

<p>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>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>BEMIS ASSOCIATES INC. PENSION AND SEVERANCE AWARD AGREEMENT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BEMIS ASSOCIATES INC.</u></p> <p><u>ONE BEMIS WAY</u> <u>SHIRLEY, MA 01464-2527</u></p>	<p>1c Effective date of plan <u>01/15/1970</u></p> <p>2b Employer Identification Number (EIN) <u>04-1078880</u></p> <p>2c Plan Sponsor's telephone number <u>978-425-6500</u></p> <p>2d Business code (see instructions) <u>326100</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/15/2026	STEFANIE SILVER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/15/2026	MICHAEL SPILLER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	170
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	55
	6a(2)	55
	6b	55
	6c	41
	6d	151
	6e	16
	6f	167
	6g(1)	0
6g(2)	0	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 3H

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached <u>0</u>	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

<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 **04/01/2024** and ending **03/31/2025**

<p>A Name of plan BEMIS ASSOCIATES INC. PENSION AND SEVERANCE AWARD AGREEMENT</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>003</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BEMIS ASSOCIATES INC.</p>	<p>D Employer Identification Number (EIN) 04-1078880</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	825714	167	05/01/2024	03/31/2025

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</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">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

(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
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(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	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	16664250

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. Specify nature of costs ▶	6d	

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**

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**

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 **7e(5)**

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)
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)
(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)
(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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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

A Name of plan <u>BEMIS ASSOCIATES INC. PENSION AND SEVERANCE AWARD AGREEMENT</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BEMIS ASSOCIATES INC.</u>	D Employer Identification Number (EIN) <u>04-1078880</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>04</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>17057134</u>	
b Actuarial value	2b	<u>17057134</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>74</u>	<u>7005245</u>	<u>7005245</u>
b For terminated vested participants	<u>37</u>	<u>2200301</u>	<u>2200301</u>
c For active participants	<u>60</u>	<u>8065478</u>	<u>8325157</u>
d Total	<u>171</u>	<u>17271024</u>	<u>17530703</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.19 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>374228</u>	
b Expected plan-related expenses	6b	<u>0</u>	
c Target normal cost	6c	<u>374228</u>	

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

SIGN HERE <u>SETH CORREIA</u> Signature of actuary <u>MANULIFE JOHN HANCOCK</u> Firm name <u>200 BERKELEY STREET</u> <u>BOSTON, MA 02116</u> Address of the firm	<u>11/06/2025</u> Date <u>23-08079</u> Most recent enrollment number <u>781-619-2000</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>3.67</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.34</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	97.29 %
15	Adjusted funding target attainment percentage	15	97.29 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.56 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
10/02/2025	454956	0					
			Totals ▶	18(b)	454956	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 421616
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
		(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 374228
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	473569		43085	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 417313
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 417313
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 421616
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 4303
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

A Name of plan BEMIS ASSOCIATES INC. PENSION AND SEVERANCE AWARD AGREEMENT	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 BEMIS ASSOCIATES INC.	D Employer Identification Number (EIN) 04-1078880	

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	CONTRACT ADMINISTRATOR	36711	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

JOHN HANCOCK RETIREMENT

01-0233346

(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?
13 50	CONTRACT ADMINISTRATOR	31853	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)

CLIFTONLARSONALLEN LLP

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTANT	11550	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PRINCIPAL GLOBAL INVESTORS, LLC

42-1479618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 99	INVESTMENT ADVISORY	6607	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1378	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRINCIPAL GLOBAL INVESTORS, LLC	27 50 99	1378
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	3(21) FIDUCIARY SERVICES	
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan <u>BEMIS ASSOCIATES INC. PENSION AND SEVERANCE AWARD AGREEMENT</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BEMIS ASSOCIATES INC.</u>	D Employer Identification Number (EIN) <u>04-1078880</u>	

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: <u>PRIN DIVERSIFIED INTL SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-015</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>780908</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCP S&P 500 INDEX SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-016</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>2042007</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP S&P 600 INDEX SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-028</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>43577</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP S&P 400 IDX SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-023</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>121104</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LDI LONG DURATION SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-104</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>8327259</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL OVERSEAS SEP ACCT-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-116</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>292215</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LDI INTRM DUR SEP ACCT-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-128</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>3389427</u>	

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 04/01/2024 and ending 03/31/2025	
A Name of plan BEMIS ASSOCIATES INC. PENSION AND SEVERANCE AWARD AGREEMENT	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 BEMIS ASSOCIATES INC.	D Employer Identification Number (EIN) 04-1078880

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	53697	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		454956
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	29593	
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		16664250
(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)	16973844	
(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	17057134	17119206
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	17057134	17119206

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)	454956	
(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)		454956
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	993	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		993
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	89367	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		89367
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		840346
(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)		-566249
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		819413

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	644625	
(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)		644625
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)	71285	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	11550	
(5) Investment advisory and investment management fees	2i(5)	29881	
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		112716
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		757341

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		62072
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 564533.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan <u>BEMIS ASSOCIATES INC. PENSION AND SEVERANCE AWARD AGREEMENT</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BEMIS ASSOCIATES INC.</u>	D Employer Identification Number (EIN) <u>04-1078880</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 42-0127290

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

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

3		0
---	--	---

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

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

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

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705206A.

**BEMIS ASSOCIATES, INC. PENSION AND
SEVERANCE AWARD AGREEMENT**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

YEARS ENDED MARCH 31, 2025 AND 2024



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**BEMIS ASSOCIATES, INC. PENSION AND SEVERANCE AWARD AGREEMENT
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INDEPENDENT AUDITORS' REPORT

Benefit Plan Committee and Plan Participants
Bemis Associates, Inc. Pension and Severance Award Agreement
Shirley, Massachusetts

Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of Bemis Associates, Inc. Pension and Severance Award Agreement (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of March 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended March 31, 2025 and 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

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

Basis for Opinion on the Financial Statements

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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if, there is 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 audits.
- 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.

Benefit Plan Committee and Plan Participants
Bemis Associates, Inc. Pension and Severance Award Agreement

- Obtain an understanding of internal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

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

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

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and reportable transactions as of or for the year ended March 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

Benefit Plan Committee and Plan Participants
Bemis Associates, Inc. Pension and Severance Award Agreement

In our opinion:

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

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Worcester, Massachusetts
January 15, 2026

**BEMIS ASSOCIATES, INC. PENSION AND SEVERANCE AWARD AGREEMENT
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MARCH 31, 2025 AND 2024**

	2025	2024
ASSETS		
INVESTMENTS (at Fair Value)	\$ 16,664,250	\$ 17,057,134
RECEIVABLES		
Employer Contribution	454,956	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ 17,119,206	\$ 17,057,134

See accompanying Notes to Financial Statements.

**BEMIS ASSOCIATES, INC. PENSION AND SEVERANCE AWARD AGREEMENT
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED MARCH 31, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
ADDITIONS:		
INVESTMENT INCOME (LOSS)		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 274,097	\$ (66,301)
Interest and Dividends	<u>90,360</u>	<u>739,718</u>
Total Investment Gain	364,457	673,417
CONTRIBUTIONS		
Employer	<u>454,956</u>	<u>-</u>
Total Additions	819,413	673,417
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	644,625	591,742
ADMINISTRATIVE EXPENSES	<u>112,716</u>	<u>64,951</u>
Total Deductions	<u>757,341</u>	<u>656,693</u>
NET INCREASE	62,072	16,724
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>17,057,134</u>	<u>17,040,410</u>
End of Year	<u>\$ 17,119,206</u>	<u>\$ 17,057,134</u>

See accompanying Notes to Financial Statements.

**BEMIS ASSOCIATES, INC. PENSION AND SEVERANCE AWARD AGREEMENT
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024**

NOTE 1 DESCRIPTION OF PLAN

The following description of the Bemis Associates, Inc. Pension and Severance Award Agreement (the Plan) provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan established for the exclusive benefit of eligible employees of Bemis Associates, Inc. (the Company) and their beneficiaries. The Company established the Plan effective January 15, 1970 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). No voluntary employee contributions are permitted. Through a plan amendment effective March 20, 2013, the Plan was partially frozen so that no one hired or rehired after March 20, 2013 shall be eligible to participate.

The Plan is administered by the Company's Benefit Plan Committee (the Committee), which is a committee authorized and approved by the board of directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investments and monitors investment performance.

Eligibility

No employee hired or rehired after March 20, 2013 is eligible to participate. Former participants that took a one-time opportunity to opt out of the Plan as of December 31, 2013, and receive future accruals under a defined contribution plan are also no longer eligible to participate.

Prior to March 20, 2013, employees were eligible to participate in the Plan after the first day of their employment with the Company if they were represented by the United Steel Workers of America Local Union No. 0506, AFL-CIO and were not covered by any other retirement plan to which the Company contributes.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount, which will meet or exceed the annual ERISA minimum funding requirement. During the years ended March 31, 2025 and 2024, the Company made employer contributions of \$454,956 and \$-0-, respectively. The Company's contributions for 2025 and 2024 exceeded the minimum funding requirements of ERISA.

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

BEMIS ASSOCIATES, INC. PENSION AND SEVERANCE AWARD AGREEMENT
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Pension Benefits

An eligible employee with five or more years of service is entitled to an annual pension benefit beginning at normal retirement age 65 equal to the monthly benefit rate (which ranges from \$15 to \$75 per month) that was in effect as of the employee's date of separation (as stated in the plan document) multiplied by years of benefit service. The Plan permits early retirement at ages 55 to 64 if the employee has completed five years of vested service with the Company. The benefit amount paid is equal to the normal retirement benefits accrued as of the early retirement date reduced by 4/10 of 1% for each month by which the early retirement date precedes the normal retirement date. The Plan also provides for postponed retirement if the employee continues to work following his or her normal retirement date. For a single participant, the normal form of payment is a five-year certain continuous annuity; however, he or she may select a life annuity or a 10-year certain and continuous annuity. A married participant may elect to receive his or her benefit by the following forms of payment: (1) life annuity, (2) joint and survivor annuity equal to 50%, 66 2/3%, 75% or 100% or (3) a 10-year certain and continuous annuity.

A participant may also elect other forms of receiving his or her benefit, including a lump-sum payment of \$50 multiplied by the years of benefit service, if the lump-sum exceeds the present value of the accrued benefit upon date of termination. If an employee terminates before rendering five years of service, the participant will forfeit his or her accrued benefit based upon the Plan's vesting schedule.

The Plan allows the early payment of termination benefits if the present value of the participant's vested accrued benefit does not exceed \$30,000 as of the annuity starting date. The Committee, at the election of the participant, shall direct earlier payment of the vested portion of the participant's accrued benefit following the participant's termination of service with the employer.

Death and Disability Benefits

Upon the death of a married participant who is vested and has not yet begun to receive retirement benefits, the surviving spouse shall receive monthly surviving spouse benefits equal to 50% of the amount that would have been payable to the participant if the participant had: (1) terminated employment on the day of his or her death, (2) survived to the benefit commencement date, (3) elected the 50% contingent annuitant option with the spouse designated as the contingent annuitant, or (4) elected to commence benefits on the benefit commencement date. A participant who becomes disabled, has completed 10 or more years of vesting service and is not eligible to receive social security disability benefits shall receive, beginning on the participant's disability retirement date, a disability retirement benefit equal to two times his or her accrued benefit. The Plan allows disability retirement benefits to be received in one lump-sum payment in cash if the present value of the participant's accrued benefit does not exceed \$60,000 as of the annuity starting date. If the present value of the participant's accrued benefit exceeds \$60,000 as of the annuity starting date, the participant may receive a lump-sum payment equal to \$60,000 with the remaining portion payable as annuity.

BEMIS ASSOCIATES, INC. PENSION AND SEVERANCE AWARD AGREEMENT
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Vesting

A participant vests in his or her accrued benefit as follows:

<u>Years of Service</u>	<u>Percent Vested</u>
Five or More Years	100%
Less Than Five Years	0%

A year of vesting service means a calendar year in which the participant completes 1,000 or more hours of service.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements have been prepared in accordance with accounting standards set by the Financial Accounting Standards Board (FASB) and are prepared on the accrual basis of accounting. The FASB sets generally accepted accounting principles in the United States of America (U.S. GAAP) to ensure net assets available for benefits and changes in net assets available for benefits are consistently reported. References to U.S. GAAP issued by the FASB in these footnotes are to the FASB Accounting Standards Codification (ASC).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Committee determines the Plan's valuation policies utilizing information provided by the Plan's investment advisers. See Note 5 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

**BEMIS ASSOCIATES, INC. PENSION AND SEVERANCE AWARD AGREEMENT
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of vested participants who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' years of service and the rate prearranged by the plan document as of the date the benefit information is presented (the Valuation Date). Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered as of the Valuation Date.

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

Actuarial Valuation and Actuarial Assumptions

The significant actuarial assumptions used in the valuations as of and for the years ended March 31, 2025 and 2024 (valuation dates of April 1, 2025 and 2024, respectively) are as follows:

Long-Term Rate of Return:	
April 1, 2024	5.75%
April 1, 2025	5.75%
Mortality:	
April 1, 2025	Pri-2012 Blue Collar Mortality Table with Scale Generational Projection (Scale MP 2021)
April 1, 2024	Pri-2012 Blue Collar Mortality Table with Scale Generational Projection (Scale MP 2021)
Termination	2003 Society of Actuaries Pension Plan Select and Ultimate Turnover Table with a 10-Year Select Period
Retirement	100% Retirement at Age 65
Form of Payment	Five-Year Certain and Continuous Annuity
Expenses	Assumed Equal to Prior Year's Actual Expenses
Percent Married	85%
Spouse's Age	Wives Assumed to be Three Years Younger Than Husbands

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated benefits were made as of April 1, 2025 and 2024. Had the valuations been performed on March 31, 2025 and 2024, there would be no material differences.

BEMIS ASSOCIATES, INC. PENSION AND SEVERANCE AWARD AGREEMENT
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses

The Plan's expenses are paid either by the Plan or by the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with general administration of the Plan that are paid by the Plan are recorded as administrative expenses in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net (depreciation) appreciation in fair value of investments in the accompanying statements of changes in net assets available for benefits.

Income Taxes

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

NOTE 3 ACCUMULATED PLAN BENEFITS

The following are the accumulated plan benefits as of March 31:

	<u>2025</u>	<u>2024</u>
Actuarial Present Value of Accumulated Plan Benefits:		
Vested Benefits:		
Participants Current Receiving Benefits	\$ 6,240,294	\$ 6,447,187
Other Vested Participants	10,299,946	9,449,126
Total Vested Benefits	<u>16,540,240</u>	<u>15,896,313</u>
Nonvested Benefits	<u>155,500</u>	<u>238,706</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 16,695,740</u>	<u>\$ 16,135,019</u>

The change in the actual present value of accumulated plan benefits was as follows:

	<u>2025</u>	<u>2024</u>
Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	\$ 16,135,019	\$ 15,404,641
Increase (Decrease) During the Year Attributable to:		
Interest Due to the Discount Period	909,490	863,654
Benefits Accumulated and Actuarial Gains and Losses	295,856	458,466
Changes in Monthly Benefit Rates for Terminations After January 15, 2024		-
Changes in Actuarial Assumptions and Plan Amendments		-
Benefits Paid	<u>(644,625)</u>	<u>(591,742)</u>
Actuarial Present Value of Accumulated Plan Benefits - End of Year	<u>\$ 16,695,740</u>	<u>\$ 16,135,019</u>

BEMIS ASSOCIATES, INC. PENSION AND SEVERANCE AWARD AGREEMENT
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

NOTE 4 INFORMATION PREPARED BY AND CERTIFIED BY THE CUSTODIANS

The following is a summary of the Plan's asset information as of March 31, 2025 and 2024, and for the years then ended, included throughout the Plan's financial statements and supplemental schedule. For the period April 1, 2024 to May 31, 2024, and for the year ended March 31, 2024, the asset information was prepared by or derived from information provided by John Hancock Trust Company LLC (John Hancock) and Vanguard Fiduciary Trust Company (Vanguard), the former custodians of the Plan, and furnished to the Plan Administrator. For the period June 1, 2024 to March 31, 2025, the asset information was prepared by or was derived from information provided by Principal Life Insurance Company (Principal), the current custodian of the Plan and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from John Hancock, Vanguard and Principal that information provided to the Plan Administrator by John Hancock, Vanguard and Principal related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information related to the following assets:

	<u>2025</u>	<u>2024</u>
Investments, at Fair Value, as Determined by Quoted Market Prices:		
Mutual Funds	\$ -	\$ 16,973,844
Interest-Bearing Cash	-	53,697
Money Market Fund	-	29,593
Pooled Separate Accounts	<u>16,664,250</u>	<u>-</u>
Total	<u>\$ 16,664,250</u>	<u>\$ 17,057,134</u>

John Hancock, Vanguard and Principal also certified to the accuracy and completeness of \$274,097 and \$(66,301) of net depreciation in fair value of investments and \$90,360 and \$739,718 of interest and dividend income for the years ended March 31, 2025 and 2024, respectively.

BEMIS ASSOCIATES, INC. PENSION AND SEVERANCE AWARD AGREEMENT
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

NOTE 5 FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements*, defines fair value and establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan can access at the measurement date.

Level 2 – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets
- quoted prices for identical or similar assets or liabilities in inactive markets
- inputs other than quoted prices that are observable for the asset or liability
- inputs that are derived principally from, or corroborated by, observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of March 31, 2025 and 2024.

Mutual Funds: Mutual funds are valued at quoted market prices. These securities are categorized in Level 1 as they are actively traded, and no valuation adjustments have been applied.

Money Market Fund: The money market fund is valued at quoted market prices. This fund is categorized in Level 1 as it is actively traded, and no valuation adjustments have been applied.

Interest-Bearing Cash: The interest-bearing cash is valued at quoted market prices. The interest-bearing cash is categorized as Level 1 as it is actively traded and no valuation adjustments have been applied.

BEMIS ASSOCIATES, INC. PENSION AND SEVERANCE AWARD AGREEMENT
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

NOTE 5 FAIR VALUE MEASUREMENTS (CONTINUED)

Pooled Separate Accounts: Pooled separate accounts are stated at their net asset value as reported by the investment manager of the fund based on their fair value of the underlying assets and liabilities at the measurement date. The net asset value is used as a practical expedient to estimate fair value. Investment in pooled separate accounts provide for daily liquidity and have no redemption features or other restrictions.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31:

2025					
	Level 1	Level 2	Level 3	Investments Measured at Net Asset Value (a)	Total
Pooled Separate Account	\$ -	\$ -	\$ -	\$ 16,664,250	\$ 16,664,250
Total Investments	\$ -	\$ -	\$ -	\$ 16,664,250	\$ 16,664,250
2024					
	Level 1	Level 2	Level 3	Investments Measured at Net Asset Value (a)	Total
Mutual Funds	\$ 16,973,844	\$ -	\$ -	\$ -	\$ 16,973,844
Interest-Bearing Cash	53,697	-	-	-	53,697
Money Market Fund	29,593	-	-	-	29,593
Total Investments	\$ 17,057,134	\$ -	\$ -	\$ -	\$ 17,057,134

(a) Certain investments that are measured using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

BEMIS ASSOCIATES, INC. PENSION AND SEVERANCE AWARD AGREEMENT
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

NOTE 6 RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Plan investments in 2025 are shares of pooled separate accounts managed by Principal Life Insurance Company. Principal holds all the Plan's assets and is the custodian as defined by the Plan and therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net depreciation in fair value of investments.

Plan investments in 2024 were shares of mutual funds and a money market fund managed by Vanguard. Vanguard held all the Plan's assets except for one money market fund, which was held by John Hancock. Vanguard and John Hancock were custodians as defined by the Plan and therefore, these transactions qualified as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net depreciation in fair value of investments.

NOTE 7 PLAN TERMINATION

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

- a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable or would have been payable during these three years. The amount is further limited to the lowest benefits that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations, as described in ERISA.
- c) All other vested benefits (that is, vested benefits not insured by the PBGC).
- d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefits that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes first). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

BEMIS ASSOCIATES, INC. PENSION AND SEVERANCE AWARD AGREEMENT
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

NOTE 7 PLAN TERMINATION (CONTINUED)

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

NOTE 8 TAX STATUS

The Plan obtained its latest determination letter on April 14, 2017, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

NOTE 9 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with investment securities, it is at least reasonably possible that such changes could materially affect account balances of participants, and the amounts reported in the statements of net assets available for benefits.

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

NOTE 10 SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through January 15, 2026, the date the financial statements were available to be issued.

BEMIS ASSOCIATES, INC. PENSION AND SEVERANCE AWARD AGREEMENT
E.I.N. 04-1078880 PLAN NO. 003
SCHEDULE H, LINE 4j—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MARCH 31, 2025

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
* Principal LargeCap S&P 500 Index Separate Account - Z	Pooled Separate Account	1,900,329	\$ 2,042,007
* Principal MidCap S&P 400 Index Separate Account - Z	Pooled Separate Account	122,222	121,104
* Principal SmallCap S&P 600 Index Separate Account - Z	Pooled Separate Account	44,753	43,577
Causeway Overseas Separate Account - Z	Pooled Separate Account	274,052	292,215
* Principal Diversified International Separate Account - Z	Pooled Separate Account	754,953	780,908
* Principal LDI Interim Duration Separate Account - Z	Pooled Separate Account	3,354,545	3,389,426
* Principal LDI Long Duration Separate Account - Z	Pooled Separate Account	7,966,078	8,327,259
* Principal LDI Extended Duration Separate Account - Z	Pooled Separate Account	1,709,627	1,667,754
Total		<u>\$ 16,126,559</u>	<u>\$ 16,664,250</u>

* Indicates party-in-interest

** No reportable transactions

BEMIS ASSOCIATES, INC. PENSION AND SEVERANCE AWARD AGREEMENT
E.I.N. 04-1078880 PLAN NO. 003
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
MARCH 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Including Interest rate and Maturity in Case of Loan)	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Value of Asset on Transaction Date	Net Gain (Loss)
Single Transactions								
^a Vanguard Fiduciary Trust Company	Vanguard Long-Term Investment Grade Fund Admiral	\$ -	\$ 10,733,436	\$ -	\$ -	\$ 10,563,737	\$ 10,733,436	\$ 169,699
^a Vanguard Fiduciary Trust Company	Vanguard Total Stock Market Index Fund Admiral	-	2,151,382	-	-	2,069,465	2,151,382	81,917
^a Vanguard Fiduciary Trust Company	Vanguard Extended Duration Treasury Index Fund Inst	-	1,876,380	-	-	1,825,262	1,876,380	51,118
^a Vanguard Fiduciary Trust Company	Vanguard Total International Stock Index Admiral	-	1,507,774	-	-	1,457,991	1,507,774	49,783
^a Principal Life Insurance Company	Principal LDI Long Duration Separate Account - Z	13,050,469	-	-	-	13,050,469	13,050,469	-
^a Principal Life Insurance Company	Principal LargeCap S&P 500 Index Separate Account - Z	2,104,388	-	-	-	2,104,388	2,104,388	-
^a Principal Life Insurance Company	Principal LDI Long Duration Separate Account - Z	-	4,922,455	-	-	4,675,085	4,922,455	247,370
^a Principal Life Insurance Company	Principal LDI Extended Duration Separate Account - Z	1,709,592	-	-	-	1,709,592	1,709,592	-
^a Principal Life Insurance Company	Principal LDI Interim Duration Separate Account - Z	3,419,184	-	-	-	3,419,184	3,419,184	-
Series of Transactions								
^a Vanguard Fiduciary Trust Company Total Number of Sales: 2	Vanguard Long-Term Investment Grade Fund Admiral	-	10,749,868	-	-	10,579,596	10,749,868	170,272
^a Vanguard Fiduciary Trust Company Total Number of Sales: 4	Vanguard Total Stock Market Index Fund Admiral	-	2,272,584	-	-	2,193,166	2,272,584	79,418
^a Vanguard Fiduciary Trust Company Total Number of Sales: 4	Vanguard Total International Stock Index Admiral	-	1,554,135	-	-	1,504,259	1,554,135	49,876
^a Principal Life Insurance Company	Principal LDI Long Duration Separate Account - Z	13,071,870	-	-	-	13,071,870	13,071,870	-
^a Principal Life Insurance Company Total Number of Purchases: 7 Total Number of Sales: 28	Principal LDI Long Duration Separate Account - Z	-	5,373,850	-	-	5,105,792	5,373,850	268,058
^a Principal Life Insurance Company	Principal LDI Interim Duration Separate Account - Z	3,419,254	-	-	-	3,419,254	3,419,254	-
^a Principal Life Insurance Company Total Number of Purchases: 2 Total number of Sales: 14	Principal LDI Interim Duration Separate Account - Z	-	64,388	-	-	64,709	64,388	(321)
^a Principal Life Insurance Company	Principal LargeCap S&P 500 Index Separate Account - Z	2,107,672	-	-	-	2,107,672	2,107,672	-
^a Principal Life Insurance Company Total Number of Purchases: 4 Total Number of Sales: 1	Principal LargeCap S&P 500 Index Separate Account - Z	-	240,631	-	-	207,343	240,631	33,288
^a Principal Life Insurance Company Total Number of Purchases: 2	Principal LDI Extended Duration Separate Account - Z	1,709,627	-	-	-	1,709,627	1,709,627	-

^aRepresents a Party-in-Interest



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

Attachment to Form 5500 Schedule SB

Attachment to 2025 Form 5500
Schedule SB, line 26: schedule of active participant data

Plan name: Bemis Associates Inc. Pension and Severance Award Agreement
Plan sponsor: Bemis Associates Inc.

EIN: 04-1078880
PN: 003

Schedule of active participant data

Attained Age	Years of credited service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	>40	
<25											
25-29											
30-34											
35-39				5	4						9
40-44					1						1
45-49				1	3	1					5
50-54				1	1	5		3			10
55-59			1	4	2	3	3				13
60-64				3	2	3	5	5			18
65-69			1			1			1		3
>70											
Total			2	14	13	13	8	8	1		59

Attachment to 2025 Form 5500

Schedule SB, line 22: description of weighted average retirement age

Plan name: Bemis Associates Inc. Pension and Severance Award Agreement
Plan sponsor: Bemis Associates Inc.

EIN: 04-1078880
PN: 003

Description of weighted average retirement age

Age	Expected Active Headcount	Retirement Rate	Expected Retirements	Weighted Age
65	49.9781	1.0000	49.9781	3,248.5780
66	0.0000	1.0000	0.0000	0.0000
67	1.0000	1.0000	1.0000	67.0000
Total			50.9781	3,315.5780
Average				65.04

Attachment to 2025 Form 5500
Schedule SB, line 32: schedule of amortization bases

Plan name: Bemis Associates Inc. Pension and Severance Award Agreement
Plan sponsor: Bemis Associates Inc.

EIN: 04-1078880
PN: 003

Schedule of amortization bases

Type of base	Present value of remaining installments	Valuation date	Years remaining	Amortization installment
Shortfall	183,151	4/1/2025	15	17,027
Shortfall	442,428	4/1/2024	14	43,085
Shortfall	0	4/1/2023	13	0
Shortfall	0	4/1/2022	12	0
Shortfall	0	4/1/2021	11	0
Shortfall	0	4/1/2020	10	0
Shortfall	0	4/1/2019	9	0
	Total			60,112

Attachment to 2025 Form 5500

Schedule SB, line 24/25: change in actuarial assumptions and methods

Plan name: Bemis Associates Inc. Pension and Severance Award Agreement

EIN: 04-1078880

Plan sponsor: Bemis Associates Inc.

PN: 003

Changes in actuarial assumptions and methods

There were no changes in assumptions and methods other than those mandated to remain in compliance with IRS standards.

Attachment to 2025 Form 5500
Schedule SB, Part V: statement of actuarial assumptions and methods

Plan name:	Bemis Associates Inc. Pension and Severance Award Agreement	EIN:	04-1078880
Plan sponsor:	Bemis Associates Inc.	PN:	003

Actuarial cost method

Funding target and target normal cost

An actuarial cost method allocates the expected cost of a pension plan on a year-by-year basis. The primary objective is to accumulate enough assets prior to each participant's retirement to provide the promised pension benefits.

The Pension Protection Act of 2006 (PPA) requires plan sponsors to use the Traditional Unit Credit actuarial cost method in which the estimated accrued benefit is based on service and, if applicable, earnings as of the valuation date. The funding target is equal to the actuarial present value of all accrued benefits as of the valuation date. The target normal cost is the actuarial present value, as of the valuation date, of the expected increases in projected accrued benefits attributable to service expected to be completed during the plan year (i.e., if applicable, one year's salary growth is reflected in the determination of target normal cost).

For tax deduction purposes, the funding target may reflect the value of future pay increases on accrued benefits, if applicable.

PPA discounting method

The plan sponsor must choose between full yield curve spot rates or a segmented yield curve of 24-month average corporate bond rates. If the segmented yield curve is selected, the plan sponsor can use either the rates as of the month of the valuation or as of a lookback month, up to 4 months prior to the valuation date. If the full yield curve is selected, the rates as of the month of valuation must be used.

For purposes of this valuation, the following discounting method was used and is assumed to be approved by the plan sponsor:

December 2024 segment rates, adjusted so each segment rate is no less than the applicable minimum percentage* of the corresponding 25-year average segment rate for the calendar year that contains the first day of the plan year and no more than the applicable maximum percentage of that 25-year average segment rate. The 25-year average cannot be less than 5.0% prior to application of the corridor.**

Asset valuation method

Plan assets for purposes of this actuarial valuation are valued at their fair market value, including, if applicable, discounted receivable contributions.

* Minimum is 95% through 2030, decreasing 5% per year beginning in 2031 until 70% is reached in 2035

** Maximum is 105% through 2030 and increasing 5% per year beginning in 2031 until 130% is reached in 2035

Attachment to 2025 Form 5500

Schedule SB, Part V: statement of actuarial assumptions and methods

Plan name: Bemis Associates Inc. Pension and Severance Award Agreement
Plan sponsor: Bemis Associates Inc.

EIN: 04-1078880
PN: 003

Actuarial assumptions

Actuarial Assumptions

Economic Assumptions

Interest Rates:

<u>PPA Segment Rates</u>	<u>Funding Target</u>	<u>Maximum Contribution</u>	<u>PBGC</u>
- Segment 1: Up to Year 5	5.01%	5.01%	4.50%
- Segment 2: Years 5-20	5.26%	5.26%	5.33%
- Segment 3: Years 20+	5.50%	5.36%	5.86%

ASC 960 Assumed Investment Return 5.75%

Demographic Assumptions

Mortality:

- Funding Target / PBGC IRS Small Plan Combined Static Mortality Table for the current Plan Year
- ASC 960 Pri-2012 Blue-Collar Mortality Table with Generational Projection (Scale MP-2021)

Termination:

2003 SOA Pension Plan Select and Ultimate Turnover Table with a 10 year select period
 Illustrative annual rates of withdrawal are as follows:

<u>5-9 Years of Service</u>		<u>>= 10 Years of Service</u>	
<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
25	13.0%	25	0.0%
35	7.2%	35	5.0%
45	5.8%	45	3.7%
55	2.6%	55	0.9%

Retirement: 100% retirement at age 65

Miscellaneous Assumptions

- Form of Payment 5 Year Certain and Continuous Annuity
- Expenses: Assumed equal to prior year's actual expenses
- Percent Married: 85%
- Spouse's Age: Wives assumed to be 3 years younger than husbands

Actuarial assumptions

Rationale for significant assumptions

Economic assumptions

- **Expected return on plan assets:** The assumption was selected by the client with input from their investment advisor. We believe the assumption is reasonable as it falls within a reasonable range of expected returns for the plan's asset allocation based on capital market assumptions.
- **ASC 960 discount rate:** This assumption is based on the expected return on plan assets assumption.

Demographic Assumptions

- **ASC 960 mortality:** The mortality base table and projection scale is based on the most recent mortality table and improvement scale published by the Society of Actuaries and in our judgement, adequately reflects expected mortality rates as of the measurement date. The most recent improvement scale is from 2021 and does not include mortality data affected by the COVID-19 pandemic. The SOA will continue to study emerging mortality experience and assess what mortality improvement scale options might be considered to be implemented in the future. As such, we have decided not to reflect any adjustments to the most recent mortality improvement scale. The plan's relatively small size would not support a credible mortality study.
- **Termination/ Retirement:** We believe that this assumption is representative of anticipated future experience. Historically this assumption has not produced significant gains or losses for the plan. In addition, based on discussions with the plan sponsor, significant changes in termination patterns are not expected.

Miscellaneous assumptions

- **Expenses:** The assumption is based on expenses paid out of the trust during the prior plan year. Historically, the plan sponsor has not paid PBGC premiums from the trust.
- **Form of payment:** All optional forms are actuarially equivalent. The assumption is based on the normal form of payment.
- **Spouse's age and percent married:** The employer does not have enough credible data to analyze spousal demographics. These assumptions are based on the actuary's experience with similar plans.

Attachment to 2025 Form 5500
Schedule SB, Part V: summary of plan provisions

Plan name: Bemis Associates Inc. Pension and Severance Award Agreement
Plan sponsor: Bemis Associates Inc.

EIN: 04-1078880
PN: 003

Summary of plan provisions

Summary of plan provisions

Effective Dates:	January 15, 1970
Eligibility Requirements:	<p>An Employee who is represented by the United Steel Workers of America Local Union No. 0506, AFL-CIO.</p> <p>No employee hired after March 20, 2013 shall be eligible to participate.</p> <p>Participants were given a one-time opportunity to opt out of the Plan of December 31, 2013 and receive future accruals under a defined contribution plan.</p>
Vesting Service:	A participant will earn a year of vesting service for each plan year in which he is credited with 1,000 or more hours of service (after 1/1/76).
Credited Service:	Years and months of employment with the employer.
Normal Retirement Date:	The later of the first day of the month coinciding with or next following sixty-fifth birthday.

Summary of plan provisions

Normal Retirement Benefit: The monthly normal retirement benefit payable to an employee who retires shall equal to :

Date of Termination	Monthly Benefit Rate	Date of Termination	Monthly Benefit Rate
Prior to January 15, 1979	\$5.00	January 15, 2003	39.00
January 15, 1979	8.00	January 15, 2004	41.00
January 15, 1980	9.00	January 15, 2005	43.00
January 15, 1981	10.00	January 15, 2006	45.00
January 15, 1982	11.00	January 15, 2007	47.00
January 15, 1983	11.50	January 15, 2008	48.00
January 15, 1984	12.00	January 15, 2009	49.00
January 15, 1985	13.00	January 15, 2010	50.00
January 15, 1986	13.50	January 15, 2011	52.00
January 15, 1987	14.00	January 15, 2012	53.00
January 15, 1988	15.00	January 15, 2013	57.00
January 15, 1989	16.00	January 15, 2014	59.00
January 15, 1990	17.00	January 15, 2015	60.00
January 15, 1991	18.00	January 15, 2016	61.00
January 15, 1992	19.00	January 15, 2017	62.00
January 15, 1993	20.00	January 15, 2018	65.00
January 15, 1994	21.00	January 15, 2019	67.00
January 15, 1995	23.00	January 15, 2020	69.00
January 15, 1995	23.00	January 15, 2021	70.00
January 15, 1996	25.00	January 15, 2022	71.00
January 15, 1997	27.00	January 15, 2023	74.00
January 15, 1998	31.00	January 15, 2024	75.00
January 15, 1999	33.00	January 15, 2025	76.00
January 15, 2000	35.00	January 15, 2026	77.00
January 15, 2001	37.00	January 15, 2027	78.00

Accruals for anyone electing to opt out of the Plan as of December 31, 2013 and receive future accruals under a defined contribution plan sponsored by the Corporation will have both their service and benefit multiplier under the Plan frozen as of December 31, 2013 and will not accrue any future benefits under the Plan.

Early Retirement Benefit: Eligibility: Age 55 with 5 years of vesting service

Benefit: The amount of Normal Retirement Benefit accrued as of early retirement date reduced by 4/10 of 1% for each of the months between benefit commencement and normal retirement date.

Death Benefit:

Eligibility: Vested (five years of vesting service)

Benefit: An annuity commencing on the first day of the month following the employee's death or the date the employee would have been eligible for early retirement (age 55), if later. The benefit is equal to the amount which would have been payable to the spouse as if the employee had retired and had elected the 50% Joint and Survivor Annuity.

Summary of plan provisions

Disability:	Eligibility:	15 years of vesting service, permanently and total disabled
	Benefit:	Accrued benefit, actuarially reduced for commencement before Normal Retirement Date.
Severance Award:	Eligibility:	Five years of vesting service.
	Benefit:	Lump sum payment of \$50 times years of benefit service, if lump sum exceeds present value of accrued benefit.
Vesting on Termination:	Eligibility:	Five years of vesting service.
	Benefit:	Normal retirement benefit accrued to date of termination, payable at age 65. Alternatively, an employee may elect to have his benefit commence at age 55, or after, but prior to age 65, in a reduced amount.
Normal Form of Benefit:	Single Members:	Life Annuity with 60 months guaranteed payable monthly
	Married Members:	50% Joint and Survivor Annuity will be automatic, unless the member elects otherwise (on a reduced basis)
Optional Forms of Benefit:	Life Annuity, Life Annuity with 120 months guaranteed payable monthly, 50%, 66-2/3%, 75% and 100% Joint and Survivor Annuity. In addition, a participant may elect to receive benefits in the form of a single lump sum if the lump sum present value of vested accrued benefits does not exceed \$30,000.	

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SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

CGS2339 ANNUITY CONTRACT NUMBER 8-25714 DISTRIBUTION 80 377 - VANBAALE 05/14/25

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

B A I . P S A
 A
 EIN 04 1078880
 PLAN NUMBER 003
 PLAN YEAR 04/01/2024 TO 03/31/2025

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
Pooled Separate Accounts PRINCIPAL LDI EXTENDED DURATIO	2		\$ 1,709,626.93		\$ 0.00
Pooled Separate Accounts PRINCIPAL LDI INTERMEDIATE DUR	2		\$ 3,419,253.88		\$ 0.00
Pooled Separate Accounts PRINCIPAL LDI INTERMEDIATE DUR		14		\$ 64,387.55	\$ 321.23-
Pooled Separate Accounts PRINCIPAL LDI LONG DURATION SE	7		\$ 13,071,869.93		\$ 0.00
Pooled Separate Accounts PRINCIPAL LDI LONG DURATION SE		28		\$ 5,373,846.23	\$ 268,054.14
Pooled Separate Accounts PRINCIPAL LARGE CAP S&P 500 IND	4		\$ 2,107,671.90		\$ 0.00
Pooled Separate Accounts PRINCIPAL LARGE CAP S&P 500 IND		1		\$ 240,631.39	\$ 33,288.75

* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

B A I . P S A
 EIN 04 1078880
 PLAN NUMBER 003
 PLAN YEAR 04/01/2024 TO 03/31/2025

(A) Identity of issuer, borrower, lessor or similar party.	(B) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
* Principal Life Insurance Company	Pooled Separate Accounts PRIN DIVERSIFIED INTL SA-Z	Pooled Separate Accounts PRIN LDI EXT DUR SEP ACCT-Z	\$ 754,952.99	\$ 780,907.80
* Principal Life Insurance Company	Pooled Separate Accounts PRIN LDI INTRM DUR SEP ACCT-Z	Pooled Separate Accounts PRIN LDI LONG DURATION SA-Z	\$ 1,709,626.93	\$ 1,667,754.63
* Principal Life Insurance Company	Pooled Separate Accounts PRIN LDI EXT DUR SEP ACCT-Z	Pooled Separate Accounts PRIN LDI LONG DURATION SA-Z	\$ 3,354,545.10	\$ 3,389,426.52
* Principal Life Insurance Company	Pooled Separate Accounts PRIN LDI EXT DUR SEP ACCT-Z	Pooled Separate Accounts PRIN LDI LONG DURATION SA-Z	\$ 7,966,077.84	\$ 8,327,258.73
* Principal Life Insurance Company	Pooled Separate Accounts PRIN LDI EXT DUR SEP ACCT-Z	Pooled Separate Accounts PRIN LDI LONG DURATION SA-Z	\$ 1,900,329.26	\$ 2,042,006.88
* Principal Life Insurance Company	Pooled Separate Accounts PRIN LDI EXT DUR SEP ACCT-Z	Pooled Separate Accounts PRIN LDI LONG DURATION SA-Z	\$ 122,221.80	\$ 121,103.63
* Principal Life Insurance Company	Pooled Separate Accounts PRIN LDI EXT DUR SEP ACCT-Z	Pooled Separate Accounts PRIN LDI LONG DURATION SA-Z	\$ 44,752.74	\$ 43,576.81
* Principal Life Insurance Company	Pooled Separate Accounts PRIN LDI EXT DUR SEP ACCT-Z	Pooled Separate Accounts PRIN LDI LONG DURATION SA-Z	\$ 274,051.78	\$ 292,215.06

Attachment to 2024 Form 5500
Schedule SB, line 26: schedule of active participant data

Plan name: Bemis Associates Inc. Pension and Severance Award Agreement
Plan sponsor: Bemis Associates Inc.

EIN: 04-1078880
PN: 003

Schedule of active participant data

	Years of credited service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	>40	
Attained Age											
<25											
25-29											
30-34											
35-39				5	4						9
40-44					1						1
45-49				2	3		1				6
50-54				2	1	5	1	2			11
55-59				4	3	3	4	1			15
60-64				3	1	4	5	4			17
65-69			1								1
>70											
Total			1	16	13	12	11	7			60

Attachment to 2024 Form 5500
Schedule SB, Part V: summary of plan provisions

Plan name: Bemis Associates Inc. Pension and Severance Award Agreement
Plan sponsor: Bemis Associates Inc.

EIN: 04-1078880
PN: 003

Summary of plan provisions

Summary of plan provisions

Effective Dates:	January 15, 1970
Eligibility Requirements:	<p>An Employee who is represented by the United Steel Workers of America Local Union No. 0506, AFL-CIO.</p> <p>No employee hired after March 20, 2013 shall be eligible to participate.</p> <p>Participants were given a one-time opportunity to opt out of the Plan of December 31, 2013 and receive future accruals under a defined contribution plan.</p>
Vesting Service:	A participant will earn a year of vesting service for each plan year in which he is credited with 1,000 or more hours of service (after 1/1/76).
Credited Service:	Years and months of employment with the employer.
Normal Retirement Date:	The later of the first day of the month coinciding with or next following sixty-fifth birthday.

Summary of plan provisions

Normal Retirement Benefit: The monthly normal retirement benefit payable to an employee who retires shall equal to :

Date of Termination	Monthly Benefit Rate	Date of Termination	Monthly Benefit Rate
Prior to January 15, 1979	\$5.00	January 15, 2003	39.00
January 15,1979	8.00	January 15, 2004	41.00
January 15,1980	9.00	January 15, 2005	43.00
January 15,1981	10.00	January 15, 2006	45.00
January 15,1982	11.00	January 15, 2007	47.00
January 15,1983	11.50	January 15, 2008	48.00
January 15,1984	12.00	January 15, 2009	49.00
January 15,1985	13.00	January 15, 2010	50.00
January 15,1986	13.50	January 15, 2011	52.00
January 15,1987	14.00	January 15, 2012	53.00
January 15,1988	15.00	January 15, 2013	57.00
January 15,1989	16.00	January 15, 2014	59.00
January 15,1990	17.00	January 15, 2015	60.00
January 15,1991	18.00	January 15, 2016	61.00
January 15,1992	19.00	January 15, 2017	62.00
January 15,1993	20.00	January 15, 2018	65.00
January 15,1994	21.00	January 15, 2019	67.00
January 15,1995	23.00	January 15, 2020	69.00
January 15,1995	23.00	January 15, 2021	70.00
January 15,1996	25.00	January 15, 2022	71.00
January 15, 1997	27.00	January 15, 2023	74.00
January 15, 1998	31.00	January 15, 2024	75.00
January 15, 1999	33.00	January 15, 2025	76.00
January 15, 2000	35.00	January 15, 2026	77.00
January 15, 2001	37.00	January 15, 2027	78.00

Accruals for anyone electing to opt out of the Plan as of December 31, 2013 and receive future accruals under a defined contribution plan sponsored by the Corporation will have both their service and benefit multiplier under the Plan frozen as of December 31, 2013 and will not accrue any future benefits under the Plan.

Early Retirement Benefit: Eligibility: Age 55 with 5 years of vesting service

Benefit: The amount of Normal Retirement Benefit accrued as of early retirement date reduced by 4/10 of 1% for each of the months between benefit commencement and normal retirement date.

Death Benefit:

Eligibility: Vested (five years of vesting service)

Benefit: An annuity commencing on the first day of the month following the employee's death or the date the employee would have been eligible for early retirement (age 55), if later. The benefit is equal to the amount which would have been payable to the spouse as if the employee had retired and had elected the 50% Joint and Survivor Annuity.

Summary of plan provisions

Disability:	Eligibility:	15 years of vesting service, permanently and total disabled
	Benefit:	Accrued benefit, actuarially reduced for commencement before Normal Retirement Date.
Severance Award:	Eligibility:	Five years of vesting service.
	Benefit:	Lump sum payment of \$50 times years of benefit service, if lump sum exceeds present value of accrued benefit.
Vesting on Termination:	Eligibility:	Five years of vesting service.
	Benefit:	Normal retirement benefit accrued to date of termination, payable at age 65. Alternatively, an employee may elect to have his benefit commence at age 55, or after, but prior to age 65, in a reduced amount.
Normal Form of Benefit:	Single Members:	Life Annuity with 60 months guaranteed payable monthly
	Married Members:	50% Joint and Survivor Annuity will be automatic, unless the member elects otherwise (on a reduced basis)
Optional Forms of Benefit:	Life Annuity, Life Annuity with 120 months guaranteed payable monthly, 50%, 66-2/3%, 75% and 100% Joint and Survivor Annuity. In addition, a participant may elect to receive benefits in the form of a single lump sum if the lump sum present value of vested accrued benefits does not exceed \$30,000.	

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Attachment to 2024 Form 5500

Schedule SB, line 22: description of weighted average retirement age

Plan name: Bemis Associates Inc. Pension and Severance Award Agreement

EIN: 04-1078880

Plan sponsor: Bemis Associates Inc.

PN: 003

Description of weighted average retirement age

Age	Expected Active Headcount	Retirement Rate	Expected Retirements	Weighted Age
65	49.9073	1.0000	49.9073	3,243.9760
66	1.0000	1.0000	1.0000	66.0000
Total			50.9073	3,309.9760
Average				65.02

Schedule SB, Part V: statement of actuarial assumptions and methods**Plan name:** Bemis Associates Inc. Pension and Severance Award Agreement**EIN:** 04-1078880**Plan sponsor:** Bemis Associates Inc.**PN:** 003**Actuarial cost method****Funding target and target normal cost**

An actuarial cost method allocates the expected cost of a pension plan on a year-by-year basis. The primary objective is to accumulate enough assets prior to each participant's retirement to provide the promised pension benefits.

The Pension Protection Act of 2006 (PPA) requires plan sponsors to use the Traditional Unit Credit actuarial cost method in which the estimated accrued benefit is based on service and, if applicable, earnings as of the valuation date. The funding target is equal to the actuarial present value of all accrued benefits as of the valuation date. The target normal cost is the actuarial present value, as of the valuation date, of the expected increases in projected accrued benefits attributable to service expected to be completed during the plan year (i.e., if applicable, one year's salary growth is reflected in the determination of target normal cost).

For tax deduction purposes, the funding target may reflect the value of future pay increases on accrued benefits, if applicable.

PPA discounting method

The plan sponsor must choose between full yield curve spot rates or a segmented yield curve of 24-month average corporate bond rates. If the segmented yield curve is selected, the plan sponsor can use either the rates as of the month of the valuation or as of a lookback month, up to 4 months prior to the valuation date. If the full yield curve is selected, the rates as of the month of valuation must be used.

For purposes of this valuation, the following discounting method was used and is assumed to be approved by the plan sponsor:

December 2023 segment rates, adjusted so each segment rate is no less than the applicable minimum percentage* of the corresponding 25-year average segment rate for the calendar year that contains the first day of the plan year and no more than the applicable maximum percentage of that 25-year average segment rate. The 25-year average cannot be less than 5.0% prior to application of the corridor.**

Asset valuation method

Plan assets for purposes of this actuarial valuation are valued at their fair market value, including, if applicable, discounted receivable contributions.

* Minimum is 95% through 2030, decreasing 5% per year beginning in 2031 until 70% is reached in 2035

** Maximum is 105% through 2030 and increasing 5% per year beginning in 2031 until 130% is reached in 2035

Attachment to 2024 Form 5500

Schedule SB, Part V: statement of actuarial assumptions and methods

Plan name: Bemis Associates Inc. Pension and Severance Award Agreement

EIN: 04-1078880

Plan sponsor: Bemis Associates Inc.

PN: 003

Actuarial assumptions

Actuarial assumptions

Economic Assumptions

Interest Rates:

<u>PPA Segment Rates</u>	<u>Funding Target</u>	<u>Maximum Contribution</u>	<u>PBGC</u>
- Segment 1: Up to Year 5	4.75%	4.21%	4.99%
- Segment 2: Years 5-20	4.87%	4.86%	5.19%
- Segment 3: Years 20+	5.59%	4.87%	5.37%

ASC 960 discount rate 5.75%

Demographic Assumptions

Mortality:

- Funding Target / PBGC IRS 2024 Small Plan Combined Static
- ASC 960 Pri-2012 Blue-Collar Mortality Table with Generational Projection (Scale MP-2021)

Termination: 2003 SOA Pension Plan Select and Ultimate Turnover Table with a 10 year select period
 Illustrative annual rates of withdrawal are as follows:

<u>5-9 Years of Service</u>		<u>>= 10 Years of Service</u>	
<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
25	13.0%	25	0.0%
35	7.2%	35	5.0%
45	5.8%	45	3.7%
55	2.6%	55	0.9%

Retirement: 100% retirement at age 65

Miscellaneous Assumptions

- Form of Payment 5 Year Certain and Continuous Annuity
- Expenses: Assumed equal to prior year's actual expenses
- Percent Married: 85%
- Spouse's Age: Wives assumed to be 3 years younger than husbands

Rationale for significant assumptions

Economic assumptions

- **Expected return on plan assets:** The assumption was selected by the client with input from their investment advisor. We believe the assumption is reasonable as it falls within a reasonable range of expected returns for the plan's asset allocation based on capital market assumptions.
- **ASC 960 discount rate:** This assumption is based on the expected return on plan assets assumption.

Demographic Assumptions

- **ASC 960 mortality:** The mortality base table and projection scale is based on the most recent mortality table and improvement scale published by the Society of Actuaries and in our judgement, adequately reflects expected mortality rates as of the measurement date. The SOA elected not to release a new mortality scale for 2023 which would have included mortality data affected by the COVID-19 pandemic, but instead will continue to study emerging mortality experience and assess what mortality improvement scale options might be considered to be implemented in the future. As such, we have decided not to reflect any adjustments to the most recent mortality improvement scale. The plan's relatively small size would not support a credible mortality study.
- **Termination/ Retirement:** We believe that this assumption is representative of anticipated future experience. Historically this assumption has not produced significant gains or losses for the plan. In addition, based on discussions with the plan sponsor, significant changes in termination patterns are not expected.

Miscellaneous assumptions

- **Expenses:** The assumption is based on expenses paid out of the trust during the prior plan year. Historically, the plan sponsor has not paid PBGC premiums from the trust.
- **Form of payment:** All optional forms are actuarially equivalent. The assumption is based on the normal form of payment.
- **Spouse's age and percent married:** The employer does not have enough credible data to analyze spousal demographics. These assumptions are based on the actuary's experience with similar plans.

Attachment to 2024 Form 5500
Schedule SB, line 32: schedule of amortization bases

Plan name: Bemis Associates Inc. Pension and Severance Award Agreement
Plan sponsor: Bemis Associates Inc.

EIN: 04-1078880
PN: 003

Schedule of amortization bases

Type of base	Present value of remaining installments	Valuation date	Years remaining	Amortization installment
Shortfall	473,569	4/1/2024	15	43,085
Shortfall	0	4/1/2023	14	0
Shortfall	0	4/1/2022	13	0
Shortfall	0	4/1/2021	12	0
Shortfall	0	4/1/2020	11	0
Shortfall	0	4/1/2019	10	0
Shortfall	0	4/1/2018	9	0
	Total 473,569			43,085

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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


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

A Name of plan BEMIS ASSOCIATES INC. PENSION AND SEVERANCE AWARD AGREEMENT	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BEMIS ASSOCIATES INC.	D Employer Identification Number (EIN) 04-1078880	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	17,057,134
	b Actuarial value	2b	17,057,134
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	74	7,005,245
	b For terminated vested participants	37	2,200,301
	c For active participants	60	8,065,478
	d Total	171	17,271,024
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.19%
6	Target normal cost		
	a Present value of current plan year accruals	6a	374,228
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	374,228

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	11/6/2025 Date
	SETH CORREIA Type or print name of actuary	2308079 Most recent enrollment number
	MANULIFE JOHN HANCOCK Firm name	781-619-2000 Telephone number (including area code)
	200 BERKELEY STREET BOSTON MA 02116 Address of the firm	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	374,228	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	473,569		43,085
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	417,313	
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0	0
36 Additional cash requirement (line 34 minus line 35).....	36	417,313	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	421,616	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	4,303	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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