Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ALTIUM PACKAGING PENSION PLAN

1b Three-digit plan number (PN) ▶ 017

1c Effective date of plan 07/15/1990

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)
ALTIUM PACKAGING LP

2500 WINDY RIDGE PARKWAY STE 1400
ATLANTA, GA 30339-0000

2b Employer Identification Number (EIN) 06-1056158

2c Plan Sponsor's telephone number 678-742-4600

2d Business code (see instructions) 326100

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.	10/12/2026	PAMELA KOGLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	PAMELA KOGLER
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	1178
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	65
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	60
b	Retired or separated participants receiving benefits	**6b**	763
c	Other retired or separated participants entitled to future benefits	**6c**	171
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	994
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	134
f	Total. Add lines **6d** and **6e**.	**6f**	1128
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
ALTIUM PACKAGING PENSION PLAN

B Three-digit plan number (PN) ▶ 017

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ALTIUM PACKAGING LP

D Employer Identification Number (EIN)
06-1056158

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	60210102
b Actuarial value	**2b**	60899761

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	940	52400330	52400330
b For terminated vested participants	182	6151561	6151561
c For active participants	65	3880595	3880595
d Total	1187	62432486	62432486

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

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

5 Effective interest rate	**5**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	5364
b Expected plan-related expenses	**6b**	763000
c Target normal cost	**6c**	768364

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

10/06/2026
Date

MELINDA J. ZATTO
Type or print name of actuary

26-05671
Most recent enrollment number

STRATEGIC BENEFITS ADVISORS INC
Firm name

770-551-8989
Telephone number (including area code)

3567 PARKWAY LANE- SUITE 250
ATLANTA, GA 30092-5307
Address of the firm

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

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)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%		
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 5.04 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	97.54 %
15	Adjusted funding target attainment percentage	15	97.54 %
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	105.88 %
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
09/11/2026	1001819	0			
			Totals ► 18(b)	1001819	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b	Contributions made to avoid restrictions adjusted to valuation date.	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	917646

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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**	768364
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1532725	148760
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**	917124

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

36 Additional cash requirement (line 34 minus line 35)	**36**	917124
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	917646

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

a Total (excess, if any, of line 37 over line 36)	**38a**	522
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ALTIUM PACKAGING PENSION PLAN

B Three-digit plan number (PN) ▶ 017

C Plan sponsor's name as shown on line 2a of Form 5500
ALTIUM PACKAGING LP

D Employer Identification Number (EIN)
06-1056158

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).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

FIRST STATE TRUST COMPANY

13-3124172

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

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

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

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

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

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

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

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

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

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

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

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

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

STRATEGIC BENEFITS ADVISORS INC

03-0415817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	ACTUARIAL	251289	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN STANLEY

11-3658445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 28 51	INVESTMENT ADVISORY	115000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SAGE INVESTMENT ADVISORS

74-2798841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 28 51	INVESTMENT ADVISORY	109599	Yes [ ] No [ ]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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)

WINDHAM BRANNON, LLC

58-1763439

(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	ACCOUNTING	41500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ALTIUM PACKAGING PENSION PLAN

B Three-digit plan number (PN) ▶ 017

C Plan sponsor's name as shown on line 2a of Form 5500
ALTIUM PACKAGING LP

D Employer Identification Number (EIN)
06-1056158

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2508	749
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		1001819
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1784023	602973
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1634588	1557282
(2) U.S. Government securities	1c(2)	3884998	10003880
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	52941116	45185198
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	60247233	58351901
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	129914	80330
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	129914	80330
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	60117319	58271571

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	1001819	
(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)		1001819
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	18580	
(B) U.S. Government securities	2b(1)(B)	316828	
(C) Corporate debt instruments	2b(1)(C)	2250726	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	207	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2586341
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	20567	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		20567
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	43452554	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	43084856	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		367698
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1235857	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1235857

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5212282
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6243685	
(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)		6243685
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	169511	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	257970	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	386864	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		814345
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7058030
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1845748
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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: WINDHAM BRANNON LLC **(2)** EIN: 58-1763439

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**	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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 578593.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ALTIUM PACKAGING PENSION PLAN

B Three-digit plan number (PN) ▶ 017

C Plan sponsor's name as shown on line 2a of Form 5500
ALTIUM PACKAGING LP

D Employer Identification Number (EIN)
06-1056158

Part I Distributions

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

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

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

EIN(s): 23-3060382

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Altium Packaging Pension Plan

Financial Statements

December 31, 2025 and 2024

Altium Packaging Pension Plan

Table of Contents
December 31, 2025 and 2024

Independent Auditor's Report 1

Financial Statements

Statements of Net Assets Available for Benefits 5

Statements of Changes in Net Assets Available for Benefits 6

Notes to Financial Statements 9

Supplemental Schedules

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 15

Schedule H, Line 4j – Schedule of Reportable Transactions 21

INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the financial statements of the Altium Packaging Pension Plan (the Plan), formerly the Altium Packaging LP Basic Non-Contributory Hourly Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements (the financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 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 substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information except for obtaining and reading the certifications, 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 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 GAAP.

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

Other Matter –Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion,

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

Windham Brannon, LLC

October 9, 2026

Altium Packaging Pension Plan

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Cash, non-interest bearing	**$ 749**	$ 2,508
Investments, at fair value		
U.S. government securities	**10,003,880**	3,884,998
Corporate bonds	**45,185,198**	52,941,116
Money market fund	**927,769**	357,703
Interest bearing cash	**629,513**	1,276,885
Total investments	**56,746,360**	58,460,702
Receivables		
Employer contributions receivable	**1,001,819**	-
Accrued interest and dividends	**602,973**	642,711
Inter-plan transfer receivable	**-**	1,141,312
Total receivables	**1,604,792**	1,784,023
Total assets	**58,351,901**	60,247,233
Liabilities		
Operating payables	**80,330**	129,914
Net assets available for benefits	**$ 58,271,571**	$ 60,117,319

The accompanying notes are an integral part of these financial statements.

Altium Packaging Pension Plan

Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income:		
Interest	**$ 2,586,341**	$ 1,798,502
Dividends	**20,567**	20,063
Other income	**-**	190
Net change in fair value of investments	**1,603,555**	(1,037,906)
Total investment income	**4,210,463**	780,849
Less investment expenses	**(257,970)**	(191,645)
Employer contributions	**1,001,819**	-
Total additions, net	**4,954,312**	589,204
Deductions		
Benefits paid to participants or beneficiaries	**6,243,685**	3,040,152
Administrative expenses	**556,375**	282,658
Total deductions	**6,800,060**	3,322,810
Net decrease	**(1,845,748)**	(2,733,606)
Transfer of assets into plan (Note 1)	**-**	25,580,108
Net assets available for benefits		
Beginning of year	**60,117,319**	37,270,817
End of year	**$ 58,271,571**	$ 60,117,319

The accompanying notes are an integral part of these financial statements.

1. Description of Plan

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

General

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

Effective December 31, 2024, the assets and liabilities from the Altium Packaging LP Salaried Pension Plan (Salaried Plan) were merged into the Altium Packaging LP Non-Contributory Hourly Pension Plan (Hourly Plan) and was effectively renamed the Altium Packaging Pension Plan. Contributions related to the 2024 Plan year that were received in 2025 were recorded as inter-plan transfer receivable, as these amounts were received by the newly renamed Altium Packaging Pension Plan, but were related to the Salaried Plan.

Participants whose benefits were transferred from the Salaried Plan are referred to herein as Salaried Participants. All other participants are referred to as Hourly Participants. The Plan is frozen to new entrants for both participant groups.

Effective August 1, 1997, the Board froze participation in the Salaried Plan, and any employee who is hired by the Plan Sponsor on or after August 1, 1997 is not eligible for active plan membership. Effective December 31, 1999, the Salaried Plan was frozen for future accruals for changes in Average Final Compensation and Covered Compensation, as defined by the Plan. Effective December 31, 2000, the Salaried Plan began to phase out additional accruals of Benefit Service, as defined by the Plan, with additional accruals ceased entirely on December 31, 2003.

Benefit accruals for Hourly Participants were frozen on a location-by-location basis over a period of years, and all such accruals have been frozen, except for three Hourly Participants at the Oil City location, who continue to accrue additional benefits under the Plan. No Hourly Participants continue to accrue additional benefits under the Plan.

Subsequent to year end, in September 2026, the Company entered into an agreement committing the Plan to use a portion of its assets to purchase an annuity from an insurance company to transfer approximately $37.6 million of the Plan's pension liabilities. Under the terms of this agreement, the Plan irrevocably transferred to the insurance company all future Plan benefit obligations for approximately 859 Plan participants effective in October 2026. This annuity transaction was funded entirely with existing Plan assets. The insurance company assumed

responsibility for administrative and customer service support, including distribution of payments to the transferred participants.

Benefits

Employees with five years of vesting service, as defined by the Plan, are entitled to pension benefits upon retirement. There is no partial vesting of benefits. The Plan provides for normal retirement benefits upon reaching the normal retirement age of 65, as defined by the Plan, and has provisions for early retirement and death and disability benefits.

Benefits for Hourly Participants are determined based upon a flat dollar formula. Generally, the flat dollar formula is calculated as the flat dollar multiplier multiplied by years of credited service, with certain adjustments, as provided in the Plan.

Benefits for Salaried Participants are determined based upon a final pay formula. Generally, the final pay formula is calculated as a percentage of earnings multiplied by years of credited service, with certain adjustments, as provided in the Plan. For Salaried Participants, the Plan also provides for early retirement at age 62 for participants with fifteen years of eligibility service and at age 55 for participants with five years of eligibility service and death and disability benefits.

Participants may elect to receive their pension benefits in various forms of joint and survivor annuities, or as a lump-sum payment option for participants whose present value of benefits is under $15,000.

Death and Disability Benefits

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

Contributions

Contributions to provide benefits under the Plan are made solely by the Plan Sponsor. The Plan Sponsor's funding policy is to make cash contributions to the Plan in amounts computed by the Plan's actuary using the unit credit actuarial cost method at a rate that is intended to satisfy the minimum funding standards of ERISA. This method and the actuarial assumptions referred to in Note 5 have been designed to provide sufficient funds to pay benefits as they become payable under the Plan.

Plan Sponsor contributions to the Plan were $1,001,819 for the year ended December 31, 2025. The Hourly Plan recognized no employer contributions for the year ended December 31, 2024. Plan Sponsor contributions of $1,402,236 relating to the 2024 Plan year were attributable to the former Salaried Plan. Of this amount, $1,141,312, inclusive of $376 of accrued interest, was received after December 31, 2024 and is reflected as an inter-plan transfer receivable in the accompanying statements of net assets available for benefits.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates, and such estimates may be material to the financial statements.

Contributions

In accordance with Financial Accounting Standards Board Accounting Standards Codification 326, *Financial Instruments—Credit Losses*, the Plan estimated the current credit risk associated with the employer contributions receivable for the year ended December 31, 2025 and the inter-plan transfer receivable for the year ended December 31, 2024. After giving consideration to the risk characteristics, historical payment experience, current conditions, and reasonable forecasts, the Plan determined that no allowance for credit losses was necessary and there was no activity in the allowance for credit losses during the years ended December 31, 2025 and 2024.

Valuation of Investments and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

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

Subsequent Events

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 9, 2026, which is the date the financial statements were available to be issued.

3. Information Certified by the Qualified Institution

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2025 and 2024, and net change in fair value of investments, and interest and dividend income for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by First State Trust Company, the Plan's qualified institution.

4. Investments and Fair Value Measurements

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Retirement Plan Committee determines the Plan's valuation policies.

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

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

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

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

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

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

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

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

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

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

The investments at December 31, 2025 and 2024 are comprised of the following:

	2025		
	Level 1	Level 2	Total
Money market fund	**$ 927,769**	**$ -**	**$ 927,769**
U.S. government securities	**-**	**10,003,880**	**10,003,880**
Corporate bonds	**-**	**45,185,198**	**45,185,198**
Interest bearing cash	**629,513**	**-**	**629,513**
Total	**$ 1,557,282**	**$ 55,189,078**	**$ 56,746,360**

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

5. 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 employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on participants' final average monthly compensation or a flat dollar formula, as defined, and the number of years of credited service and in effect at the valuation date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included in accumulated plan benefits to the extent they are deemed attributable to employee service rendered through the applicable benefit-freeze date for each participant group, as described in Note 1.

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

The significant assumptions used in the actuarial computations as of January 1, 2025 and 2024 are as follows:

Interest rate	
Funding:	American Rescue Plan Act (ARPA) of 2021 with rate of 5.32% (2025) and 5.04% (2024)
Discount rate:	5.50% (2025) and 5.50% (2024), compounded annually
Long term return:	5.50% (2025) and 5.50% (2024), compounded annually
Mortality	
Funding:	Internal Revenue Service (IRS) 2025 Mortality Table (2025) and IRS 2024 Static Mortality Table (2024)
Expense:	
Hourly:	Pri-2012 Blue Collar Headcount-Weighted Mortality Table with a 113% load factor and projected using the MP-2021 scale (2025 and 2024)
Salaried:	Pri-2012 Mortality Table projected with the MP-2021 scale (2025 and 2024)
Retirement:	Average retirement age - 64

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

The following sets forth information regarding the actuarial present value of accumulated Plan benefits as of January 1, 2025:

Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants and beneficiaries currently receiving payments	**$ 50,148,146**
Vested benefits for other participants	**9,356,272**
Total actuarial present value of accumulated plan benefits	**$ 59,504,418**

Changes in the actuarial present value of accumulated Plan benefits for January 1, 2025 are as follows and represent both the Hourly and Salaried Plans, accordingly:

Actuarial present value of accumulated plan benefits at January 1, 2024	$	**62,816,717**
Increase (decrease) during the year attributable to:		
Benefits accumulated & gains/(losses)		**(105,307)**
Interest due to decrease in discount period		**3,276,620**
Benefits paid		**(6,483,612)**
Net decrease		**(3,312,299)**
Actuarial present value of accumulated plan benefits at January 1, 2025	**$**	**59,504,418**

The Plan's Adjusted Funding Target Attainment Percentage (AFTAP), calculated under provisions of the IRC, was 97.54% at December 31, 2025 and 105.88% and 98.21% at December 31, 2024 for the separate Hourly and Salaried Plans, respectively. There were no restrictions on benefit payments during 2025 or through the date of this report.

6. Income Tax Status

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

7. Plan Termination

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

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

Plan	Altium Packaging Pension Plan
Employer Identification Number	06-1056158
Plan Number	017
Plan Year Beginning	January 1, 2025

Schedule SB, Part V - Summary of Plan Provisions

Hourly Provisions Common to All Locations

1. Type of Plan

The Plan is a defined benefit plan.

2. Effective Date

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

3. Eligibility for Participation

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

4. Monthly Accrued Benefit Formula

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

5. Normal Retirement Benefits

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

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

6. Full Early Retirement Benefits

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

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

Schedule SB, Part V - Summary of Plan Provisions

7. Reduced Early Retirement Benefits

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

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

8. Disability Retirement Benefits

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

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

9. Deferred Vested Termination

(a) *Eligibility* : 5 years of service (and ERISA restored service).

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

10. Pre-Retirement Spouse's Benefit

(a) *Eligibility* : Married for at least one year and meets eligibility requirements for vesting, early or normal retirement or is accruing a deferred disability retirement benefit.

(b) *Benefit* : 50% of accrued benefit, reduced for 50% Joint and Survivor form of payment, payable at member's 65th birthday. Further reduced if spouse elects early receipt (see reduced early retirement or vested deferred retirement, whichever is applicable).

(c) *Cost for Protection* : Before age 55, charged 0.25% for each year of coverage. Once age 55 is attained, charged 0.75% per year from ages 55 through 64. Charge frozen at age 65, generally.

Schedule SB, Part V - Summary of Plan Provisions

11. Normal Form of Payment

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

(b) *Deferred Vesteds*: Life Annuity or 50% Joint and Survivor Annuity, if married.

12. Optional Forms of Payment

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

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

#065 OIL CITY - NOH

1. Effective Date

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

2. Basic Pension Amount

Based on Job Class as follows:

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

3. Full Early Retirement Benefit

Eligibility: Age 62 and 10 years of service.

4. Reduced Early Retirement Benefit

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

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

Schedule SB, Part V - Summary of Plan Provisions

5. 30-Year Pension

(a) *Eligibility* : 30 years of service and hired before January 1, 2001.

(b) *Benefit* : Equal to the greater of (i) the accrued benefit calculated as if the participant terminated on December 31, 2000 or (ii) the accrued benefit calculated as of the participant's date of retirement, reduced by the following early retirement factors:

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

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

6. Disability Retirement Benefit

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

(b) *Benefit* : Accrued benefit payable immediately, plus temporary supplement of $300 per month less Social Security benefit, payable until earlier of age 62 or eligibility for unreduced Social Security.

7. Special Early Retirement Benefit

(a) *Eligibility* : Permanent plant shutdown or layoff and (i) at least age 55 with 15 years of service and age plus service at least equal to 75 or (ii) at least 15 years of service and age plus service equal to at least 80.

(b) *Benefit* : Accrued benefit payable immediately, plus a temporary supplement of $300 per month payable to the earlier of age 62 or eligibility for unreduced Social Security.

Schedule SB, Part V - Summary of Plan Provisions

8. Survivor Income Benefit

(a) *Eligibility* : Death in active service and completed at least 10 years of service or death after retirement.

(b) *Benefit* : $132.50 per month, payable immediately.

9. Pre-Retirement Spouse's Benefit

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

10. Normal Form of Payment

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

11. Optional Forms of Payment

No Level Income Option.

#110 SANTA ANA - GMPPAW

1. Contract Period

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

2. Basic Pension Amount $24.00

3. Full Early Retirement Benefit

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

4. Reduced Early Retirement Benefit

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

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

Schedule SB, Part V - Summary of Plan Provisions

5. Disability Retirement Benefit

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

6. Normal Form of Payment

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

7. Optional Forms of Payment

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

#123 DUPAGE - IAMAW

1. Contract Period

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

2. Basic Pension Amount $14.00

3. Full Early Retirement Benefit

None.

4. Reduced Early Retirement Benefit

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

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

5. Disability Retirement

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

6. Normal Form of Payment

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

7. Optional Forms of Payment

No Level Income Option.

Schedule SB, Part V - Summary of Plan Provisions

#122 CINCINNATI - GMPPAW
#124 BALTIMORE - GMPPAW

1. Contract Period

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

2. Basic Pension Amount

Based on Job Class as follows:

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

3. Full Early Retirement Benefit

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

4. Reduced Early Retirement Benefit

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

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

5. Disability Retirement

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

6. Normal Form of Payment

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

7. Optional Forms of Payment

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

Schedule SB, Part V - Summary of Plan Provisions

#134/#135 ELK GROVE - IAMAW

1. Contract Period

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

2. Basic Pension Amount

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

3. Full Early Retirement Benefit

None.

4. Reduced Early Retirement Benefit

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

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

5. Disability Retirement Benefit

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

6. Normal Form of Payment

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

7. Optional Forms of Payment

No Level Income Option.

Schedule SB, Part V - Summary of Plan Provisions

#141 CLEVELAND - GMPPAW

1. Contract Period

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

2. Basic Pension Amount

Based on Job Class as follows:

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

3. Full Early Retirement Benefit

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

4. Reduced Early Retirement Benefit

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

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

5. Normal Form of Payment

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

6. Optional Forms of Payment

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

#142 HOUSTON - IBT

1. Contract Period

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

Schedule SB, Part V - Summary of Plan Provisions

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

3. Full Early Retirement Benefit

Eligibility : Age 62 and 15 years of service.

4. Reduced Early Retirement Benefit

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

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

5. Disability Retirement Benefit

None.

6. Normal Form of Payment

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

7. Optional Forms of Payment

No Level Income Option.

8. Special Early Retirement Subsidy

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

#143 LIMA - GMPPAW

1. Contract Period

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

Schedule SB, Part V - Summary of Plan Provisions

2. Basic Pension Amount

Based on Job Class as follows:

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

3. Full Early Retirement Benefit

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

4. Reduced Early Retirement Benefit

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

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

5. Disability Retirement Benefit

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

6. Normal Form of Payment

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

7. Optional Forms of Payment

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

#145 ELK GROVE - IAMAW

1. Contract Period

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

2. Basic Pension Amount $22.50

Schedule SB, Part V - Summary of Plan Provisions

3. Full Early Retirement Benefit

None.

4. Reduced Early Retirement Benefit

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

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

5. Disability Retirement

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

6. Normal Form of Payment

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

7. Optional Forms of Payment

No Level Income Option.

#146 NEW MARKET - GMPPAW

1. Contract Period

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

2. Basic Pension Amount

Based on Job Class as follows:

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

Schedule SB, Part V - Summary of Plan Provisions

3. Full Early Retirement Benefit

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

4. Reduced Early Retirement Benefit

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

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

5. Normal Form of Payment

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

6. Optional Forms of Payment

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

#148 LENEXA - GMPPAW
#248 KANSAS CITY - GMPPAW

1. Contract Period

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

2. Basic Pension Amount

Based on Job Class as follows:

Job Class	Basic Pension Amount
A, B, C, D	$23.00
E*, F, G, H, I, J, K	$22.00
L, M, N	$21.00

*Includes employees in the Line Maintainer Training Program

3. Full Early Retirement Benefit

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

Schedule SB, Part V - Summary of Plan Provisions

4. Reduced Early Retirement Benefit

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

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

5. Disability Retirement Benefit

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

6. Normal Form of Payment

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

7. Optional Forms of Payment

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

#149 PUERTO RICO - NOH

1. Effective Date

January 1, 2001. **Closed December 31, 2004.**

2. Basic Pension Amount $7.00

3. Early Retirement Benefit

None.

4. Disability Retirement

None.

5. Normal Form of Payment

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

6. Optional Forms of Payment

No Level Income Option.

Schedule SB, Part V - Summary of Plan Provisions

#149 PUERTO RICO - NOS

1. Effective Date

January 1, 2001. **Closed December 31, 2004.**

2. Benefit Formula

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

(A+B) x (service up to 35 years) + (C) x (service over 35 years).

A = 1/2% times Final Average Pay up to Covered Compensation
B = 1% times Final Average Pay in Excess of Covered Compensation
C = 1/2% times Final Average Pay

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

3. Early Retirement Benefit

None.

4. Disability Retirement

None.

5. Normal Form of Payment

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

6. Optional Forms of Payment

No Level Income Option.

Schedule SB, Part V - Summary of Plan Provisions

#475 CONGO - OCAW

1. Contract Period

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

2. Basic Pension Amount

Based on Job Class as follows:

Job Class	Basic Pension Amount
A	$21.50
B	$21.50
C	$20.80
D	$20.15
E	$20.15
F	$18.80
G	$18.80

3. Lump Sum Retirement Allowance

(a) *Eligibility* : Eligible for normal, full early, reduced early or special early retirement.

(b) *Benefit* : Lump sum equal to 520 times pay at average hourly rate. Paid in lieu of first three months of pension payments.

4. Full Early Retirement Benefit

(a) *Eligibility* : Age 62 with 10 years of service or 30 years of service regardless of age.

(b) *Benefit* : Accrued benefit payable immediately. If retiring under the 30 year provision, payments suspended during period worked in competitive employment, but not beyond age 65.

5. Reduced Early Retirement Benefit

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

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

Schedule SB, Part V - Summary of Plan Provisions

6. Disability Retirement Benefit

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

(b) *Benefit* : Accrued benefit payable immediately, plus temporary supplement of $300 per month less Social Security benefit, payable until the earlier of age 62 or eligibility for unreduced Social Security.

7. Special Early Retirement Benefit

(a) *Eligibility* : Permanent plant shutdown or layoff and (i) at least age 55 with 15 years of service and age plus service at least equal to 75 or (ii) at least 15 years of service and age plus service equal to at least 80.

(b) *Benefit* : Accrued benefit payable immediately, plus a temporary supplement of $300 per month payable to the earlier of age 62 or eligibility for unreduced Social Security.

8. Survivor Income Benefit

(a) *Eligibility* : Death in active service and completed at least 10 years of service or death after retirement.

(b) *Benefit* : $132.50 per month, payable immediately.

9. Pre - Retirement Spouse's Benefit

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

10. Normal Form of Payment

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

11. Optional Forms of Payment

No Level Income Option.

Schedule SB, Part V - Summary of Plan Provisions

Salaried Provisions Common to All Locations

Effective December 31, 1999, the Plan was amended to limit future accruals. Average Final Compensation and Covered Compensation were frozen as of December 31, 1999. Active members continued to accrue benefits for a period of one to four years based on their age and service as of December 31, 1999. Highly compensated employees accrued benefits only to the extent permitted by Internal Revenue Code Sections 401(a)(4) and 410(b).

1. Type of Plan

The Plan is a defined benefit plan.

2. Effective Date

July 15, 1990. Reflecting the plan document as restated effective January 1, 2014.

3. Eligibility for Participation

All non-organized salaried employees regularly employed by the Company on or before August 1, 1997 are covered under the Plan as of the date they become an employee.

4. Average Final Compensation (AFC)

1/5 of compensation for highest 5 consecutive years during last 10 years prior to retirement.

5. Covered Compensation (CC)

The average of the taxable wage bases in effect under Section 230 of the Social Security Act for each year in the 35-year period ending with the year in which the determination is made. Effective December 31, 1999, no increases in the taxable wage base will be taken into account.

6. Normal Retirement Benefits

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

(b) *Benefit:* Basic benefit is the greater of: (i) 1.17% of AFC up to Social Security Covered Compensation plus 1.67% of AFC in excess of the Social Security Covered Compensation times years of service minus the profit sharing annuity or (ii) the participant's accrued benefit at August 31. 1993.

7. Early Retirement Benefits

(a) *Eligibility* : Age 55 and 5 years of service.

(b) *Benefit* : Basic benefit reduced by 1/180 per month for the first 60 months and 1/360 per month for each of the next 60 months that the retirement date precedes normal retirement.

Schedule SB, Part V - Summary of Plan Provisions

If an employee was a member in the plan prior to August 1, 1997 and retires on or after attaining age 62 and completing 15 years of service, the benefit payable on retirement will be at least equal to the member's accrued benefit as of August 1, 1997.

8. Deferred Disability Retirement Benefits

(a) *Eligibility* : 8 years of service and totally and permanently disabled.

(b) *Benefit:* Accrued normal retirement benefit payable at Normal Retirement Date or date LTD benefits cease, if later, determined as if the employee continued in service to the earlier of the date payments commence or the disability ceases. Compensation during the period of disability will equal base compensation on the last day worked.

9. Deferred Vested Termination

(a) *Eligibility* : 5 years of service.

(b) *Benefit* : Accrued benefit payable at age 65, or a benefit payable beginning the first of any month on or after age 55 and before age 65 in a reduced amount as follows:

Age	Factor	Age	Factor
55	33.1%	61	62.6%
56	36.6%	62	70.1%
57	40.6%	63	78.7%
58	45.1%	64	88.6%
59	50.2%	65	100.0%
60	56.0%		

10. Supplemental Benefit

(a) *Eligibility* : Employees made required contributions to prior plan prior to January 1, 1985.

(b) *Benefit:* Supplemental benefit is the sum of: (i) 3/4% of the member's average monthly salary; multiplied by the number of years of his contributing service plus (ii) 1/4% of such average monthly salary multiplied by the number of years of his contributing service on and after January 1, 1974 while not covered by the Expanded Employment Plan, plus (iii) for a member as of January 1, 1974 who remains a member continually until retirement and is at no time covered by the Expanded Employment Plan, 1/4% of his average monthly salary multiplied by the number of years of his eligibility service prior to January 1, 1974 during which he was eligible to make supplemental Plan contributions.

The monthly supplemental benefit payable to a reduced early pensioner or to a terminated vested employee is equal to the sum of (i), (ii) and (iii) above, payable beginning at age 65 or in a reduced amount, payable the first of any month following age 55 (or retirement, if later). Such reduction is equal to 5/12 of 1% for each month payments begin before age 65.

"Average monthly salary" means average monthly earnings in excess of $400. In no case will increases in a member's average final compensation be recognized for highly compensated employees.

Schedule SB, Part V - Summary of Plan Provisions

11. Pre-Retirement Spouse's Benefit

(a) *Eligibility* : Married for at least one year and meets eligibility requirements for vesting, early or normal retirement or is accruing a deferred disability retirement benefit.

(b) *Benefit* :

If the death occurs before the earliest retirement date:

Benefit payable at member's 65th birthday, equal to 50% of accrued benefit, reduced for Joint and Survivor form of payment. Further reduced if the spouse elects early receipt (see deferred vested retirement). The joint and survivor factor is based on ages as of the date payments commence.

If the death occurs on or after the earliest retirement date:

50% of the accrued benefit, reduced for the Joint and Survivor form of payment and further reduced for early receipt (see early retirement), commencing on the first day of the month following the employee's death.

12. Normal Form of Payment

An employee may elect to receive his benefit on a straight-life basis or on an actuarially equivalent joint and survivor basis. Unless otherwise elected, any benefit payable under the Plan shall be paid as follows:

If the participant is married at Normal Retirement Date, on a 50% joint and survivor basis.

If the participant is not married at the time of retirement, on a straight-life basis.

13. Optional Forms of Payment

Life Annuity, 100%, 75%, 50% or 25% Joint and Survivor Annuity for normal, early and deferred disability retirements.

Life Annuity, 100%, 75% or 50% Joint and Survivor Annuity with the spouse as beneficiary, for deferred vested retirements.

Lump sum distributions are available if the value is not more than $15,000.

Altium Packaging Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 06-1056158 Plan Number: 017
December 31, 2025

(a) Party-in-interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity rate, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Morgan Stanley Bank Deposit	Bank Deposit	$ 629,513	$ 629,513
	Northern Institutional Treasury Portfolio	Money Market Fund	3,249	3,249
	State Str Instl Invt Tr Us Gvt Instl	Federal Money Market Fund	924,520	924,520
	US Treasury	Bonds 1.3750% 08/15/50	163,880	162,529
	US Treasury	Bonds 4.6250% 11/15/44	555,369	554,323
	US Treasury	Bonds 4.625% 02/15/55	28,802	28,951
	US Treasury	Notes 3.5000% 04/30/28	664,712	669,953
	US Treasury	Notes 4.2500% 08/15/35	1,196,031	1,204,256
	US Treasury	Notes 3.8750% 06/30/30	382,020	382,877
	US Treasury	Notes 2.875% 05/15/43	646,516	641,074
	Fhlmc Remic	SeiresK-142 2.4000% 03/25/32	450,015	459,146
	Fhlmc Remic	SeriesK-1511 3.5420% 03/25/34	141,881	150,463
	Fhlmc Remic	SeriesK-164 5.0000% 05/25/34	832,913	870,425
	Fhlmc Super	30y Fixed 5.0000% 11/25/54	1,037,251	1,058,531
	Fhlmc Super 30y Fixed	30y Fixed 5.0000% 12/25/53	766,706	785,905
	Fannie Mae	5.0000% 11/01/54	1,385,091	1,414,530
	Fannie Mae	Umbs Lng 30 Year 5.0000% 05/25/54	419,202	432,593
	Fannie Mae	Umbs Lng 30 Year 5.0000% 09/01/52	3,594	3,682
	Fannie Mae	Umbs Lng 30 Year 5.5000% 08/01/54	652,096	665,642
	3m Co	Bonds 3.0500% 04/15/30	323,097	343,871
	Abbott Labs	Bonds 4.9000% 11/30/46	153,869	141,292
	Abbvie Inc	Bonds 0.0495% 03/15/31	265,000	273,702
	Aflac Inc	Bonds 4.7500% 01/15/49	257,231	229,103
	Air Lease Corp	Bonds 3.0000% 02/01/30	441,725	459,570
	Air Lease Corp	Bonds 3.2500% 10/01/29	289,231	315,159
	ALABAMA PWR CO GLBL 2021B	Bonds 3.0000% 03/15/52	284,613	288,587
	Amazon Com Inc	Bonds 2.5000% 06/03/50	40,318	38,943
	Amazon Com Inc	Bonds 3.9500% 04/13/52	120,359	113,352
	Amazon Com Inc	Bonds 4.6500% 11/20/35	364,106	363,548
	Amazon Com Inc	Bonds 5.4500% 11/20/55	109,838	107,444
	Amazon Com Inc	Bonds 4.0500% 08/22/47	132,892	119,269
	American Wtr Cap Corp	Bonds 5.7000% 09/01/55	137,951	135,338
	American Wtr Cap Corp	Bonds 3.7500% 09/01/47	193,085	196,076
	Amgen Inc	Bonds 4.4000% 05/01/45	342,251	334,040
	Anheuser-busch Cos Ll	Bonds 4.7000% 02/01/36	262,021	267,574
	Anthem Inc	Bonds 4.3750% 12/01/47	138,605	128,862
	Appalachian Pwr Co	Bonds 4.5000% 08/01/32	325,789	326,476
	Apple Inc	Bonds 3.8500% 08/04/46	492,002	430,313
	Apple Inc	Bonds 3.850% 05/04/43	163,825	173,263
	Atmos Energy Corp	Bonds 4.1250% 10/15/44	333,292	312,416
	Atmos Energy Corp	Bonds 4.3000% 10/01/48	154,695	153,617
	Avalonbay Community	Bonds 1.9000% 12/01/28	148,988	155,885

Altium Packaging Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 06-1056158 Plan Number: 017
December 31, 2025

(a) Party-in-interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity rate, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Bank Amer Corp	Bonds 3.4190% 12/20/28	719,795	749,656
	Bank Amer Corp	Bonds 2.6760% 06/19/41	215,907	237,234
	Bank Amer Corp	Bonds 4.0780% 04/23/40	135,559	138,559
	Bank New York Mellon Corp	Bonds 6.3170% 10/25/29	710,111	711,287
	Bank of America	Bonds 3.8240% 01/20/28	64,353	64,855
	BBCMS MTG TR 2025-5C36 2058	Bonds 5.5170% 07/15/30	318,010	317,913
	Benchmark 2025	Bonds 5.6599% 03/15/30	339,536	339,701
	Berkshire Hathaway Energy Co	Bonds 3.8000% 07/15/48	354,917	318,415
	Berkshire Hathaway Fin Corp	Bonds 3.8500% 03/15/52	140,652	138,575
	Berkshire Hathaway Fin Corp	Bonds 4.4000% 05/15/42	67,773	64,359
	Bhp Billiton	Bonds 5.2500% 09/08/33	263,688	275,528
	BHP Billiton Fin USA Ltd.	Bonds 5.000% 09/30/43	181,622	185,439
	Bk Of America Corp	Bonds 0.0457% 04/27/33	336,210	354,434
	Bk Of America Corp	Bonds 4.0830% 03/20/51	167,909	152,730
	Boeing Co	Bonds 2.1960% 02/04/26	334,396	367,298
	Bp Cap Mkts Amer Inc	Bonds 2.9390% 06/04/51	97,433	98,720
	Bp Cap Mkts Amer Inc	Bonds 3.3790% 02/08/61	186,847	160,304
	Bristol-myers Squibb Co	Bonds 2.5500% 11/13/50	151,977	127,459
	Bristol-myers Squibb Co	Bonds 3.7000% 03/15/52	199,064	184,031
	Bristol-myers Squibb Co	Bonds 4.2500% 10/26/49	161,504	155,393
	Bristol-myers Squibb Co	Bonds 5.2000% 02/22/34	261,355	270,386
	Broadcom Inc	Bonds 4.1500% 11/15/30	338,972	363,412
	Burlington NorthBRK5	Bonds 5.750% 05/01/40	295,091	296,463
	Burlington Northern Santa F	Bonds 5.5500% 03/15/56	49,657	49,305
	Capital One Finl Corp	Bonds 0.0638% 06/08/34	519,911	518,999
	Capital One Finl Corp	Bonds 1.8780% 11/02/27	462,804	520,103
	Caterpillar Inc Del	Bonds 3.2500% 09/19/49	150,592	128,505
	Centerpoint Energy Houston	Bonds 3.9500% 03/01/48	207,354	199,202
	Cheniere Corpus Christi Hld	Bonds 5.1250% 06/30/27	175,119	176,722
	Cisco Sys Inc	Bonds 5.3000% 02/26/54	117,410	110,530
	Citigroup Inc	Bonds 5.8750% 01/30/42	395,145	378,845
	Citigroup Inc	Bonds 2.6660% 01/29/31	706,821	762,721
	Citigroup Inc	Bonds 6.1740% 05/25/34	535,476	558,286
	Cleveland Clinic Fndtn	Bonds 4.8580% 01/01/14	173,850	169,864
	Cno Finl Group Inc	Bonds 5.2500% 05/30/29	381,843	385,654
	Comcast Corp	Bonds 5.5000% 05/15/64	213,358	192,289
	Comcast Corp New	Bonds 1.9500% 01/15/31	260,507	289,771
	Comcast Corp New	Bonds 4.6000% 10/15/38	89,372	83,921
	Commonwealth Edison Co	Bonds 3.0000% 03/01/50	228,581	222,228
	Conocophillip	Bonds 5.5500% 03/15/54	140,000	135,088
	Conocophillips	Bonds 6.5000% 02/01/39	132,290	129,264
	Consolidated Edison Co N Y	Bonds 3.3500% 04/01/30	413,973	430,747

Altium Packaging Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 06-1056158 Plan Number: 017
December 31, 2025

(a)	(b)	(c)	(d)	(e)
Party-in-interest	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity rate, rate of interest, collateral, par or maturity value	Cost	Current value
	Consolidated Edison Co N Y	Bonds 5.3750% 05/15/34	152,698	150,526
	Consolidated Edison Company	Bonds 6.1500% 11/15/52	239,703	226,568
	Constellation Energy General	Bonds 5.7500% 03/15/54	108,728	114,190
	Corporate Office Pptys L P	Bonds 2.7500% 04/15/31	307,481	337,520
	Corporate Office Pptys L P	Bonds 2.9000% 12/01/33	24,071	25,627
	CSX Corp	Bonds 4.400% 03/01/43	19,583	17,601
	Dell Intl L	Bonds 8.3500% 07/15/46	121,877	128,211
	Dignity Health	Bonds 5.2670% 11/01/64	97,337	103,408
	Dominion Energy Inc	Bonds 4.9000% 08/01/41	140,295	143,085
	Dte Elec Co	Bonds 2.2500% 03/01/30	274,873	292,790
	Dte Elec Co	Bonds 3.7500% 08/15/47	233,345	210,814
	Dte Energy	Bonds 5.1000% 03/01/29	270,363	276,344
	Duke Energy Carolinas Llc	Bonds 3.2000% 08/15/49	191,629	184,418
	Duke Energy Carolinas Llc	Bonds 6.0500% 04/15/38	16,697	16,243
	Duke Energy Corp New	Bonds 5.7500% 09/15/33	191,959	190,670
	Duke Energy Corporation	Bonds 4.5000% 08/15/32	162,335	174,500
	Eli Lilly & Co	Bonds 5.0000% 02/09/54	84,516	79,393
	Enable Midstream Partners Lp	Bonds 4.9500% 05/15/28	539,136	548,691
	Energy Transfer Partners	Bonds 6.500% 02/01/42	238,702	247,630
	Entergy La Llc	Bonds 5.7000% 03/15/54	93,397	94,533
	Enterprise Products	Bonds 6.1250% 10/15/39	293,187	296,291
	Epr Properties	Bonds 4.7500% 11/15/30	247,000	247,988
	Eversource Energy	Bonds 3.4500% 01/15/50	173,975	170,333
	Extra Space Sto	Bonds 5.9000% 01/15/31	262,624	270,510
	Exxon Mobil Corp	Bonds 2.6100% 10/15/30	32,200	32,777
	Exxon Mobil Corporation	Bonds 4.1140% 03/01/46	297,183	280,413
	Goldman Sachs Gp	Bonds 6.7500% 10/01/37	345,403	346,309
	Goldman Sachs Group Inc	Bonds 2.6400% 02/24/28	408,107	441,848
	Goldman Sachs Group Inc	Bonds 2.6500% 10/21/32	644,637	714,952
	Goldman Sachs Group Inc	Bonds 3.2100% 04/22/42	325,632	328,164
	Goldman Sachs Group Inc	Bonds 3.8140% 04/23/29	361,793	372,783
	HCA INC	Bonds 5.5000% 06/15/47	147,026	151,382
	Hca Inc	Bonds 5.5000% 03/01/32	78,013	78,181
	Hcp Inc	Bonds 6.7500% 02/01/41	120,954	120,976
	Healthcare Trust Of Amer Hl	Bonds 3.7500% 07/01/27	324,690	342,819
	Hershey Co	Bonds 5.1000% 02/24/35	175,875	180,075
	Hewlett Packard Enterprise	Bonds 4.5500% 10/15/29	457,056	462,712
	Home Depot Inc	Bonds 5.9500% 04/01/41	17,115	16,075
	Huntington Bancshares Inc	Bonds 6.1410% 11/18/39	381,793	381,242
	Intel Corp	Bonds 3.7340% 12/08/47	72,619	71,111
	International Business Machs	Bonds 5.7000% 02/10/55	409,590	404,561
	John Deere Capital Corporat	Bonds 4.7000% 06/10/30	175,731	179,451

Altium Packaging Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 06-1056158 Plan Number: 017
December 31, 2025

(a) Party-in-interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity rate, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Jp Morgan Chase Bank Na	Bonds 3.8820% 07/24/38	439,032	440,638
	Jpmorgan Chase & Co	Bonds 0.0535% 04/24/34	537,572	556,570
	Jpmorgan Chase & Co	Bonds 2.5250% 11/19/41	337,205	359,846
	Jpmorgan Chase & Co	Bonds 1.9530% 02/04/32	452,437	537,660
	Jpmorgan Chase & Co	Bonds 4.0050% 04/23/29	540,355	559,422
	Kimco Realty Corp	Bonds 4.6000% 02/01/33	314,220	339,753
	Kimco Rlty Corp	Bonds 3.7000% 10/01/49	12,040	11,134
	Kimco Rlty Corp	Bonds 4.4500% 09/01/47	225,907	234,833
	Lilly Eli & Co	Bonds 5.0500% 08/14/54	144,450	136,010
	Lockheed Martin Corp	Bonds 5.2000% 02/15/55	106,582	103,815
	Lowe's Companies, Inc.	Bonds 5.6250% 04/15/53	238,588	233,218
	Marsh & Mclennan Companies	Bonds 5.4000% 03/15/55	109,077	105,968
	Marsh & Mclennan Cos Inc	Bonds 4.8500% 11/15/31	216,247	215,414
	Mastercard Inc	Bonds 4.5500% 01/15/35	358,813	365,069
	Merck & Co Inc	Bonds 2.7500% 12/10/51	103,060	102,278
	Merck & Co Inc	Bonds 3.700% 02/10/45	135,597	123,286
	Meta Platform	Bonds 5.4000% 08/15/54	115,186	106,883
	Meta Platform	Bonds 5.6000% 05/15/53	116,819	124,434
	Meta Platform	Bonds 4.6000% 11/15/32	174,986	176,262
	Metlife Inc	Bonds 5.700% 06/15/35	149,721	155,103
	Microsoft Corp	Bonds 2.6750% 06/01/60	355,238	281,855
	Moodys Corp	Bonds 3.1000% 11/29/61	108,165	95,999
	National Rural Utils Coop	Bonds 4.3000% 03/15/49	199,861	205,059
	National Rural Utils Coop	Bonds 4.9500% 02/07/30	239,193	241,835
	New York Presbyterian Hosp	Bonds 4.7630% 08/01/16	55,289	52,881
	Nextera Energy Cap Hldgs Inc	Bonds 4.8500% 02/04/28	130,151	132,417
	Norfolk Southn Corp	Bonds 5.5500% 03/15/34	60,089	63,330
	Northern Tr Cor	Bonds 5.1170% 11/19/30	175,000	175,028
	Nvidia Corp	Bonds 3.5000% 04/01/50	39,245	37,054
	Nyu Hosps Ctr	Bonds 4.3680% 07/01/47	28,415	26,168
	Oracle Corp	Bonds 2.9500% 04/01/30	353,826	378,319
	Oracle Corp	Bonds 5.375% 07/15/40	19,065	17,918
	Paypal Hldgs Inc	Bonds 5.0500% 06/01/52	86,788	86,285
	Pepsico Inc	Bonds 4.4500% 04/14/46	135,255	128,069
	Pfizer Invt Enterprises	Bonds 5.3400% 05/19/63	42,668	41,790
	Philip Morris Inc	Bonds 3.875% 08/21/42	96,316	99,001
	Philip Morris Intl Inc	Bonds 4.2500% 11/10/44	37,873	42,577
	Phillips 66 Co	Bonds 5.6500% 06/15/54	114,677	110,850
	Phillips Edison Grocery Cen	Bonds 5.2500% 08/15/32	180,404	178,937
	Piedmont Nat	Bonds 5.0500% 05/15/52	224,762	232,497
	Pnc Finl Svcs Group Inc	Bonds 5.4920% 05/14/30	502,825	520,150
	Pnc Finl Svcs Group Inc	Bonds 5.3000% 01/21/28	523,743	526,818

Altium Packaging Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 06-1056158 Plan Number: 017
December 31, 2025

(a) Party-in-interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity rate, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Primerica Inc	Bonds 2.8000% 11/19/31	277,766	290,794
	Prudential Finl Inc	Bonds 3.9050% 12/07/47	353,624	314,525
	Prudential Finl Inc	Bonds 3.9350% 12/07/49	71,745	69,810
	Puget Energy Inc	Bonds 2.8930% 09/15/51	84,598	82,682
	Quanta Svcs Inc	Bonds 4.3000% 08/09/28	199,926	201,011
	Raymond James Financial Inc	Bonds 4.9500% 07/15/46	269,357	256,611
	Raymond James Finl Inc	Bonds 4.9000% 09/11/35	179,521	179,085
	Reinsurance Group Amer Inc	Bonds 5.7500% 09/15/34	174,486	182,559
	Rio Tinto Fin Usa Ltd	Bonds 2.7500% 11/02/51	249,103	208,288
	Rlty In Co	Bonds 0.0270% 02/15/32	30,000	27,092
	Rlty In Co	Bonds 0.0340% 01/15/30	190,000	184,712
	Rtx Corporation	Bonds 5.7500% 01/15/29	364,215	371,295
	Sabine Pass Liquefaction Llc	Bonds 4.5000% 05/15/30	251,152	256,083
	Schwab Charles Corp	Bonds 5.8530% 05/19/34	414,534	428,629
	Selective Ins Group Inc	Bonds 5.3750% 03/01/49	223,056	207,819
	Sempra Energy	Bonds 4.0000% 02/01/48	314,597	320,781
	Shell International	Bonds 3.625% 05/15/42	152,007	148,948
	Simon Ppty Group Lp	Bonds 6.6500% 01/15/54	119,203	133,115
	Southern Calif Edison Co	Bonds 3.6500% 02/01/50	179,336	163,771
	Southern Calif Edison Co	Bonds 4.1250% 03/01/48	113,513	102,602
	Southwestern Elec Pwr Co	Bonds 3.2500% 11/01/51	107,330	108,581
	State Str Corp	Bonds 4.1640% 08/04/33	270,468	269,887
	Sysco Corp	Bonds 6.6000% 04/01/50	292,628	274,904
	Target Corp	Bonds 3.3750% 04/15/29	37,435	39,284
	Toronto Dominion Bank	Bonds 4.6930% 09/15/27	672,300	688,985
	Totalenergies Cap Sa	Bonds 5.4880% 04/05/54	85,000	82,372
	Toyota Mtr Cr Corp	Bonds 4.4500% 06/29/29	146,132	146,867
	Toyota Mtr Cr Corp	Bonds 4.6500% 01/05/29	566,880	564,966
	Toyota Mtr Cr Corp	Bonds 5.0500% 05/16/29	141,968	144,435
	Truist Finl Corp	Bonds 7.1610% 10/30/29	670,657	690,425
	United Health Care	Bonds 5.8000% 03/15/36	155,827	149,402
	United Healthcare Group Inc	Bonds 4.750% 07/15/45	260,522	229,658
	United Parcel S	Bonds 5.9500% 05/14/55	83,118	82,764
	United Parcel Service Inc	Bonds 5.3000% 04/01/50	82,482	76,654
	Unitedhealth Grp	Bonds 4.8000% 01/15/30	60,000	61,468
	US Bancorp	Bonds 2.4910% 11/3/36	498,300	536,048
	Utd Parcel Svc	Bonds 5.5000% 05/22/54	162,334	155,598
	Vmware Inc	Bonds 3.9000% 08/21/27	369,472	380,196
	Walmart Inc	Bonds 4.5000% 09/09/52	108,148	105,836
	Wells Fargo & Co	Bonds 2.3930% 06/02/28	626,007	659,685
	Wells Fargo Co Mtn Be	Bonds 4.9000% 11/17/45	438,170	462,842
	Wesleyan Univ Conn	Bonds 4.7810% 07/01/16	113,627	103,476

Altium Packaging Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 06-1056158 Plan Number: 017
December 31, 2025

(a)	(b)	(c)	(d)	(e)
Party-in-interest	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity rate, rate of interest, collateral, par or maturity value	Cost	Current value
	Wyeth	Bonds 5.9500% 04/01/37	184,433	183,125
	Xcel Energy Inc	Bonds 3.5000% 12/01/49	93,983	89,696
	Xcel Energy Inc	Bonds 5.6000% 04/15/35	249,859	248,789
	Total		$ 56,241,377	$ 56,746,360

Plan	Altium Packaging Pension Plan
Employer Identification Number	06-1056158
Plan Number	017
Plan Year Beginning	January 1, 2025

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

Average Age: 57.68

Average Service: 32.00

# of Males: 51

# of Females: 14

Attained Age	Years of Service										Total Number
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	**0**
25-29	0	0	0	0	0	0	0	0	0	0	**0**
30-34	0	0	0	0	0	0	0	0	0	0	**0**
35-39	0	0	0	0	1	0	0	0	0	0	**1**
40-44	0	0	0	0	0	3	0	0	0	0	**3**
45-49	0	0	0	0	1	1	3	0	0	0	**5**
50-54	0	0	0	0	0	1	3	2	0	0	**6**
55-59	0	0	0	0	1	5	6	4	6	3	**25**
60-64	0	0	0	0	1	1	1	3	4	7	**17**
65-69	0	0	0	0	0	0	1	2	0	5	**8**
70 & Over	0	0	0	0	0	0	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**4**	**11**	**14**	**11**	**10**	**15**	**65**

Plan	Altium Packaging Pension Plan
Employer Identification Number	06-1056158
Plan Number	017
Plan Year Beginning	January 1, 2025

Schedule SB, line 32 - Schedule of Amortization Bases

Base Type	Date Established	Present Value of Remaining Installments	Remaining Amortization Period (Years)	Amortization Installment
Shortfall	1/1/2025	1,036,877	15.000	96,679
Shortfall	1/1/2024	(218,631)	14.000	(21,350)
Shortfall	1/1/2023	714,479	13.000	73,431
Total		$ 1,532,725		$ 148,760

Plan	Altium Packaging Pension Plan
Employer Identification Number	06-1056158
Plan Number	017
Plan Year Beginning	January 1, 2025

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

Interest Rate:

Target Liability	**Minimum**
Segment 1	5.07%
Segment 2	5.31%
Segment 3	5.50%
Lookback Month	September
Effective Rate	5.32%
Long Term Rate of Return	5.50%

Mortality:

Funding: IRS 2025 Static Mortality Table.

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

Hourly:

For the 1st 3 years of service:

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

After 3 years of service:

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

Salaried:

Age	Annual Rate of Termination	
	Male	Female
25	28.20%	28.20%
30	19.70%	19.70%
35	15.10%	15.10%
40	13.20%	13.20%
45	11.70%	11.70%
50	7.90%	7.90%
55	8.10%	8.10%

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

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

Hourly:

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

Salaried:

Age	Annual Rate of Retirement	Age	Annual Rate of Retirement
55	8.10%	63	10.00%
56	8.90%	64	25.00%
57	9.80%	65	50.00%
58	10.80%	66	0.00%
59	11.80%	67	35.00%
60	12.90%	68	0.00%
61	15.00%	69	0.00%
62	30.00%	70	100.00%

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

Disability:

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

Hourly

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

Salaried

Age	Annual Rate of Disability
25	0.03%
30	0.03%
35	0.03%
40	0.04%
45	0.08%
50	0.21%
55	0.45%
56	0.56%
57	0.67%
58	0.79%
59	0.90%
60	1.01%
61	1.26%
62	1.51%
63	1.75%
64	2.00%
65	0.00%

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

Commencement Age for Deferred Benefits:	Hourly - Age 61, if eligible to commence prior to age 65. Otherwise, age 65 is assumed. Salaried - Age 65 is assumed.
Salary Scale:	Hourly - Not applicable. Salaried - Not applicable. No benefits accrue after December 31, 2003.
Form of Payment	Hourly - Life annuity with 5 year certain for all eligible retirement types. Life Annuity for deferred vested commencements. Salaried - Life annuity
Adjustment for assumed J&S Spousal deaths:	The survivor payments for retirees receiving their payment in a J&S form have been reduced by 5% for hourly and 2% for salaried to account for unreported spousal deaths.
Plan Administrative Expenses	Plan administrative expenses are assumed to be $763,000 in 2025.
Actuarial Cost Method:	The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of the benefit accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments made within five years of the valuation date are discounted using the first segment rate, payments made at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments made at least 20 years from the valuation date are discounted using the third discount rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.

Plan	Altium Packaging Pension Plan
Employer Identification Number	06-1056158
Plan Number	017
Plan Year Beginning	January 1, 2025

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

Asset Valuation:

The actuarial assets are determined by a three-point averaging method,averaging the following adjusted asset values:

1. Market value as of January 1, 2023, advanced to the valuation date with 2023 and 2024 benefit payments, expenses, contributions and expected return.
2. Market value as of January 1, 2024, advanced to the valuation date with 2024 benefit payments, expenses, contributions and expected return.
3. Market value as of January 1, 2025.

Discounted contributions made after the valuation date are included in all adjusted asset figures. The assumed rate of return is 5.50%, or the third segment rate for the year if lower. The averaged assets are further adjusted so that the final actuarial assets are no more than 110% and no less than 90% of market value.

Changes since the Prior Valuation:

No non-prescribed actuarial assumptions have been changed since the prior valuation.

Plan	Altium Packaging Pension Plan
Employer Identification Number	06-1056158
Plan Number	017
Plan Year Beginning	January 1, 2025

Schedule SB, line 19 - Discounted Employer Contributions

Date	Amount	Contribution Year	Discount Rate	Applied	Interest Adjusted Contribution
09/11/2026	1,001,819	2025	5.32%	01/01/2025 - 09/11/2026	917,646

Plan	Altium Packaging Pension Plan
Employer Identification Number	06-1056158
Plan Number	017
Plan Year Beginning	January 1, 2025

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

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

Hourly Group

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

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

Salaried Group

55.5	0.000	1.000	0.00
56.5	0.000	1.0000	0.00
57.5	0.000	1.0000	0.00
58.5	0.000	1.0000	0.00
59.5	0.000	1.0000	0.00
60.5	0.000	1.0000	0.00
61.5	0.000	1.0000	0.00
62.5	0.300	1.0000	18.75
63.5	0.100	0.7000	4.45
64.5	0.250	0.6300	10.16
65.5	0.500	0.4725	15.47
66.5	0.000	0.2363	0.00
67.5	0.350	0.2363	5.58
68.5	0.000	0.1536	0.00
69.5	0.000	0.1536	0.00
70	1.000	0.1536	10.75
			65.16

* The Salaried Plan annual rates of retirement result in an average retirement age of 65.16.

Based on 60 active Hourly Plan participants and 5 active Salaried Plan participants, the combined weighted average retirement age is 64.13, calculated as follows:

$[(60 \times 64.04) + (5 \times 65.16)] \div 65 = 64.13$

Plan	Altium Packaging Pension Plan
Employer Identification Number	06-1056158
Plan Number	017
Plan Year Beginning	January 1, 2025

Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	38,279	329,718	6,290,436	6,658,433
2026	89,855	358,257	5,994,987	6,443,099
2027	143,253	383,356	5,693,958	6,220,567
2028	176,715	401,047	5,389,155	5,966,917
2029	225,706	426,822	5,082,428	5,734,956
2030	252,217	438,710	4,775,596	5,466,523
2031	273,056	449,973	4,470,462	5,193,491
2032	287,240	457,860	4,168,774	4,913,874
2033	305,296	463,804	3,872,173	4,641,273
2034	315,126	462,808	3,582,172	4,360,106
2035	323,251	463,233	3,300,127	4,086,611
2036	328,720	456,831	3,027,262	3,812,813
2037	332,833	451,104	2,764,618	3,548,555
2038	332,423	441,291	2,513,054	3,286,768
2039	329,580	428,984	2,273,294	3,031,858
2040	324,555	419,382	2,045,911	2,789,848
2041	320,657	408,681	1,831,352	2,560,690
2042	315,428	396,010	1,629,979	2,341,417
2043	307,777	379,528	1,442,058	2,129,363
2044	302,766	364,579	1,267,731	1,935,076
2045	292,403	349,896	1,107,044	1,749,343
2046	281,074	336,157	959,941	1,577,172

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2047	270,559	317,829	826,249	1,414,637
2048	258,119	299,175	705,702	1,262,996
2049	244,695	280,290	597,930	1,122,915
2050	230,105	261,291	502,461	993,857
2051	215,647	242,313	418,726	876,686
2052	200,249	223,504	346,053	769,806
2053	184,756	205,010	283,670	673,436
2054	169,566	186,973	230,733	587,272
2055	154,394	169,532	186,339	510,265
2056	139,590	152,813	149,554	441,957
2057	125,375	136,927	119,444	381,746
2058	111,842	121,964	95,097	328,903
2059	99,089	107,997	75,644	282,730
2060	87,242	95,075	60,281	242,598
2061	76,352	83,229	48,281	207,862
2062	66,457	72,464	38,998	177,919
2063	57,560	62,762	31,878	152,200
2064	49,634	54,089	26,451	130,174
2065	42,629	46,392	22,329	111,350
2066	36,481	39,611	19,197	95,289
2067	31,115	33,673	16,806	81,594
2068	26,451	28,504	14,963	69,918
2069	22,407	24,025	13,518	59,950
2070	18,905	20,159	12,358	51,422
2071	15,878	16,835	11,400	44,113
2072	13,262	13,987	10,587	37,836
2073	11,006	11,551	9,875	32,432
2074	9,064	9,474	9,234	27,772

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

1a Name of plan
ALTIUM PACKAGING PENSION PLAN

1b Three-digit plan number (PN) ▶ 017

1c Effective date of plan 07/15/1990

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)
ALTIUM PACKAGING LP

2500 WINDY RIDGE PARKWAY STE 1400

ATLANTA GA 30339-0000

2b Employer Identification Number (EIN) 06-1056158

2c Plan Sponsor's telephone number 678-742-4600

2d Business code (see instructions) 326100

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	Pamela Kogler	10/12/2026	Pamela Kogler
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Pamela Kogler	10/12/2026	Pamela Kogler
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2025) v. 250312**

518401 12-22-25

Altium Packaging Pension Plan

Schedule H, Line 4j – Schedule of Reportable Transactions
EIN: 06-1056158 Plan Number: 017
For the Year Ended December 31, 2025

Date	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Value of Asset	(i) Net Gain/ (Loss)
Various	Morgan Stanley Bank Deposit	Buy	$ 14,598,936	$ -	$ 14,598,936	$ 14,598,936	$ -
Various	Morgan Stanley Bank Deposit	Sell	-	15,055,945	15,055,945	15,055,945	-
Various	MSBNA Preferred Savings-QC	Buy	1,716,414	-	1,716,414	1,716,414	-
Various	MSBNA Preferred Savings-QC	Sell	-	1,716,414	1,716,414	1,716,414	-
Various	Northern Institution Treasury Portfolio	Buy	4,495,437	-	4,495,437	4,495,437	-
Various	Northern Institution Treasury Portfolio	Sell	-	4,492,187	4,492,187	4,492,187	-
Various	State Street Instl Invt Tr	Buy	4,537,868	-	4,537,868	4,537,868	-
Various	State Street Instl Invt Tr	Sell	-	3,969,294	3,969,294	3,969,294	-

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
ALTIUM PACKAGING PENSION PLAN

B Three-digit plan number (PN) ▶ 017

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ALTIUM PACKAGING LP

D Employer Identification Number (EIN)
06-1056158

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	60,210,102
b Actuarial value	**2b**	60,899,761

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	940	52,400,330	52,400,330
b For terminated vested participants	182	6,151,561	6,151,561
c For active participants	65	3,880,595	3,880,595
d Total	1,187	62,432,486	62,432,486

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.32%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	5,364
b Expected plan-related expenses	**6b**	763,000
c Target normal cost	**6c**	768,364

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

Melinda J. Zatto
Signature of actuary

10/6/2026
Date

MELINDA J. ZATTO
Type or print name of actuary

2605671
Most recent enrollment number

STRATEGIC BENEFITS ADVISORS INC.
Firm name

770-551-8989
Telephone number (including area code)

3567 PARKWAY LANE - SUITE 250

ATLANTA GA 30092-5307
Address of the firm

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

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)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%		
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 5.04%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
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	97.54%
15	Adjusted funding target attainment percentage	15	97.54%
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	105.88%
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
09/11/2026	1,001,819	0			
			Totals ► 18(b)	1,001,819	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	917,646

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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**	768,364
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1,532,725	148,760
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**	917,124

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

36 Additional cash requirement (line 34 minus line 35)	**36**	917,124
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	917,646
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	522
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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