFE INSURANCE CO.

42-0127290

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

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

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

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

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

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

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

UBS GLOBAL ASSET MANAGEMENT

36-3718331

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	389406	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)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 19 21 28 33 34 50 62 68 71	NONE	65675	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)

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	14320	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>PACTIV GENERAL EMPLOYEE BENEFIT TRUST</u>	B Three-digit plan number (PN) ▶	<u>100</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PACTIV LLC</u>	D Employer Identification Number (EIN) <u>06-6534874</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE SHORT TERM INVESTMENT

b Name of sponsor of entity listed in (a): NORTHERN TRUST

c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6168310</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN US PROPERTY SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>275012</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	PENSION PLAN FOR PACTIV EVERGREEN	
b Name of plan sponsor	PACTIV LLC	c EIN-PN 36-2552989-042

a Plan name	PENSION PLAN FOR SALARIED EMPLOYEES OF FABRI-KAL CORPORATION	
b Name of plan sponsor	FABRI-KAL LLC	c EIN-PN 38-1356592-002

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

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

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

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

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

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

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

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

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

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

SCHEDULE G (Form 5500) <small>Department of Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	Financial Transaction Schedules This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan PACTIV GENERAL EMPLOYEE BENEFIT TRUST	B Three-digit plan number (PN)	100
C Plan sponsor's name as shown on line 2a of Form 5500 PACTIV LLC	D Employer Identification Number (EIN) 06-6534874	

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible
 Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	GLAM MEDIA INC. 2000 SIERRA POINT PARKWAY SUITE 1000, 10TH FLOOR BRISBANE, CA 94005	GLAM MEDIA IN 9 DUE 12-02-2013 - SEE ATTACHMENT FOR DETAILED DESCRIPTION

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
53086	0	0	53086	53086	0

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible					
Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PACTIV GENERAL EMPLOYEE BENEFIT TRUST	B Three-digit plan number (PN) ▶ 100
C Plan sponsor's name as shown on line 2a of Form 5500 PACTIV LLC	D Employer Identification Number (EIN) 06-6534874

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	14074626	15725999
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2050000	2050000
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	5403629	11538767
(B) All other	1c(3)(B)	904409216	787677888
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	62	0
(5) Partnership/joint venture interests	1c(5)	43826024	38638969
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	25920281	6168310
(10) Value of interest in pooled separate accounts	1c(10)	1043809	275024
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11404766	4134534
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1008132413	866209491
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	10266866	221120
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	10266866	221120
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	997865547	865988371

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-3440	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	44665118	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		44661678
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	-26163	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	417365	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		391202
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	336240990	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	339915765	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-3674775
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	-80736	
(B) Other.....	2b(5)(B)	-32371310	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-32452046

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4709857
(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)		153089
c Other income	2c		2038309
d Total income. Add all income amounts in column (b) and enter total	2d		15827314

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1728275	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	148146	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1876421
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1876421

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13950893
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		145828069

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:

(2) EIN:

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
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		53086
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?.....			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**PACTIV GENERAL
EMPLOYEE BENEFIT TRUST**
Lake Forest, Illinois

FINANCIAL STATEMENTS
December 31, 2024 and 2023

PACTIV GENERAL EMPLOYEE BENEFIT TRUST

FINANCIAL STATEMENTS
December 31, 2024 and 2023

CONTENTS

INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS	4
STATEMENTS OF CHANGES IN NET ASSETS	5
NOTES TO FINANCIAL STATEMENTS	6
SUPPLEMENTAL SCHEDULES	
SCHEDULE G, PART I – SCHEDULE OF LOANS OR FIXED INCOME OBLIGATIONS IN DEFAULT OR CLASSIFIED AS UNCOLLECTIBLE	11
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)	12
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)	15
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS	17

INDEPENDENT AUDITOR'S REPORT

Pactiv Evergreen Employee Benefits Administration Committee
Pactiv General Employee Benefit Trust
Lake Forest, Illinois

Opinion

We have audited the financial statements of the Pactiv General Employee Benefit Trust (the GEBT or the Trust), which comprise the statements of net assets as of December 31, 2024 and 2023, and the related statements of changes in net assets for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets of the Trust as of December 31, 2024 and 2023, and the changes therein for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 Trust's ability to continue as a going concern for one year from the date the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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.

(Continued)

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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 Matters

Participating Plans in The Trust

The accompanying financial statements are those of the Trust; these financial statements do not purport to present the financial status of the participating plans, Pension Plan for Pactiv Evergreen as of December 31, 2024 and 2023 and for the years then ended, and Pension Plan for Salaried Employees of Fabri-Kal Corporation for the period from January 1, 2024 to September 30, 2024, and as of December 31, 2023 and for the year then ended (the Plans). The statements do not contain certain information on accumulated plan benefits and other disclosures necessary for a fair presentation of the financial status of the Plans in conformity with accounting principles generally accepted in the United States of America. Further, these financial statements do not purport to satisfy the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) relating to the financial statements of employee benefit plans.

(Continued)

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule G, Part I – Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible, Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within Year), and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.


Crowe LLP

Oakbrook Terrace, Illinois
October 15, 2025

PACTIV GENERAL EMPLOYEE BENEFIT TRUST
STATEMENTS OF NET ASSETS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value	\$ 850,483,480	\$ 994,057,787
Accrued income receivable	13,522,414	14,074,626
Pending sales	<u>1,982,465</u>	<u>-</u>
Total assets	865,988,359	1,008,132,413
LIABILITIES		
Pending trades - purchases	<u>-</u>	<u>10,266,866</u>
NET ASSETS	<u>\$ 865,988,359</u>	<u>\$ 997,865,547</u>

See accompanying notes to financial statements.

PACTIV GENERAL EMPLOYEE BENEFIT TRUST
 STATEMENTS OF CHANGES IN NET ASSETS
 Years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Net appreciation in fair value of investments	\$ -	\$ 46,741,121
Dividend and interest income on investments	51,795,233	51,975,942
Transfers in from participating plans	-	8,242,254
	<u>51,795,233</u>	<u>106,959,317</u>
Deductions		
Net depreciation in fair value of investments	35,967,931	-
Transfers out to participating plans	145,828,069	44,442,918
Administrative expenses	1,876,421	2,595,487
	<u>183,672,421</u>	<u>47,038,405</u>
Net (decrease) increase	(131,877,188)	59,920,912
Net assets:		
Beginning of year	<u>997,865,547</u>	<u>937,944,635</u>
End of year	<u>\$ 865,988,359</u>	<u>\$ 997,865,547</u>

See accompanying notes to financial statements.

PACTIV GENERAL EMPLOYEE BENEFIT TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE GENERAL EMPLOYEE BENEFIT TRUST

The Pactiv General Employee Benefit Trust (GEBT or Trust) is maintained exclusively for the collective investment and reinvestment of funds for the pension plans of Pactiv LLC (the Company).

General: The GEBT is administered by the Pactiv Evergreen Employee Benefits Administration Committee (the Benefits Committee), with the exception of investments which is overseen by the Pactiv Evergreen Inc. Pension Plans Investment Committee (the Committee), whose members are appointed by the Company. The net assets of the GEBT are held by The Northern Trust Company (the Trustee). The fund money managers invest the portions of the GEBT's assets allocated to them in accordance with the investment guidelines established by the Committee.

Participating Plans: For the period from October 1, 2024 to December 31, 2024, the Pactiv Evergreen Pension Plan (PPPE) was the only plan participating in the GEBT. For the period from January 1, 2024 to September 30, 2024 and as of December 31, 2023 and for the year then ended, the PPPE and the Pension Plan for Salaried Employees of Fabri-Kal Corporation (Salaried Plan) were the participating plans in the GEBT.

Effective September 30, 2024, the Salaried Plan merged into the PPPE. As a result of the merger, net assets totaling \$8.7 million merged into the PPPE. As both the Salaried Plan and the PPPE were participating in the GEBT, no physical asset transfer was required.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements are presented on the accrual basis of accounting.

Investment Valuation and Income Recognition: The Trust's investments are reported at fair value. 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 (depreciation)/ appreciation includes the GEBT's gains and losses on investments bought and sold as well as held during the year.

Transfers In From Participating Plans: Transfers in from participating plans represents amounts that were transferred into the Trust as a result of contributions, plan mergers and consolidating of assets.

Transfers Out to Participating Plans: Benefits are recorded when paid to participants of the participating plans and are reflected as transfers out to the participating plans in the statements of changes in net assets, and this includes a one-time lump sum opportunity offered during year. Administrative expenses relating to the plans are also reflected as transfers out to the participating plans in the statements of changes in net assets.

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from those estimates.

Administrative and Investment Management Expenses: The investment management fees are paid by the GEBT and are reflected in the financial statements of the GEBT as a reduction of investment return and included in the net (depreciation)/ appreciation. The recordkeeping and consulting fees are paid by the GEBT and are reflected in the financial statements as administrative expenses in the statements of changes in net assets.

(Continued)

PACTIV GENERAL EMPLOYEE BENEFIT TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 3 – RISK AND UNCERTAINTIES

The GEBT invests in various investments. Investments are exposed to various risks such as interest rate, market, liquidity, and credit risks, as well as the risks associated with global events. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets.

NOTE 4 – INCOME TAX STATUS

The Internal Revenue Service (IRS) has ruled that the participating plans in the Trust are qualified under the applicable requirements of the Internal Revenue Code (the Code); therefore, the Trust is not subject to tax under present income tax law. The participating plans are required to operate in conformity with the Code to maintain its qualified status. The participating plans have received determination letters from the IRS stating that they are qualified plans. Although the participating plans have been amended since receiving the determination letter, the participating plans' management and the Committee believes that the participating plans are designed and being operated in compliance with the applicable requirements of the Code. Therefore, they believe that the participating plans are qualified and that the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Trust management to evaluate tax positions taken by the Trust. The Trust administrator has analyzed the tax positions taken by the Trust, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Trust is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Trust administrator believes it is no longer subject to income tax examinations for years prior to 2021.

NOTE 5 – FAIR VALUE MEASUREMENTS

Fair value is the price that would be received by the GEBT for an asset or paid by the GEBT to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the GEBT's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the GEBT has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the GEBT's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

(Continued)

PACTIV GENERAL EMPLOYEE BENEFIT TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 5 – FAIR VALUE MEASUREMENTS (Continued)

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the GEBT to estimate the fair values of investments apply to investments held directly by the GEBT.

Exchange Traded Fund and Mutual Funds – The fair values of the exchange traded fund and mutual funds are determined by obtaining quoted prices on nationally and internationally recognized securities exchanges (Level 1 inputs).

Interest Bearing Funds – The fair value of interest-bearing funds is determined based upon the deposit account balance, with no discounts for credit quality or liquidity restrictions (Level 1 inputs).

Corporate Bonds – Corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings (Level 2 inputs). When quoted prices are not available for identical or similar bonds, the bond is valued using matrix pricing, a mathematical technique widely used in the industry to value debt securities without relying exclusively on quoted prices for the specific securities but rather by relying on the securities' relationship to other benchmark quoted securities (Level 2 inputs).

Limited Partnership – The investment in the limited partnership is valued at net asset value based on undistributed partners' capital as audited by the limited partnership's independent auditors. The fair value is calculated based on the fair value of underlying securities, which include investments in real estate funds. In general, fair values of publicly traded companies are based on the closing price quoted on a public exchange as of the last day of the reporting period. Fair values of privately held companies are based on reviewing the price of recent transactions or by calculating the fair value using a variety of industry-accepted techniques. The investment objective of the real estate partnership is to actively manage a core portfolio of primarily real estate investments located in the United States. The real estate partnership provides for quarterly redemptions by the GEBT with a 60-day advance notice requirement.

Collective Trust and Pooled Separate Account – The fair value of participation units owned by the GEBT for a collective trust and a pooled separate account are based on the net asset values per unit as reported by the fund managers as of the Plan's financial statement dates and recent transaction prices. The short-term collective trust and the pooled separate account provide for daily redemptions at reported net asset value per share, with no advance notice requirements.

(Continued)

PACTIV GENERAL EMPLOYEE BENEFIT TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 5 – FAIR VALUE MEASUREMENTS (Continued)

Investments measured at fair value on a recurring basis are summarized below.

	Fair Value Measurements at December 31, 2024, Using			Total
	Level 1	Level 2	Level 3	
Assets				
Interest bearing funds	\$ 2,050,000	\$ -	\$ -	\$ 2,050,000
Mutual funds	4,134,534	-	-	4,134,534
Corporate bonds	-	799,216,655	-	799,216,655
Total investments in fair value hierarchy	\$ 6,184,534	\$ 799,216,655	\$ -	\$ 805,401,189
Investments measured at net asset value*				
Collective trust – short term				6,168,310
Limited partnership – real estate				38,638,969
Pooled separate account				275,012
Total investments at fair value				\$ 850,483,480

	Fair Value Measurements at December 31, 2023, Using			Total
	Level 1	Level 2	Level 3	
Assets				
Exchange traded fund	\$ 7,325,581	\$ -	\$ -	\$ 7,325,581
Interest bearing funds	2,050,000	-	-	2,050,000
Mutual funds	4,079,185	-	-	4,079,185
Corporate bonds	-	909,812,907	-	909,812,907
Total investments in fair value hierarchy	\$ 13,454,766	\$ 909,812,907	\$ -	923,267,673
Investments measured at net asset value*				
Collective trust – short term				25,920,281
Limited partnership – real estate				43,826,024
Pooled separate account				1,043,809
Total investments at fair value				\$ 994,057,787

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statements of net assets.

(Continued)

PACTIV GENERAL EMPLOYEE BENEFIT TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 6 – PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Trust, any party rendering service to the Trust, the employer, and certain others.

The GEBT invests in a collective trust of the Trustee or affiliates of the Trustee. The GEBT also invests in a limited partnership, mutual funds, corporate bonds, exchange-traded funds and a pooled separate account issued by the GEBT's various investment managers and brokers which qualify as exempt parties-in-interest transactions.

Actual fees paid by the GEBT for investment management, recordkeeping and consulting services, qualify as parties-in-interest transactions and are included in administrative expenses in the accompanying financial statements. The Company pays certain expenses for the administration of the GEBT and the participating plans in the Trust. These transactions are exempt from the party-in interest transaction prohibitions of ERISA. An affiliate of the Company provides certain investment, accounting and administrative services to the Trust which are reimbursed by the Trust at cost. These transactions qualify as party-in-interest transactions and related party transactions.

NOTE 7 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2024:

	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 865,988,359
Less: investments at fair value	<u>12</u>
Net assets per the Form 5500	<u>\$ 865,988,371</u>

The following is a reconciliation of the change in net assets available for benefits for the year ended December 31, 2024, per the financial statements to the net income reported in the Form 5500:

Increase in net assets available for benefits per the financial statements	
Prior transfers	\$ 13,950,881
Change in value reported on the Form 5500 and the financial statements for investments at fair value	<u>12</u>
Net income per the Form 5500 prior to transfers	<u>\$ 13,950,893</u>

NOTE 8 – SUBSEQUENT EVENTS

Management evaluated subsequent events for the Trust through October 15, 2025, the date the financial statements were available to be issued.

Effective April 1, 2025, Novolex completed its combination with Pactiv Evergreen, Inc.

SUPPLEMENTAL SCHEDULES

PACTIV GENERAL EMPLOYEE BENEFIT TRUST
 SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
 Year ended December 31, 2024

Name of Plan Sponsor: Pactiv LLC
 Employer Identification Number: 06-6534874
 Three-Digit Plan Number: 100

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i): A single transaction in excess of 5% of the current value of assets:								
*NORTHERN TRUST COLLECTIVE GOVERNMENT STIF								
	Acquisitions:	\$ 70,000,000	\$ -	\$ -	\$ -	\$ 70,000,000	\$ 70,000,000	\$ -
		55,000,000	-	-	-	55,000,000	55,000,000	-
		90,457,926	-	-	-	90,457,926	90,457,926	-
	Dispositions:	-	54,794,000	-	-	54,794,000	54,794,000	-
		-	91,000,000	-	-	91,000,000	91,000,000	-
		-	87,704,336	-	-	87,704,336	87,704,336	-

Category (iii): A series of transactions in the same security in excess of 5% of the current value of assets:

*NORTHERN TRUST COLLECTIVE GOVERNMENT STIF								
	Acquisitions:	\$ 569,182,605	\$ -	\$ -	\$ -	\$ 569,182,605	\$ 569,182,605	\$ -
	Dispositions:	-	588,934,576	-	-	588,934,576	588,934,576	-

* A party-in-interest, as defined by ERISA.

See Independent Auditor's Report.

PACTIV GENERAL EMPLOYEE BENEFIT TRUST
SCHEDULE G, PART I – SCHEDULE OF LOANS OR FIXED INCOME
OBLIGATIONS IN DEFAULT OR CLASSIFIED AS UNCOLLECTIBLE
December 31, 2024

Name of plan sponsor: Pactiv LLC
Employer identification: 06-6534874
Three-digit plan number: 100

(a) Party- in- interest	(b) Identity and Address of Obligor	(c) Detailed Description of Loan	(d) Original Amount of Loan	(e) Amount Received During Reporting Year		(g) Unpaid Balance at End of Year	(h) Amount Overdue	
				Principal	Interest		Principal	Interest
	GLAM MEDIA INC 2000 Sierra Point Parkway Suite 1000, 10th Floor Brisbane, CA 94005	GLAM MEDIA INC 9 DUE 12-02-2013 Glam Media closed operations in 2016, but did not file for bankruptcy. Investment has been held at outstanding principal, and no interest is accrued.	\$ 53,086	\$ -	\$ -	\$ 53,086	\$ 53,086	\$ -

See Independent Auditor's Report.

PACTIV GENERAL EMPLOYEE BENEFIT TRUST
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Name of Plan Sponsor: Pactiv LLC
Employer Identification Number: 06-6534874
Three-Digit Plan Number: 100

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Collective Trust Fund		
*	NORTHERN TRUST	NT COLLECTIVE GOVT SHORT TERM INVT FD	\$ 6,168,310	\$ 6,168,310
		Mutual Funds		
*	BLACKROCK INVESTMENT LLC	MFO BLACKROCK LIQUIDITY FDS FORMERLY BLACKR TREAS TR FD INSTL SHS	1,000,000	1,000,000
*	GOLDMAN SACHS	MFO GOLDMAN SACHS TR FINL SQUARE TREAS INSTRS FD INSTL CL	1,134,534	1,134,534
*	MORGAN STANLEY	MFO MORGAN STANLEY INSTL LIQUIDITY FDS TREASSECS PORTFOLIO INSTL CL	1,000,000	1,000,000
*	JP MORGAN ASSET MANAGEMENT	MFO JPMORGAN TR I 100% U S TREAS SEC MONEY MKT FD CAP CL	1,000,000	1,000,000
			<u>4,134,534</u>	<u>4,134,534</u>
		Pooled Separate Account		
*	PRINCIPAL LIFE INSURANCE COMPANY	CF PRINCIPAL US PROPERTY SEPARATE ACCOUNT R6	210,173	275,012
		Interest Bearing Funds		
	BNY	INTEREST BEARING FUNDS	1,050,000	1,050,000
	HSBC	INTEREST BEARING FUNDS	1,000,000	1,000,000
			<u>2,050,000</u>	<u>2,050,000</u>
		Limited Partnership		
*	UBS REALTY INVESTORS LLC	UBS TRUMBULL PROPERTY FUND	44,258,882	38,638,969
		Corporate Bonds		
	ABBVIE INC	ABBVIE INC 4.45% DUE 05-14-2046	2,588,940	2,553,421
	ABBVIE INC	ABBVIE INC 5.4% 03-15-2054	5,175,810	4,814,432
	AES CORP	AES CORP SR NT 2.45% 01-15-2031	4,623,491	4,614,105
	ALABAMA POWER COMPANY	ALABAMA PWR CO 3.94% DUE 09-01-2032	4,733,900	4,637,918
	ALTRIA GROUP INC	ALTRIA GROUP INC 3.875% DUE 09-16-2046	8,144,880	8,706,739
	AMAZON	AMAZON COM INC NT 3.1% 05-12-2051	3,042,730	2,870,776
	ANHEUSER-BUSCH	ANHEUSER-BUSCH 4.9% DUE 02-01-2046	1,899,180	1,810,346
	APACHE CORP	APACHE CORP 4.75% 04-15-2043	6,204,226	6,143,021
	APACHE CORP	APACHE CORP 5.1% DUE 09-01-2040	2,830,512	3,002,545
	APACHE CORP	APACHE CORP 5.35% DUE 07-01-2049	12,156,315	11,045,835
	AT&T INC	AT&T INC 3.5% DUE 09-15-2053 REG	1,610,391	1,549,562
	AT&T INC	AT&T INC 3.55% DUE 09-15-2055	9,531,063	7,421,790
	AT&T INC	AT&T INC 3.65% DUE 09-15-2059	13,686,918	9,678,823
	BANK AMERICA CORP	BANK AMER CORP 2.687% DUE 04-22-2032	4,187,533	4,299,792
	BANK AMERICA CORP	BANK AMER CORP 5.015% DUE 07-22-2033/01-22-2023 BEO	6,647,480	6,862,953
	BANK AMERICA CORP	BANK OF AMERICA CORPORATION 4.078% 04-23-2040	6,215,580	5,955,726
	BLOOMIN BRANDS INC	BLOOMIN BRANDS INC / OSI RESTAURANT SR NT 144A 5.125% 04-15-2029	4,662,500	4,513,144
	CBS CORP NEW	CBS CORP NEW 4.85% DUE 07-01-2042	4,157,263	4,541,423
	CBS CORP NEW	CBS CORP NEW FIXED 4.9% DUE 08-15-2044	1,367,469	1,515,413
	CBS CORP NEW	CF INDS INC 4.95% DUE 06-01-2043	11,215,265	8,016,323
	CBS CORP NEW	CF INDS INC 5.15% DUE 03-15-2034	2,443,260	1,943,350
	CBS CORP NEW	CF INDS INC 5.375% DUE 03-15-2044	13,405,132	11,171,820
	CHENIERE ENERGY	CHENIERE CORPUS FIXED 2.742% DUE 12-31-2039	3,181,600	3,188,294
	CHENIERE ENERGY	CHENIERE ENERGY 4.625% DUE 10-15-2028	3,762,791	3,916,850
	CHENIERE ENERGY	CHENIERE ENERGY FIXED 4% DUE 03-01-2031	2,907,344	3,215,454
*	CITIGROUP INC	CITIGROUP INC 2.572% DUE 06-03-2031	4,116,350	4,359,540
*	CITIGROUP INC	CITIGROUP INC 3.98% 03-20-2030	7,160,960	7,639,899
*	COMCAST CORP	COMCAST CORP 5.35% 05-15-2053	4,522,530	4,173,694
	COMCAST CORP	COMCAST CORP NEW 2.887% 11-01-2051 BEO	4,682,230	4,218,219
	COMCAST CORP	COMCAST CORP NEW 6.5% DUE 11-15-2035	4,667,128	4,779,559
	CVS HEALTH	CVS HEALTH CORP 5.05% DUE 03-25-2048	15,688,400	12,611,526
	CVS HEALTH	CVS HEALTH CORP 5.875% 06-01-2053	1,496,370	1,376,132
	CVS HEALTH	CVS HEALTH CORP 6.125% DUE 09-15-2039	2,198,095	2,042,127
	DARDEN RESTAURANTS INC	DARDEN RESTAURANTS INC 4.55% 02-15-2048	2,531,610	2,415,223
	DARDEN RESTAURANTS INC	DARDEN RESTAURANTS INC 6.3% 10-10-2033	11,656,110	11,682,970
	DELL INTL LLC	DELL INTL L L C / EMC CORP SR NT 3.45% 12-15-2051	2,945,190	2,078,710
	DELL INTL LLC	DELL INTL L L C/EMC CORP 8.1% 07-15-2036 USD	5,525,610	5,931,421
	DELL INTL LLC	DELL INTL L L C/EMC CORP 8.35% 07-15-2046	3,880,677	3,525,786
	DIAMONDBACK ENERGY INC	DIAMONDBACK ENERGY INC 6.25% 03-15-2033	5,249,500	5,200,043
	DUKE ENERGY CORP	DUKE ENERGY CORP 3.2% DUE 08-15-2049	4,095,000	4,002,713
	DUKE ENERGY CORP	DUKE ENERGY CORP 3.75% DUE 09-01-2046	5,946,880	5,896,459
	DUKE ENERGY CORP	DUKE ENERGY CORP 5% DUE 08-15-2052	6,651,000	6,118,390

(Continued)

PACTIV GENERAL EMPLOYEE BENEFIT TRUST
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Name of Plan Sponsor: Pactiv LLC
Employer Identification Number: 06-6534874
Three-Digit Plan Number: 100

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	ENBRIDGE ENERGY PARTNERS	ENBRIDGE ENERGY 7.375% DUE 10-15-2045	\$ 5,875,100	\$ 5,657,375
	ENERGY TRANSFER	ENERGY TRANSFER 6.25% DUE 04-15-2049	11,779,367	9,821,464
	ENERGY TRANSFER	ENERGY TRANSFER 6.625% DUE 10-15-2036	3,053,430	3,190,583
	ENERGY TRANSFER	ENERGY TRANSFER FIXED 6.125% DUE 12-15-2045	2,264,867	1,976,204
	ENERGY TRANSFER	ENERGY TRANSFER 6% DUE 06-15-2048	1,360,011	1,323,179
	ESC CB LEHMAN BROTHER	ESC CB LEHMAN BROS SUB NTS D07/19/07 6.500 JJ17 ESCROW	60	60
	ESC CB LEHMAN BROTHER	ESC GCB LEHMAN BRTH HLD D12/21/07 6.750 JD17 ESCROW	23	2
	FIRSTENERGY CORP	FIRSTENERGY CORP 3.4% DUE 03-01-2050	6,819,666	6,111,326
	FIRSTENERGY CORP	FIRSTENERGY CORP 4.85% 07-15-2047	15,541,645	14,447,599
	FLOWSERVE CORP	FLOWSERVE CORP TEX SR NT 2.8% 01-15-2032	1,287,664	1,342,267
	FMC CORP	FMC CORP 5.65% 05-18-2033	8,505,578	8,706,579
	FMC CORP	FMC CORP 6.375% 05-18-2053	13,866,790	13,812,637
	GA POWER COMPANY	GA PWR CO SR NT SER 2012A 4.3 DUE 03-15-2042	7,194,156	6,306,827
	GEOGIA POWER COMPANY	GEORGIA PWR CO 3.7% 01-30-2050	3,711,400	3,676,783
	GLAM MEDIA INC	GLAM MEDIA INC 9 DUE 12-02-2013	53,086	53,086
	GLAM MEDIA INC	GLAM MEDIA INC SER M-1 PFD	125,686	-
	HALEON US CAPITAL LLC	HALEON US CAPITAL LLC 3.625% 03-24-2032	5,099,851	5,252,632
	HCA INC	HCA INC 3.5% DUE 07-15-2051 BEO	3,487,950	3,239,579
	HCA INC	HCA INC 5.25% DUE 06-15-2049	1,247,181	1,247,837
	HCA INC	HCA INC SR SECD NT 4.625% 03-15-2052	7,562,007	7,115,285
	HOME DEPOT INC	HOME DEPOT INC 5.3% 06-25-2054	1,968,700	1,918,388
	HOME DEPOT INC	HOME DEPOT INC 5.4% 06-25-2064	2,021,520	1,920,141
	INTL PAPER CO	INTL PAPER CO 4.4% DUE 08-15-2047	3,213,580	3,273,613
	INTL PAPER CO	INTL PAPER CO 4.8% DUE 06-15-2044	2,095,194	2,152,769
	INTL PAPER CO	INTL PAPER CO 7.3% DUE 11-15-2039	8,709,778	9,147,247
*	JPMORGAN CHASE & CO	JPMORGAN CHASE & CO 1.561% DUE 12-10-2025	(1,971,631)	(1,974,000)
*	JPMORGAN CHASE & CO	JPMORGAN CHASE & CO 1.953% 02-04-2032	3,299,520	3,316,163
*	JPMORGAN CHASE & CO	JPMORGAN CHASE & CO 4.26% 02-22-2048	8,125,986	7,977,332
*	JPMORGAN CHASE & CO	JPMORGAN CHASE & CO 5.766% 04-22-2035	2,808,495	2,756,440
	KRAFT HEINZ FOOD COMPANY	KRAFT HEINZ FOODS 4.375% DUE 06-01-2046	11,454,437	10,527,168
	KRAFT HEINZ FOOD COMPANY	KRAFT HEINZ FOODS CO GTD SR NT 4.875% 10-01-2049	3,703,876	3,381,457
	L3HARRIS TECHNOLOGIES INC	L3HARRIS TECHNOLOGIES INC 5.4% 07-31-2033	1,166,035	1,160,525
	L3HARRIS TECHNOLOGIES INC	L3HARRIS TECHNOLOGIES INC 5.5% 08-15-2054	3,904,682	3,664,458
	LOWE'S COMPANIES INC	LOWE'S COMPANIES INC 5.625% DUE 04-15-2053 BEO	4,645,575	4,812,334
	LOWE'S COMPANIES INC	LOWE'S COMPANIES INC 5.75% 07-01-2053	4,386,610	4,412,699
	LOWE'S COMPANIES INC	LOWES COS INC 5.85% 04-01-2063	5,704,008	5,643,066
	M D C HOLDINGS INC	M D C HLDGS INC 6% DUE 01-15-2043	14,850,571	12,263,127
	MACYS RETAIL HOLDINGS	MACYS RETAIL HLDGS 4.3 DUE 02-15-2043	10,155,200	8,657,648
	MACYS RETAIL HOLDINGS	MACYS RETAIL HLDGS 4.5% DUE 12-15-2034	6,489,000	5,908,930
	MACYS RETAIL HOLDINGS	MACYS RETAIL HLDGS 5.125% DUE 01-15-2042	9,822,662	8,303,389
	MCDONALDS CORP	MCDONALDS CORP 4.45% DUE 03-01-2047 REG	6,859,578	6,553,530
	MCDONALDS CORP	MCDONALDS CORP 5.15% DUE 09-09-2052 BEO	7,946,400	7,329,968
	MCDONALDS CORP	MCDONALDS CORP MEDIUM TERM NTS BOOK 3.625% DUE 09-01-2049	1,500,960	1,443,894
	MERCER INTL INC	MERCER INTL INC SR NT 5.125% 02-01-2029	11,121,032	10,374,012
	MICROSOFT CORP	MICROSOFT CORP 2.525% DUE 06-01-2050 BEO	2,997,400	2,939,928
	MIDAMERICAN ENERGY	MIDAMERICAN ENERGY 5.15% DUE 11-15-2043	3,021,030	2,849,744
	NEWMONT GOLDCORP	NEWMONT GOLDCORP CORP 5.875% 04-01-2035	10,092,265	10,489,513
	NORDSTROM INC	NORDSTROM INC 5% DUE 01-15-2044	7,222,260	7,364,726
	NORTHROP GRUMMAN	NORTHROP GRUMMAN 4.03% DUE 10-15-2047	5,848,010	5,499,486
	OCCIDENTAL PETE	OCCIDENTAL PETE 4.1% DUE 02-15-2047	2,064,690	2,051,204
	OCCIDENTAL PETE	OCCIDENTAL PETE 6.125% DUE 01-01-2031	2,036,000	2,046,441
	OCCIDENTAL PETE	OCCIDENTAL PETE CORP SR NT 6.45% 09-15-2036	15,734,847	15,535,295
	OCCIDENTAL PETE	OCCIDENTAL PETE CORP SR NT 6.6% 03-15-2046	3,183,750	3,030,813
	ONEOK INC	ONEOK INC 5.7% 11-01-2054	11,431,185	10,825,930
	PACIFICORP	PACIFICORP 6.35% DUE 07-15-2038	5,391,550	5,231,939
	PAYPAL HLDGS INC	PAYPAL HLDGS INC 5.5% 06-01-2054	2,940,810	2,932,605
	PERMIAN RES OPER LLC	PERMIAN RES OPER LLC SR NT 144A 7% 01-15-2032	3,618,125	3,552,884
	PFIZER INVESTMENT	PFIZER INVESTMENT ENTER 5.34% 05-19-2063	17,706,439	16,549,966
	AES CORP	PVTPL AES CORP SR SECD 1ST LIEN NT 144A 3.95% DUE 07-15-2030/05-27-2020 E	4,789,750	4,609,019
	ALBERTSONS COS INC	PVTPL ALBERTSONS COS INC 4.875% DUE 02-15-2030	8,782,500	9,095,209
	BOYD GAMING CORP	PVTPL BOYD GAMING CORP 4.75% DUE 06-15-2031 BEO	7,243,547	7,350,545
	BUILDERS FIRSTSOURCE INC	PVTPL BUILDERS FIRSTSOURCE INC 6.375% 03-01-2034	4,960,000	4,934,680
	CIVITAS RESOURCES INC	PVTPL CIVITAS RESOURCES INC 8.75% 07-01-2031	6,306,250	6,515,835
	CLEVELAND-CLIFFS INC	PVTPL CLEVELAND-CLIFFS INC 7.0% 03-15-2032	14,571,700	14,162,036
	ENQUEST PLC	PVTPL ENQUEST PLC 144A 11.625% 11-01-2027	6,074,125	6,012,336
	KINETIK HOLDINGS LP	PVTPL KINETIK HOLDINGS LP 5.875% 06-15-2030	7,262,975	7,376,375
	MSCI INC	PVTPL MSCI INC SR NT 144A 3.875% DUE 02-15-2031/05-26-2020 BEO	3,842,372	4,022,078

(Continued)

PACTIV GENERAL EMPLOYEE BENEFIT TRUST
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Name of Plan Sponsor: Pactiv LLC
Employer Identification Number: 06-6534874
Three-Digit Plan Number: 100

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	US FOODS INC	PVTPL US FOODS INC 5.75% 04-15-2033	\$ 3,015,000	\$ 2,914,541
	US FOODS INC	PVTPL US FOODS INC 7.25% DUE 01-15-2032	6,221,250	6,209,486
	VENTURE GLOBAL CALCASIEU PASS LLC	PVTPL VENTURE GLOBAL CALCASIEU PASS LLC 3.875% DUE 11-01-2033 BEO	5,045,000	5,154,736
	VENTURE GLOBAL CALCASIEU PASS LLC	PVTPL VENTURE GLOBAL LNG INC 9.875% 02-01-2032	3,202,500	3,291,838
	REGAL REXNORD CORP	REGAL REXNORD CORP 6.4% 04-15-2033	6,978,580	7,226,013
	REPUBLIC SERVICES INC	REPUBLIC SERVICES INC 5.0% DUE 04-01-2034	4,928,650	4,878,076
	REYNOLDS AMERN INC	REYNOLDS AMERN INC FIXED 5.85% DUE 08-15-2045	18,302,156	14,060,925
	S&P GLOBAL	S&P GLOBAL INC 2.3% 08-15-2060	5,593,600	5,513,971
	STANLEY BLACK & DECKER INC	STANLEY BLACK & DECKER INC JR SUB NT FXD/FLTG DUE 03-15-2060/03-15-2060	11,703,338	12,882,848
	SYSCO CORP	SYSCO CORP FIXED 6.6% DUE 04-01-2050	8,297,103	7,947,332
	TIME WARNER CABLE	TIME WARNER CABLE 5.5% DUE 09-01-2041	13,741,165	10,202,444
	TIME WARNER CABLE	TIME WARNER CABLE 5.875% DUE 11-15-2040	15,451,885	10,918,687
	TIME WARNER CABLE	TIME WARNER CABLE 7.3% DUE 07-01-2038	4,937,250	5,093,073
	T-MOBILE USA INC	T-MOBILE USA INC 3.0% DUE 02-15-2041 BEO	2,250,210	2,142,391
	T-MOBILE USA INC	T-MOBILE USA INC 4.5% DUE 04-15-2050	15,991,105	12,726,666
	TRANSCANDA	TRANSCANADA 7.625% DUE 01-15-2039	7,609,338	7,608,646
	UNITEDHEALTH GROUP INC	UNITEDHEALTH GROUP INC 5.05% 04-15-2053	4,631,050	4,509,648
	VERIZON COMMUNICATIONS	VERIZON 4% DUE 03-22-2050	3,978,700	3,800,782
	VERIZON COMMUNICATIONS	VERIZON COMMUNICATIONS 3.55% DUE 03-22-2051 BEO	1,390,560	1,415,620
	VIACOM INC NEW	VIACOM INC NEW 5.25% DUE 04-01-2044	5,149,808	4,402,486
	VIACOM INC NEW	VIACOM INC NEW 5.85% DUE 09-01-2043	5,225,390	4,135,547
	VIACOM INC NEW	VIACOMCBS INC 4.2% DUE 05-19-2032 REG	4,221,390	4,408,573
	VIACOM INC NEW	VIACOM INC 6.875% DUE 04-30-2036	2,358,521	2,416,377
	VIACOM INC NEW	VIACOMCBS INC FIXED 4.95% DUE 05-19-2050	3,036,822	3,114,158
	VISA INC	VISA INC FIXED 2% DUE 08-15-2050	1,240,320	1,080,319
	VODAFONE GROUP	VODAFONE GROUP PLC NEW 4.875% DUE 06-19-2049 REG	4,280,150	4,312,883
	VODAFONE GROUP	VODAFONE GROUP PLC NEW GCB 02/27/07 6.150 FA37 6.15 DUE 02-27-2037 BE	2,657,201	2,606,163
	WARNERMEDIA HOLDINGS INC	WARNERMEDIA HLDGS INC 5.141% 03-15-2052	13,320,045	11,298,850
	WARNERMEDIA HOLDINGS INC	WARNERMEDIA HLDGS INC SR NT 5.391% 03-15-2062	8,252,259	7,660,490
	WARNERMEDIA HOLDINGS INC	WARNERMEDIA HOLDINGS INC. 5.05% 03-15-2042	1,606,380	1,610,961
	WELLS FARGO	WELLS FARGO & CO VAR RT 4.611% DUE 04-25-2053	4,956,908	4,901,357
	WELLS FARGO	WELLS FARGO & COMPANY 4.897% 07-25-2033	3,908,920	3,862,456
	WELLS FARGO	WELLS FARGO & COMPANY 5.557% 07-25-2034	3,016,440	2,995,392
	WESTERN MIDSTREAM OPERATING LP	WESTERN MIDSTREAM OPERATING LP 5.25% 02-01-2050	5,037,665	5,158,554
	WESTLAKE CHEM CORP	WESTLAKE CHEM CORP 3.125% 08-15-2051	7,561,873	7,631,983
	WESTLAKE CHEM CORP	WESTLAKE CHEMICAL CORPORATION 3.375% DUE 06-15-2030 BEO	265,546	287,240
	WESTERN GAS PARTNERS	WESTN GAS PARTNERS 5.3% 03-01-2048	9,787,174	9,608,688
			<u>852,485,331</u>	<u>799,216,655</u>
		Total Investments	\$ 909,307,230	\$ 850,483,480

* Party-in-interest

See Independent Auditor's Report.

PACTIV GENERAL EMPLOYEE BENEFIT TRUST
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
 Year ended December 31, 2024

Name of Plan Sponsor: Pactiv LLC
 Employer Identification Number: 06-6534874
 Three-Digit Plan Number: 100

(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Shares/Par	Transaction	(c) Cost of Acquisitions \$	(d) Proceeds of Dispositions
BANK AMER CORP FIXED 4.827% DUE 07-22-2026	1,511,000	Acquisitions	(1,501,299)	
BANK AMER CORP FIXED 4.827% DUE 07-22-2026	(1,511,000)	Dispositions		\$ 1,511,589
CF PRINCIPAL US PROPERTY SEPARATE ACCOUNT R6	(543)	Dispositions		742,569
CF PRINCIPAL US PROPERTY SEPARATE ACCOUNT R6	(360)	Free Delivery		
CF PRINCIPAL US PROPERTY SEPARATE ACCOUNT R6	360	Free Receipt	379,842	
CVS HEALTH CORP 5.05% DUE 03-25-2048	2,500,000	Acquisitions	(2,178,325)	
CVS HEALTH CORP 5.05% DUE 03-25-2048	(4,000,000)	Dispositions		3,550,840
JPMORGAN CHASE 1.561% DUE 12-10-2025	1,974,000	Acquisitions	(1,949,976)	
JPMORGAN CHASE 1.561% DUE 12-10-2025	(9,474,000)	Dispositions		9,238,231
M D C HLDGS INC 6% DUE 01-15-2043	4,300,000	Acquisitions	(4,569,782)	
M D C HLDGS INC 6% DUE 01-15-2043	(7,000,000)	Dispositions		7,017,930
MACYS RETAIL HLDGS 4.5% DUE 12-15-2034	2,100,000	Acquisitions	(1,764,000)	
MACYS RETAIL HLDGS 4.5% DUE 12-15-2034	(7,000,000)	Dispositions		5,872,500
MACYS RETAIL HLDGS 5.125% DUE 01-15-2042	1,600,000	Acquisitions	(1,318,128)	
MACYS RETAIL HLDGS 5.125% DUE 01-15-2042	(1,000,000)	Dispositions		862,500
OCCIDENTAL PETE CORP SR NT 6.45% 09-15-2036	10,000,000	Acquisitions	(10,463,200)	
OCCIDENTAL PETE CORP SR NT 6.45% 09-15-2036	(5,000,000)	Dispositions		5,290,550
ONEOK INC 5.7% 11-01-2054	13,500,000	Acquisitions	(13,425,565)	
ONEOK INC 5.7% 11-01-2054	(2,000,000)	Dispositions		2,000,000
PVTP L BOYD GAMING CORP 4.75% DUE 06-15-2031 BEO	11,445,000	Acquisitions	(10,434,538)	
PVTP L BOYD GAMING CORP 4.75% DUE 06-15-2031 BEO	(3,500,000)	Dispositions		3,290,000
PVTP L CHEMOURS CO 5.75% DUE 11-15-2028 BEO	6,000,000	Acquisitions	(5,602,500)	
PVTP L CHEMOURS CO 5.75% DUE 11-15-2028 BEO	(6,000,000)	Dispositions		5,235,000
PVTP L ENQUEST PLC 144A 11.625% 11-01-2027	6,000,000	Acquisitions	(6,074,125)	
PVTP L ENQUEST PLC 144A 11.625% 11-01-2027	(1,135,000)	Dispositions		1,071,156
PVTP L VENTURE GLOBAL CALCASIEU PASS LLC 3.875% DUE 11-01-2033 BEO	9,000,000	Acquisitions	(7,567,500)	
PVTP L VENTURE GLOBAL CALCASIEU PASS LLC 3.875% DUE 11-01-2033 BEO	(3,000,000)	Dispositions		2,602,500

See Independent Auditor's Report.

PACTIV GENERAL EMPLOYEE BENEFIT TRUST
 SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
 Year ended December 31, 2024

Name of Plan Sponsor: Pactiv LLC
 Employer Identification Number: 06-6534874
 Three-Digit Plan Number: 100

(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Shares/Par	Transaction	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
REGAL REXNORD CORP 6.05% 04-15-2028	5,000,000	Acquisitions	\$ (5,217,950)	
REGAL REXNORD CORP 6.05% 04-15-2028	(10,000,000)	Dispositions		\$ 10,323,900
VIACOMCBS INC FIXED 4.95% DUE 05-19-2050	6,125,000	Acquisitions	(4,509,220)	
VIACOMCBS INC FIXED 4.95% DUE 05-19-2050	(2,000,000)	Dispositions		1,479,620
WARNERMEDIA HLDGS INC 5.141% 03-15-2052	7,135,000	Acquisitions	(5,634,712)	
WARNERMEDIA HLDGS INC 5.141% 03-15-2052	(2,000,000)	Dispositions	(2,170,980)	1,627,540
WESTLAKE CHEM CORP 3.125% 08-15-2051	3,500,000	Acquisitions		
WESTLAKE CHEM CORP 3.125% 08-15-2051	(11,500,000)	Dispositions		7,497,650
WESTN GAS PARTNERS 4.5% 03-01-2028	2,079,000	Acquisitions	(2,068,647)	
WESTN GAS PARTNERS 4.5% 03-01-2028	(7,158,000)	Dispositions		7,008,726

See Independent Auditor's Report.