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. . . . . ▶ [X]

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
ARDAGH NORTH AMERICA RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 008

1c Effective date of plan 06/30/2011

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)
ARDAGH GLASS INC.

PO BOX 84
FISHERS, IN 46038

2b Employer Identification Number (EIN)
35-1958205

2c Plan Sponsor's telephone number
317-558-1002

2d Business code (see instructions)
327210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	REBEKAH FERGUSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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 ☐ Same as Plan Sponsor

EMPLOYEES BENEFITS COMMITTEE OF ARDAGH GLASS INC.

ARDAGH GLASS INC.
P.O. BOX 84
FISHERS, IN 46038

3b Administrator's EIN: 35-1958205

3c Administrator's telephone number: 317-558-1002

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	3942
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)**	709
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	568
b	Retired or separated participants receiving benefits	**6b**	1723
c	Other retired or separated participants entitled to future benefits	**6c**	1263
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3554
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	318
f	Total. Add lines **6d** and **6e**.	**6f**	3872
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:

1A 1B 1C 3H

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)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (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) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
ARDAGH NORTH AMERICA RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ARDAGH GLASS INC.

D Employer Identification Number (EIN)
35-1958205

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**	515532692
b Actuarial value	**2b**	513458667

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	1796	385272833	385272833
b For terminated vested participants	1512	80818607	80818607
c For active participants	709	119909240	122740595
d Total	4017	586000680	588832035

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**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3393662
b Expected plan-related expenses	**6b**	4755000
c Target normal cost	**6c**	8148662

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

09/30/2026
Date

ELIZABETH BORDO
Type or print name of actuary

26-09041
Most recent enrollment number

MERCER
Firm name

412-944-9679
Telephone number (including area code)

SIX PPG PLACE, SUITE 400
PITTSBURGH, PA 15222
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	43061422
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	13978014
9	Amount remaining (line 7 minus line 8)	0	29083408
10	Interest on line 9 using prior year's actual return of 3.08 %	0	895769
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 5.14 %		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	29979177

Part III Funding Percentages

14	Funding target attainment percentage	14	82.10 %
15	Adjusted funding target attainment percentage	15	82.10 %
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	92.21 %
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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**	60

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**	8148662
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	105352545	10161367
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**	18310029

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	18310029	18310029

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
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

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
ARDAGH NORTH AMERICA RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
ARDAGH GLASS INC.

D Employer Identification Number (EIN)
35-1958205

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

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

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

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(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)

SEI INVESTMENTS COMPANY

23-1707341

(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?
21 28 51 25 49 52 19 27 50 62	NONE KNOWN	1199407	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

TELUS HEALTH

25 YORK ST, 24TH FLOOR
TORONTO, ONTARIO M5J2V5 CA

(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?
14 15 50	NONE KNOWN	451339	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER

13-2834414

(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 70 50	NONE KNOWN	264896	Yes [ ] No [X]	Yes [ ] No [ ]		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)

PLANTE & MORAN, PLLC

33-1498605

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE KNOWN	47500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET BANK AND TRUST COMPANY

04-1867445

(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?
19 50 99 25 62 28 63	NONE KNOWN	24218	Yes [X] No [ ]	Yes [X] No [ ]	0	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: SAMANTHA L.KLINGLER
b EIN: 13-2834414
c Position: ACTUARY
d Address: 325 JOHN H MCCONNELL BLVD
SUITE 350
COLUMBUS, OH 43215
e Telephone: 614-227-5500

Explanation: INTERNAL REASSIGNMENT WITHIN MERCER.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

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
ARDAGH NORTH AMERICA RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 008

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ARDAGH GLASS INC.

D Employer Identification Number (EIN)
35-1958205

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEI STRUCTURED CREDIT COLL FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
75-3251893-024	C	32005728

a Name of MTIA, CCT, PSA, or 103-12 IE: SEI CORE PROP COLL INVST TRUST

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-3224429-045	C	33649165

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE 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
ARDAGH NORTH AMERICA RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
ARDAGH GLASS INC.

D Employer Identification Number (EIN)
35-1958205

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	340	100
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	41859	32055
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	13544251	12753849
(2) U.S. Government securities	1c(2)	80788969	64912578
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	68091799	65654893
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(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)	353065474	375722363
(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	515532692	519075838
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	515532692	519075838

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	438091	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		438091
(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)	29114588	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		29114588
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	5858082	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		5858082
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	9846290	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		9846290

		(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		45257051
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	36482279	
(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)		36482279
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)	451339	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	47500	
(5) Investment advisory and investment management fees	2i(5)	1199407	
(6) Bank or trust company trustee/custodial fees	2i(6)	24218	
(7) Actuarial fees	2i(7)	264896	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3244266	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		5231626
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		41713905
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3543146
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: PLANTE & MORAN, PLLC **(2)** EIN: 33-1498605

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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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 594068.

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
ARDAGH NORTH AMERICA RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
ARDAGH GLASS INC.

D Employer Identification Number (EIN)
35-1958205

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 04-1867445

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** 27

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: 21.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 61.0 %
High-Yield Debt: 9.0 % Real Assets: 7.0 % Cash or Cash Equivalents: 2.0 % Other: 0.0 %

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_____.

Ardagh North America Retirement Income Plan

Financial Report

December 31, 2025

Ardagh North America Retirement Income Plan

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Independent Auditor's Report

To the Plan Administrator
Ardagh North America Retirement Income Plan

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

We have performed audits of the financial statements of Ardagh North America Retirement Income Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025 and 2024 and the related statement of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2024 and the related statement of changes in accumulated plan benefits for the year then ended and the related notes to the financial statements.

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

Management has obtained certifications from 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 on the procedures performed as described in the *Auditor's Responsibilities for the Audits of the Financial Statements* section:

- 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).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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 Audits of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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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 issued or available to be issued.

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

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audits* 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 audits 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 judgment made by a reasonable user based on the financial statements.

In performing audits in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information except for obtaining and reading the 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 the 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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

To the Plan Administrator
Ardagh North America Retirement Income Plan

Supplemental Schedules Required by ERISA

The supplemental schedules of assets held at end of year as of December 31, 2025 and reportable transactions for the year ended December 31, 2025 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental 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 information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Plante & Moran, PLLC

Schaumburg, Illinois
October 2, 2026

Ardagh North America Retirement Income Plan

Statement of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Non-participant-directed investments at fair value (Note 4)	$ 519,043,683	$ 515,490,493
Cash	100	340
Other assets - Interest receivable	32,055	41,859
Net Assets Available for Benefits	**$ 519,075,838**	**$ 515,532,692**

See notes to financial statements.

Ardagh North America Retirement Income Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Additions to Net Assets		
Investment income (loss):		
Interest and dividends	$ 29,552,679	$ 25,832,135
Net realized and unrealized gains (losses) on investments	15,704,372	(8,611,924)
Total additions to net assets	45,257,051	17,220,211
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	37,767,254	34,793,326
Refund of annuity contract (Note 7)	(1,284,975)	(820,710)
Administrative expenses	5,231,626	5,878,991
Total deductions from net assets	41,713,905	39,851,607
Net Increase (Decrease)	3,543,146	(22,631,396)
Net Assets Available for Benefits		
Beginning of year	515,532,692	538,164,088
End of year	**$ 519,075,838**	**$ 515,532,692**

See notes to financial statements.

Ardagh North America Retirement Income Plan

Statement of Accumulated Plan Benefits

December 31, 2024

Actuarial Present Value of Accumulated Plan Benefits	
Vested benefits:	
Participants currently receiving benefit payments	$ 366,369,276
Other vested participants	187,088,164
Total vested benefits	553,457,440
Nonvested benefits	3,019,679
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 556,477,119**

See notes to financial statements.

Ardagh North America Retirement Income Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2024

Actuarial Present Value of Accumulated Plan Benefits - Beginning of year	$ 571,774,716
Increase (decrease) during the year attributable to:	
Benefits accumulated	10,095,448
Benefits paid	(34,793,326)
Increase for interest due to the decrease in the discount period	29,657,246
Changes in actuarial assumptions	(24,781,521)
Increase for refund of annuity contract	4,524,556
Net decrease	(15,297,597)
Actuarial Present Value of Accumulated Plan Benefits - End of year	**$ 556,477,119**

Note 1 - Plan Description

The following description of Ardagh North America Retirement Income Plan (the "Plan") provides only general information. Participants should refer to the plan agreement (including all related appendices) for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan covering certain U.S. employees of Ardagh Glass Inc., which is a subsidiary of Ardagh Group S.A. (the "Company" or the "Plan Sponsor"). The Plan is a result of plan mergers and previous plans; therefore, requirements and benefits may vary considerably by location and/or business unit. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Company has established the Ardagh Glass Inc. Retirement Income Plan Trust (the "Master Trust"). As of and for the years ended December 31, 2025 and 2024, the Plan is the sole participant in the Master Trust. Accordingly, all investments held in the Master Trust are treated as investments held by the Plan. All investment income (loss) of the Master Trust is treated as investment income (loss) of the Plan.

Employees are eligible to join the Plan based on their respective division agreements in accordance with the plan document.

Pension Benefits

Generally, employees with 5 or more years of service are entitled to annual pension benefits beginning at normal retirement age (65). Benefits are calculated as a percentage (currently 1.25 percent) of final 5-year average annual compensation times years of service, on an integrated career average formula, or as a flat dollar amount times years of service. Eligibility for early retirement with reduced benefits begins at either age 50 or age 55 after completion of 5 to 10 years of service. Participants forfeit the right to receive a portion of their accumulated plan benefits if they terminate before rendering 5 years of service. Participants may normally elect to receive their pension benefits in the form of a life annuity, as a joint and survivor annuity, or as of a certain period. Participants may also elect to receive the present value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, provided it does not exceed $5,000. Effective October 30, 2024, the small benefit cash out limit was increased to $7,000.

Generally, salaried individuals hired on or after January 1, 2001 and applicable union individuals hired on or after April 1, 2008 participate in a cash balance pension plan. Benefits under the cash balance portion of the Plan vest after 3 years of service. Under the cash balance pension plan, participant accounts receive interest credits on December 31 of each year based on a participant’s beginning of year account balance. The interest credit is reset each year to equal the average yield on the 30-year U.S. Treasury bond during the November preceding the start of the year.

Death Benefits

If an active or terminated employee who has a vested interest in the Plan dies prior to his or her normal retirement age, a death benefit equal to the benefit the employee would have received under the qualified joint and survivor annuity form had he or she retired on the day immediately preceding the date of his or her death will be paid to the surviving spouse. Beneficiaries of unmarried participants and those who have elected to waive the preretirement surviving spouse benefit will receive a lump-sum benefit or monthly installments equal to the actuarial equivalent of the participant’s vested accrued normal retirement benefit at the date of break in service.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by State Street Bank and Trust Company and its affiliates. State Street Bank and Trust Company is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Note 1 - Plan Description (Continued)

Funding

Contributions are made by the Company in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA. No participant contributions are permitted.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value.

The common/collective trust funds are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the funds' underlying assets. The U.S. government securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve, as well as other relevant economic measures. The money market funds are valued at fair value based on their outstanding balances. All other investments are valued based on quoted market prices reported in active markets. See Note 4 for additional information.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Various administrative costs are paid by the Company.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum payments, that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to the following:

(a) Retired or terminated employees or their beneficiaries
(b) Beneficiaries of employees who have died
(c) Present employees or their beneficiaries

Actuarial Assumptions

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

Note 2 - Summary of Significant Accounting Policies (Continued)

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2024 are summarized as follows:

Actuarial cost method	Projected unit credit cost method
Retirement age	Rates graded by age, ranging from 55 to 70
Mortality basis	Pri-2012 base table with MMP-2021 projection scale, which is based on the MP-2021 projection scale for 2024
Discount rate	5.78 percent for 2024
Interest accumulation rate for cash balances	4.53 percent for 2024

The decrease of approximately $24.8 million on the statement of changes in accumulated plan benefits for changes in actuarial assumptions is primarily related to the changes in the discount rate.

The actuarial gain of $4.5 million primarily relates to the annuity purchase for liabilities settled in excess of assets settled as of the transaction date and gain to reflect deceased participants identified as part of the annuity purchase process.

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

Risks and Uncertainties

Contributions to the Plan and the accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 2, 2026, which is the date the financial statements were available to be issued.

Note 3 - Certified Information

State Street Bank and Trust Company (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements, supplemental schedule of assets held at end of year, and supplemental schedule of reportable transactions are based solely on information certified by the Trustee.

Note 4 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2025 and 2024:

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2025		
	Investments (at Fair Value)	Level 1	Level 2
Money market fund	$ 12,753,849	$ -	$ 12,753,849
U.S. government securities	64,912,578	-	64,912,578
Mutual funds	375,722,363	375,722,363	-
Total	453,388,790	$ 375,722,363	$ 77,666,427
Common/collective trust funds measured at NAV	65,654,893		
Total investments at fair value	$ 519,043,683		

Note 4 - Fair Value Measurements (Continued)

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2024		
	Investments (at Fair Value)	Level 1	Level 2
Money market fund	$ 13,544,251	$ -	$ 13,544,251
U.S. government securities	80,788,969	-	80,788,969
Mutual funds	353,065,474	353,065,474	-
Total	447,398,694	$ 353,065,474	$ 94,333,220
Common/collective trust funds measured at NAV	68,091,799		
Total investments at fair value	$ 515,490,493		

There were no unfunded commitments or redemption restrictions on the investments described above.

Note 5 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 6 - Plan Termination

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Note 7 - Annuity Contract Purchase

In March 2023, the Plan purchased an annuity contract. Under the agreement, an insurance company assumed the obligation to pay future pension benefits, starting on June 1, 2023, for certain participants who were receiving payments less than $1,750 per month from the Plan prior to March 30, 2023. During 2023, the Plan purchased the annuity contract for approximately $378.7 million, which covered approximately 5,450 participants. During 2025 and 2024, the Plan received refunds of the original purchase price of approximately $1.3 million and $0.8 million, respectively, which were recorded as a refund of annuity contract on the statement of changes in net assets available for benefits.

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

Distribution of active participants with a flat dollar related benefit

Years of benefit service											
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25											
25-29											
30-34				1	1						2
35-39				1	3						4
40-44				3	19	13	2				37
45-49					24	39	19	1			83
50-54				2	24	38	34	40	4		142
55-59			1	2	28	32	30	40	22		155
60-64					15	28	17	17	11	6	94
65-69					4	4	6		1	5	20
70+					1	4				2	7
Total			1	9	119	158	108	98	38	13	544

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

Distribution of active participants with a frozen cash balance account

Years of benefit service											
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25											
25-29		2 *	1 *								3
30-34			1 *								1
35-39		1 *	3 *	1 *							5
40-44	1 *			3 *	1 *						5
45-49	1 *	1 *		3 *	1 *						6
50-54		2 *	1 *	4 *	3 *	2 *					12
55-59		3 *	1 *	2 *			2 *				8
60-64		1 *	1 *	2 *		1 *	1 *	2 *			8
65-69											
70+											
Total	2	10	8	15	5	3	3	2			48

In each cell, the top number is the count of participants for each age/service combination and the bottom number is the average cash balance account as of January 1, 2025. Average cash balance is not displayed for age/service groupings with fewer than 20 members.

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

Distribution of active participants with a frozen monthly accrued benefit

Years of benefit service											
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25											
25-29											
30-34		1 *	1 *								2
35-39				2 *							2
40-44				3 *	4 *						7
45-49			2 *	4 *	6 *	7 *					19
50-54		1 *	2 *	2 *	2 *	9 *	7 *				23
55-59			1 *	4 *	2 *	8 *	14 *	2 *			31
60-64		1 *			1 *	6 *	14 *				22
65-69		1 *		1 *	1 *	4 *	4 *				11
70+											
Total		4	6	16	16	34	39	2			117

In each cell, the top number is the count of participants for each age/service combination and the bottom number is the average monthly frozen accrued benefit as of January 1, 2025. Average frozen accrued benefit is not displayed for age/service groupings with fewer than 20 members.

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

Actuarial Assumptions for January 1, 2025 Funding Valuation

Discount Rate Sponsor Elections			
• Segment rates or full yield curve	Segment		
• Look-back months	4		
	Stabilized	**Nonstabilized**	**PBGC**
• First 5 years	5.07%	5.07%	4.65%
• Next 15 years	5.31%	5.33%	5.28%
• Over 20 years	5.50%	5.36%	5.63%
	These assumptions are prescribed by the IRS.		
• PBGC interest rate basis	Standard basis		
Mortality sponsor elections			
Healthy and disabled participants	Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables. These tables are based on Pri-2012 mortality tables projected with the IRS Modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1.430(h)(3)-1.		
Cash balance plan			
• Interest accumulation rate	4.53% per year		
• Whipsaw calculations	No		
Other economic assumptions			
• Increase in maximum benefit limitations	2.20% per year.		
• Social security wage base	2.95% per year.		
• Expected investment return	Annual returns of 6.27% for 2025, 6.17% for 2024, and 6.53% for 2023.		
• Expenses	$4,755,000 added to the current year normal cost.		

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

Demographic assumptions

- Withdrawal

Attained age	Withdrawal Percentage
25	6.30%
30	4.27
35	3.05
40	2.42
45	2.14
50	1.96
55	0.00

- Disability incidence: The disability incidence table is based on the Conference of Consulting Actuaries 1985 Pension Disability Study Class 1 rate.
- Retirement

Attained Age	Hourly	Salaried
Under 50	0%	0%
50 - 54	3	0
55 - 58	7	7
59 - 61	13	7
62	31	38
63 - 64	17	16
65 - 69	37	37
70	100	100

- Benefit commencement age for current and future vested deferreds: Unreduced retirement age
- Spouse assumptions

	Male participants	Female participants
Percentage married	80%	70%
Spouse age difference	2 years younger	1 years older

- Form of payment

	Single Life	50% J&S	100% J&S
Annuity	55%	20%	25%

Lump sum: Employees who are eligible for lump sum payments are assumed to elect lump sums.

Unpredictable contingent event assumptions: None assumed

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

Actuarial Methods

Asset Methods

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts**: The plan does not have any insurance contracts.
- **Disabled participants:** The liabilities for participants on long-term disability have been included with the liabilities for terminated vested participants. Some participants who become disabled before retirement continue to earn credited service during their disability. These participants are valued assuming they will remain disabled until normal retirement.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- This plan provides disability benefits that are only partially based on a participant's accrued benefit or years of service. This benefit is allocated to funding target based on the accrued benefit on the valuation date plus a portion of the excess of the benefit over the accrued benefit multiplied by the ratio of the participant's service at the beginning of the plan year to their service at each decrement

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

age. This benefit is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Unpredictable Contingent Event Benefits (UCEBs)

The hourly flat dollar plans provide for supplemental benefits in the event of a plant closure or shut down. Under the Pension Protection Act of 2006, the additional costs associated with these supplemental benefits is required to be included with the Funding Target. During 2024, the Seattle plant was shut down, triggering UCEBs. The valuation reflects the reported benefit commencements associated with these shutdowns. After consideration, any prior shutdowns have been reflected in the liability and it was determined that the likelihood of another shutdown having a material impact on the plan's liability is de minimis based on discussions with the plan sponsor as of the valuation date that there is no expectation in the near to mid-term that any plants will be permanently shut down.

Ardagh North America Retirement Income Plan

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
EIN 35-1958205, Plan No. 008
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
State Street Corporation	State Street Short Term Investment Fund:					
	Purchases - 88	$ 47,889,884	$ -	$ 47,889,884	$ 47,889,884	$ -
	Sales - 34	-	48,680,286	48,680,286	48,680,286	-
SEI	SIIT Long Duration Credit Fund A -					
	Purchases - 13	37,397,512	-	37,397,512	37,397,512	-
SEI	SEI Institutional World Equity Fund A:					
	Purchases - 5	6,846,996	-	6,846,996	6,846,996	-
	Sales - 21	-	19,330,652	17,397,871	19,330,653	1,932,782

There were no Category (i), (ii), or (iv) reportable transactions during the year.

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
ARDAGH NORTH AMERICA RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ARDAGH GLASS INC.

D Employer Identification Number (EIN)
35-1958205

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**	515,532,692
b Actuarial value	**2b**	513,458,667

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	1,796	385,272,833	385,272,833
b For terminated vested participants	1,512	80,818,607	80,818,607
c For active participants	709	119,909,240	122,740,595
d Total	4,017	586,000,680	588,832,035

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**	5.36%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3,393,662
b Expected plan-related expenses	**6b**	4,755,000
c Target normal cost	**6c**	8,148,662

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 Elizabeth Bordo EJB — Signature of actuary

9/30/2026 — Date

ELIZABETH BORDO — Type or print name of actuary

2609041 — Most recent enrollment number

MERCER — Firm name

+14129449679 — Telephone number (including area code)

SIX PPG PLACE, SUITE 400

PITTSBURGH PA 15222 — 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	43,061,422
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	13,978,014
9	Amount remaining (line 7 minus line 8)	0	29,083,408
10	Interest on line 9 using prior year's actual return of 3.08%	0	895,769
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 5.14%		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	29,979,177

Part III Funding Percentages

14	Funding target attainment percentage	14	82.10 %
15	Adjusted funding target attainment percentage	15	82.10 %
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	92.21 %
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	60

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**	8,148,662
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	105,352,545	10,161,367
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**	18,310,029

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	18,310,029	18,310,029

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
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

Plan: Ardagh North America Retirement Income Plan
EIN/PN: 35-1958205/008
Valuation Date: 01/01/2025

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	1,579,764	8,232,407	35,543,783	45,355,954
2026	2,758,491	2,862,951	34,727,966	40,349,408
2027	3,862,318	3,133,423	33,992,485	40,988,226
2028	4,841,334	3,378,339	33,032,572	41,252,245
2029	5,719,480	3,647,723	31,933,984	41,301,187
2030	6,558,410	3,942,374	30,902,308	41,403,092
2031	7,213,060	4,141,231	29,898,451	41,252,742
2032	7,852,693	4,453,439	29,058,547	41,364,679
2033	8,411,888	4,684,476	28,222,528	41,318,892
2034	8,852,717	4,944,516	27,375,343	41,172,576
2035	9,243,433	5,158,133	26,444,041	40,845,607
2036	9,543,064	5,323,759	25,420,535	40,287,358
2037	9,783,578	5,545,315	24,425,531	39,754,424
2038	9,975,327	5,630,355	23,375,704	38,981,386
2039	10,111,936	5,715,909	22,275,772	38,103,617
2040	10,223,982	5,796,520	21,131,923	37,152,425
2041	10,239,640	5,850,589	19,951,730	36,041,959
2042	10,232,505	5,819,886	18,743,843	34,796,234
2043	10,197,632	5,782,517	17,517,783	33,497,932
2044	10,094,263	5,733,652	16,283,600	32,111,515
2045	9,971,849	5,732,660	15,051,566	30,756,075
2046	9,784,159	5,674,345	13,831,956	29,290,460
2047	9,570,553	5,584,057	12,634,709	27,789,319
2048	9,362,963	5,440,361	11,469,249	26,272,573
2049	9,079,561	5,291,387	10,344,321	24,715,269
2050	8,800,687	5,123,882	9,267,789	23,192,358
2051	8,482,613	4,934,892	8,246,570	21,664,075
2052	8,139,867	4,738,142	7,286,437	20,164,446
2053	7,780,821	4,535,265	6,391,885	18,707,971
2054	7,398,552	4,327,949	5,566,090	17,292,591
2055	7,003,212	4,119,965	4,810,798	15,933,975
2056	6,600,590	3,908,239	4,126,448	14,635,277
2057	6,181,392	3,690,280	3,512,233	13,383,905
2058	5,759,178	3,470,768	2,966,236	12,196,182
2059	5,330,274	3,250,727	2,485,594	11,066,595
2060	4,906,270	3,031,255	2,066,579	10,004,104
2061	4,486,297	2,813,323	1,704,869	9,004,489
2062	4,075,264	2,598,326	1,395,703	8,069,293
2063	3,677,860	2,387,689	1,134,024	7,199,573
2064	3,296,641	2,182,531	914,707	6,393,879
2065	2,934,948	1,984,087	732,635	5,651,670
2066	2,595,012	1,793,522	582,888	4,971,422
2067	2,278,251	1,611,891	460,830	4,350,972
2068	1,986,412	1,440,100	362,187	3,788,699
2069	1,719,525	1,278,868	283,112	3,281,505
2070	1,477,842	1,128,704	220,201	2,826,747
2071	1,260,780	989,918	170,503	2,421,201
2072	1,067,512	862,598	131,486	2,061,596
2073	896,894	746,625	101,029	1,744,548
2074	747,588	641,703	77,367	1,466,658

Schedule SB, Part V — Summary of Plan Provisions

Summary of plan provisions

In general, the actuarial equivalence basis used to convert normal forms of benefits to optional forms of benefits is the GAR 94 mortality table and 6% interest.

These summaries should not be used in determining plan benefits.

Schedule SB, Part V — Summary of Plan Provisions

Contents

Appendix A: Retirement Accumulation Plan

Appendix B: Salaried

Appendix C: Ball Hourly

Appendix D: ANC 007

Appendix E: ANC 033

Appendix F: Heye America Hourly

Schedule SB, Part V — Summary of Plan Provisions

Appendix A: Glass – Retirement Accumulation Plan

Effective Date	January 1, 2001.
Eligibility	Generally, age 21 with 1 year of service. Plan participation for non-Marion GMP hourly union employees was frozen June 30, 2019. Plan participation for Marion hourly union employees was frozen October 30, 2019. Plan participation for salaried participants was frozen July 1, 2016.
Plan Status	Plan participation is closed to new entrants. Only interest credits will be added to participants' accounts after their respective freeze dates shown above.
Credited Service	Generally, credited service from date of hire is used to determine the participant's pay credit percentage.
Compensation	Generally, W2 pay plus employee pre-tax deferrals to employer sponsored tax deferred plans.
Normal Retirement	A participant is eligible for a normal retirement pension on his normal retirement date, the first of the month following his 65th birthday.
Cash Balance Account	An account balance was established for all salaried employees hired on or after January 1, 2001 and for all hourly employees from the GMP union who were hired on or after April 1, 2008. This account was initially set at zero and increases annually by pay and interest credits. Pay credits ceased for salaried participants effective June 30, 2016. Pay credits ceased for non-Marion GMP hourly union participants effective June 30, 2019. Pay credits ceased for Marion hourly union participants effective October 30, 2019. Pay credits are based on each participant's credited service as follows:

Full Years of Service	Pay Credit (Percentage of Compensation)
less than 9	3.0%
9 - 15	3.5%
16 or more	4.0%

Schedule SB, Part V — Summary of Plan Provisions

Appendix A: Glass – Retirement Accumulation Plan (continued)

	Effective April 1, 2016 (July 1, 2016 for union members at the Marion, Indiana plant), pay credit percentages for participants who are members of the GMP union were increased 0.5% to 3.5%/4.0%/4.5%. Pay credits are provided retroactively to one year prior to the participant's date of entry in the plan except for transferred participants. Transferred participants receive pay credits upon transfer as long as they have met the eligibility requirements. Interest credits are based on the average 30-year U.S. Treasury Bond rates for the month of November preceding the start of the plan year.
Normal Form of Benefit	The normal form of benefit for non-married participants is a life annuity. For married participants, the normal form of benefit is a qualified joint and 50% survivor annuity. The normal form of benefit is the actuarial equivalent of the participant's account balance.
Optional Forms of Benefit	In addition to the normal form of benefit, the following optional forms of benefit may be available on an actuarial equivalent basis: • Lump Sum • Joint and 75% Survivor Annuity.
Termination and Vesting	If a member terminates employment with at least 3 years of service, he is fully vested in the amount of his accrued benefit.
Disability Benefit	The annual Pay Credits while disabled are based on the greater of: 1) Base salary in effect on the day before disability 2) Pay for the calendar year preceding disability.
Death Benefit	If a member dies while actively employed, his account is fully vested. If the member is not married, his beneficiary will receive his account balance as a lump sum. If the member is married, the surviving spouse may choose either a life annuity or a lump sum.
Contributions	The Company bears the full cost of benefits under the plan.

Schedule SB, Part V — Summary of Plan Provisions

Appendix B: Glass – Salaried

Effective Date	September 15, 1995.
Eligibility	Immediate. Salaried employees hired after January 1, 2001 or rehired after July 1, 2016 are not eligible to enter the plan.
Plan Status	Plan participation is closed to new entrants. Accrued benefits were frozen as of December 31,2022.
Compensation	Generally, W2 pay plus employee pre-tax deferrals to employer sponsored tax deferred plans.
Normal Retirement	The first day of the month coincident with or next following a member's 65th birthday.
Early Retirement	A member may retire at his request on the first day of any month subsequent to his 55th birthday and completion of 5 years of service.
Normal Retirement Benefit	The monthly amount of retirement income commencing at normal retirement date is the sum of (A) + (B): (A) 1.25% of the member's average monthly compensation as of June 30, 2016 multiplied by the number of years of credited service as of July 1, 2016 (generally post September 15, 1995). (B) 1.25% of the sum of the member's monthly compensation post June 30, 2016. Average monthly compensation equals the sum of the highest five consecutive plan years of compensation prior to June 30, 2016 over the participant's employment divided by 60. The minimum benefit for participants of the former Heye America, L.P. Salaried Employees Pension Plan is as follows: The sum of (A) minus (B) plus (C): (A) 1.5% of average monthly compensation multiplied by years of service as of March 31, 2004 not in excess of 35. (B) 1.5% of the Primary Social Security Benefit multiplied by years of service covered in (A) above (first 35 years) which are after December 31, 1978. (C) 1.0% of average monthly compensation multiplied by years of service as of March 31, 2004 in excess of 35. Average monthly compensation equals the highest 60 consecutive months of compensation over the participant's employment prior to April 1, 2004. The minimum benefit described above shall be reduced by the benefits payable from any prior pension plan of the company or predecessor attributable to the same service credited above. **Accrued benefits were frozen as of December 31, 2022.**

Schedule SB, Part V — Summary of Plan Provisions

Appendix B: Glass – Salaried *(continued)*

Early Retirement Benefit	Early retirement benefits are determined at termination of employment in the same manner as the normal retirement benefit defined above; benefits are reduced by 5% for each year retirement precedes age 62. A terminated vested participant's early retirement benefit is actuarially reduced for each year by which early retirement precedes the normal retirement date. Actuarial equivalence is determined using the 1994 Group Annuity Reserving Mortality Table and 6.0% interest. The minimum early retirement benefit for participants of the former Heye America, L.P. Salaried Employees Pension Plan is as follows: The accrued benefit computed at normal retirement without the offset portions of the benefit (A. and C. above) reduced by 3% for each year the early retirement date precedes age 62; and with the offset portion of the benefit (B. above) reduced by 1/15 for each of the first 5 years and 1/30 of each of the next 5 years by which the early retirement date precedes the normal retirement date. If an active participant has attained age 60 with 30 years of service there is no reduction applied to A. and C. A terminated vested participant's early retirement benefit is reduced by 6% for each year by which early retirement precedes normal retirement. The minimum benefit described above shall be reduced by the benefits payable from any prior pension plan of the company or predecessor attributable to the same service credited above.
Normal Form of Benefit	Retirement benefits are normally paid for the duration of a single member's life. The normal form of benefit for a married member is a reduced benefit payable for life with 50% of such reduced benefit continued to his or her spouse upon the death of such member.
Optional Forms of Benefit	In addition to the normal form of benefit, the following optional forms of benefit may be available on an actuarial equivalent basis: • Age 62 Level Income • Joint and 66-2/3% Survivor Annuity • Joint and 75% Survivor Annuity • Joint and 100% Survivor Annuity • 10-Year Certain and Life. Lump Sum – available only for the April 1, 2004 accrued benefit of former Heye America, L.P. Salaried Employees Pension Plan participants

Schedule SB, Part V — Summary of Plan Provisions

Appendix B: Glass – Salaried (continued)	
Spouse's Benefit	Upon the death of a participant with a surviving spouse, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his earliest retirement age, retired with a qualified joint and 50% survivor annuity, then died the next day.
Termination and Vesting	If a member terminates employment with at least 5 years of service, he is fully vested in the amount of his accrued benefit.
Contributions	The Company bears the full cost of benefits under the plan.

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Schedule SB, Part V — Summary of Plan Provisions

Appendix C: Glass – Ball Hourly

Effective Date	May 31, 1996 as amended to date.
Eligibility	An employee who is covered by the collective bargaining agreements between the Company and the Glass GMP or USW unions is immediately eligible to participate in the plan. GMP union employees hired after April 1, 2008 (who participate in the Appendix A plan if hired before July 1, 2018) and USW union employees hired after September 1, 2014 are not eligible to enter the plan.
Plan Status	Plan participation is closed to new entrants.
Normal Retirement	Age 60 with 5 Years of Service for GMP Members. Age 65 with 5 Years of Service for USW Members.
Early Retirement	Age 50 with 10 Years of Service, or Age 60 for GMP Members. Age 55 with 10 Years of Service, or Age 65 for USW Members.
Disability Retirement	10 Years of Service.
Normal Retirement Benefit	The monthly amount of retirement income commencing at normal retirement date is equal to the sum of (A) plus (B): (A) a participant's Years of Service as of March 31, 2016 times the applicable Fixed Dollar Unit shown below

Labor Grade	Service Prior to 4/1/2016
1 – 10	$58.00
11 – 15	59.00
16 and above	60.00

plus

(B) a participant's Years of Service for each April 1 to March 31 period beginning on or after April 1, 2016 times the applicable Fixed Dollar Units shown below. Fixed Dollar Units are based on the participant's Labor Grade.

	Fixed Dollar Unit Labor Grade		
	1-10	11-15	16 and above
April 1, 2016 to March 31, 2019	$58.00	$59.00	$60.00
April 1, 2019 to March 31, 2020	$59.00	$60.00	$61.00
April 1, 2020 to March 31, 2021	$60.00	$61.00	$62.00
April 1, 2021 to March 31, 2022	$61.00	$62.00	$63.00
April 1, 2022 to March 31, 2023	$63.00	$64.00	$65.00
April 1, 2023 to March 31, 2024	$65.00	$66.00	$67.00
April 1, 2024 to March 31, 2025	$67.00	$68.00	$69.00

Schedule SB, Part V — Summary of Plan Provisions

Appendix C: Glass – Ball Hourly (continued)

	For members of the Glass USW union, the Fixed Dollar Units shown above are effective each September 1 (instead of April 1). For purposes of determining the Fixed Dollar Unit for Service Periods after August 31, 2019, all Glass USW union members are assumed to have a Labor Grade of 16 and above. Benefits for former TBG, Metropak, or Kerr participants are offset by their prior plan benefits.
Early Retirement Benefit	For participants who are eligible for early retirement, benefits are determined in the same manner as normal retirement benefits. Benefits are reduced by 6% a year for commencement prior to age 60. Benefits are unreduced for plan members who are age 55 with 30 Years of Service at retirement. For terminated vested participants who completed at least 10 years of vesting service, benefits are determined in the same manner as normal retirement benefits, but at termination. Benefits are reduced by 6% a year for commencement prior to age 60 for GMP Members and 6% a year for commencement prior to age 65 for USW Members.
Disability Benefit	Benefits are determined in the same manner as normal retirement benefits and are payable immediately without reduction. However, for former TBG participants, the benefit is not offset by the TBG Hourly plan benefit until the participant becomes eligible to receive a retirement benefit under the TBG Hourly Plan.
Normal Form of Benefit	The normal form of benefit for a single employee is a 6-year certain and life annuity. The normal form of benefit for a married member is a reduced benefit payable for life (guaranteed for 6 years) with 50% of the reduced benefit continued to his or her spouse upon the death of such member.
Optional Forms of Benefit	In addition to the normal form of benefit, the following optional forms of benefit may be available on an actuarial equivalent basis: • Age 62 Level Income • Joint and 66-2/3% Survivor Annuity with a 6-year guarantee • Joint and 75% Survivor Annuity with a 6-year guarantee • Joint and 100% Survivor Annuity with a 6-year guarantee • Pop-up Joint and 100% Survivor Annuity with a 6-year guarantee • 10-Year Certain and Life.

Schedule SB, Part V — Summary of Plan Provisions

Appendix C: Glass – Ball Hourly (continued)

Spouse's Benefit	For GMP Members, death benefits are equal to 50% of the normal retirement benefit commencing immediately if the participant was at least age 40 with 5 Years of Service at death. For USW Members, the same provisions apply but the participant must be age 45 with 10 Years of Service at death. For participants who do not meet the above requirements at death, the statutory pre-retirement death benefit applies.
Termination and Vesting	If a member terminates employment with at least 5 Years of Service, he is fully vested in the amount of his benefit payable at Normal Retirement.
Contributions	The Company bears the full cost of benefits under the plan.

Schedule SB, Part V — Summary of Plan Provisions

Appendix D: Glass – ANC 007

Effective Date	January 1, 1955, as amended to date.
Eligibility	An employee who is covered by the collective bargaining agreements between the Company and the Glass GMP or USW unions is immediately eligible to participate in the plan. GMP union employees hired after April 1, 2008, but before July 1, 2018, participate in the Appendix A plan and USW union employees hired after September 1, 2014 are not eligible to enter the plan.
Plan Status	Plan participation is closed to new entrants.
Normal Retirement	Age 60 for GMP Members. Age 65 for USW Members.
Early Retirement	Age 50 with 10 Years of Service for GMP Members. Age 55 with 10 Years of Service, or age 60, for USW Members.
Disability Retirement	10 Years of Service.
Normal Retirement Benefit	The monthly amount of retirement income commencing at normal retirement date is equal to the sum of (A) plus (B): (A) a participant's Years of Service as of March 31, 2016 times the applicable Fixed Dollar Unit shown below

Labor Grade	Service Prior to 4/1/2016
1 – 10	$58.00
11 – 15	59.00
16 and above	60.00

plus

(B) a participant's Years of Service for each April 1 to March 31 period beginning on or after April 1, 2016 times the applicable Fixed Dollar Units shown below. Fixed Dollar Units are based on the participant's Labor Grade.

Schedule SB, Part V — Summary of Plan Provisions

	Fixed Dollar Unit Labor Grade		
	1-10	11-15	16 and above
April 1, 2016 to March 31, 2019	$58.00	$59.00	$60.00
April 1, 2019 to March 31, 2020	$59.00	$60.00	$61.00
April 1, 2020 to March 31, 2021	$60.00	$61.00	$62.00
April 1, 2021 to March 31, 2022	$61.00	$62.00	$63.00
April 1, 2022 to March 31, 2023	$63.00	$64.00	$65.00
April 1, 2023 to March 31, 2024	$65.00	$66.00	$67.00
April 1, 2024 to March 31, 2025	$67.00	$68.00	$69.00

For members of the Glass USW union, the Fixed Dollar Units shown above are effective each September 1 (instead of April 1).

For purposes of determining the Fixed Dollar Unit for Service Periods after August 31, 2019, all Glass USW union members accrue benefits under Labor Grade of 16 and above.

Appendix D: Glass – ANC 007(continued)	
Early Retirement Benefit	For participants who are eligible for early retirement, benefits are determined in the same manner as normal retirement benefits. Benefits are reduced by 6% a year for commencement prior to age 60. Benefits are unreduced for plan members who are age 55 with 30 Years of Service at retirement. For terminated vested participants who completed at least 10 years of vesting service, benefits are determined in the same manner as normal retirement benefits, but at termination. Benefits are reduced by 6% a year for commencement prior to age 60 for GMP Members and 6% a year for commencement prior to age 65 for USW Members.
Disability Benefit	Benefits are determined in the same manner as normal retirement benefits and are payable immediately without reduction.
Normal Form of Benefit	The normal form of benefit for a single employee is a 6-year certain and life annuity. The normal form of benefit for the married member is a reduced benefit payable for life (guaranteed for 6 years) with 50% of the reduced benefit continued to his or her spouse upon the death of such member.
Optional Forms of Benefit	In addition to the normal form of benefit, the following optional forms of benefit may be available on an actuarial equivalent basis: • Age 62 Level Income • Joint and 66-2/3% Survivor Annuity with a 6-year guarantee • Joint and 75% Survivor Annuity with a 6-year guarantee • Joint and 100% Survivor Annuity with a 6-year guarantee • Pop-up Joint and 100% Survivor Annuity with a 6-year guarantee.

Schedule SB, Part V — Summary of Plan Provisions

Spouse's Benefit	For GMP members, death benefits are equal to 50% of the normal retirement benefit commencing either immediately or, if later, at the date the participant would have been age 40. For USW members, the same provisions apply but the participant must be age 45 with 10 Years of Service at death. For participants who do not meet the above requirements at death, the statutory pre-retirement death benefit applies.
Termination and Vesting	If a member terminates employment with at least 5 Years of Service, he is fully vested in the amount of his benefit payable at Normal Retirement.
Contributions	The Company bears the full cost of benefits under the plan.

Schedule SB, Part V — Summary of Plan Provisions

Appendix E: Glass – ANC 033

Effective Date	September 19, 1983, as amended to date.
Eligibility	An employee who is covered by the collective bargaining agreements between the Company and the Glass GMP or USW unions is immediately eligible to participate in the plan. GMP union employees hired after April 1, 2008, but before July 1, 2018, participate in the Appendix A plan and USW union employees hired after September 1, 2014 are not eligible to enter the plan.
Plan Status	Plan participation is closed to new entrants.
Normal Retirement	Age 60 for GMP Members. Age 65 for USW Members.
Early Retirement	Age 50 with 10 Years of Service for GMP Members. Age 55 with 10 Years of Service or age 60, for USW Members.
Disability Retirement	10 Years of Service.
Normal Retirement Benefit	The monthly amount of retirement income commencing at normal retirement date is equal to the sum of (A) plus (B): (A) a participant's Years of Service as of March 31, 2016 times the applicable Fixed Dollar Unit shown below

Labor Grade	Service Prior to 4/1/2016
1 – 10	$58.00
11 – 15	59.00
16 and above	60.00

(B) a participant's Years of Service for each April 1 to March 31 period beginning on or after April 1, 2016 times the applicable Fixed Dollar Units shown below. Fixed Dollar Units are based on the participant's Labor Grade.

	Fixed Dollar Unit Labor Grade		
	1-10	11-15	16 and above
April 1, 2016 to March 31, 2019	$58.00	$59.00	$60.00
April 1, 2019 to March 31, 2020	$59.00	$60.00	$61.00
April 1 ,2020 to March 31, 2021	$60.00	$61.00	$62.00
April 1 ,2021 to March 31, 2022	$61.00	$62.00	$63.00
April 1, 2022 to March 31, 2023	$63.00	$64.00	$65.00
April 1, 2023 to March 31, 2024	$65.00	$66.00	$67.00
April 1, 2024 to March 31, 2025	$67.00	$68.00	$69.00

For members of the Glass USW union, the Fixed Dollar Units shown above are effective each September 1 (instead of April 1).

For purposes of determining the Fixed Dollar Unit for Service Periods after August 31, 2019, all Glass USW union members are assumed to have a Labor Grade of 16 and above.

Schedule SB, Part V — Summary of Plan Provisions

Appendix E: Glass – ANC 033 (continued)

	Former Kerr employees will have their benefits reduced by the product of their Years of Service prior to September 19, 1983 and their Fixed Dollar Unit at September 19, 1983. Labor Grade — Fixed Dollar Unit at September 19, 1983 1 – 10 — $14.00 11 – 15 — 15.00 16 and above — 16.00
Early Retirement Benefit	For participants who are eligible for early retirement, benefits are determined in the same manner as normal retirement benefits. Benefits are reduced by 6% a year for commencement prior to age 60. Benefits are unreduced for plan members who are age 55 with 30 Years of Service at retirement. For terminated vested participants who completed at least 10 years of service, benefits are determined in the same manner as normal retirement benefits, but at termination. Benefits are reduced by 6% a year for commencement prior to age 60 for GMP Members and 6% a year for commencement prior to age 65 for USW Members.
Disability Benefit	Benefits are determined in the same manner as normal retirement benefits and are payable immediately without reduction.
Normal Form of Benefit	The normal form of benefit for a single employee is a 6-year certain and life annuity. The normal form of benefit for a married member is a reduced benefit payable for life (guaranteed for 6 years) with 50% of the reduced benefit continued to his or her spouse upon the death of such member.
Optional Forms of Benefit	In addition to the normal form of benefit, the following optional forms of benefit may be available on an actuarial equivalent basis: • Age 62 Level Income • Joint and 66-2/3% Survivor Annuity with a 6-year guarantee • Joint and 75% Survivor Annuity with a 6-year guarantee • Joint and 100% Survivor Annuity with a 6-year guarantee • Pop-up Joint and 100% Survivor Annuity with a 6-year guarantee.
Spouse's Benefit	For GMP members, death benefits are equal to 50% of the normal retirement benefits commencing either immediately or, if later, the date the participant would have been age 40. For USW members, the same provisions apply but the participant must be age 45 with 10 Years of Service at death. For participants who do not meet the above requirements at death, the statutory pre-retirement death benefit applies.

Schedule SB, Part V — Summary of Plan Provisions

Appendix E: Glass – ANC 033 (continued)

Termination and Vesting	If a member terminates employment with at least 5 Years of Service, he is fully vested in the amount of his accrued benefit payable at Normal Retirement.
Contributions	The Company bears the full cost of benefits under the plan.

Schedule SB, Part V — Summary of Plan Provisions

Appendix F: Glass – Heye America Hourly

Effective Date	April 1, 1988, as amended to date
Eligibility	An employee who is covered by the collective bargaining agreement between the Company and the GMP is immediately eligible to participate in the plan. GMP union employees hired after July 1, 2008 (who participate in the Appendix A plan if hired before September 1, 2018) are not eligible to enter the plan.
Plan Status	Plan participation is closed to new entrants.
Normal Retirement	Age 60
Early Retirement	Age 50 with 10 Years of Service
Disability Retirement	10 Years of Service
Normal Retirement Benefit	The monthly amount of retirement income commencing at normal retirement date is equal to the sum of (A) plus (B): (A) a participant's Years of Service as of June 30, 2016 times the applicable Fixed Dollar Unit shown below

Labor Grade	Service Prior to 7/1/2016
1 – 10	$58.00
11 – 15	59.00
16 and above	60.00

plus

(B) a participant's Years of Service for each July 1 to June 30 period beginning on or after July 1, 2016 times the applicable Fixed Dollar Units shown below. Fixed Dollar Units are based on the participant's Labor Grade.

	Fixed Dollar Unit Labor Grade		
	1-10	11-15	16 and above
July 1, 2016 to June 30, 2019	$58.00	$59.00	$60.00
July 1, 2019 to June 30, 2020	$59.00	$60.00	$61.00
July 1, 2020 to June 30, 2021	$60.00	$61.00	$62.00
July 1, 2021 to June 30, 2022	$61.00	$62.00	$63.00
July 1, 2022 to June 30, 2023	$63.00	$64.00	$65.00
July 1, 2023 to June 30, 2024	$65.00	$66.00	$67.00
July 1, 2024 to June 30, 2025	$67.00	$68.00	$69.00

Schedule SB, Part V — Summary of Plan Provisions

Early Retirement Benefit	For participants who are eligible for early retirement, benefits are determined in the same manner as normal retirement benefits. Benefits are reduced by 6% a year for commencement prior to age 60. Benefits are unreduced for plan members who are age 55 with 30 Years of Service at retirement. For terminated vested participants who completed at least 10 years of vesting service, benefits are determined based on Years of Service at termination multiplied by the Fixed Dollar Limit in effect at termination. Benefits are reduced by 6% a year for commencement prior to age 60.

Appendix F: Glass – Heye America Hourly (continued)

Disability Benefit	Benefits are determined in the same manner as normal retirement benefits and are payable immediately without reduction.
Normal Form of Benefit	The normal form of benefit for a single employee is a 6-year certain and life annuity. The normal form of benefit for a married member is reduced benefit payable for life (guaranteed for 6 years) with 50% of such reduced benefit continued to his or her spouse upon the death of the member.
Optional Forms of Benefit	In addition to the normal form of benefit, the following optional forms of benefit may be available on an actuarial equivalent basis: • Age 62 Level Income • Joint and 66-2/3% Survivor Annuity with a 6-year guarantee • Joint and 75% Survivor Annuity with a 6-year guarantee • Joint and 100% Survivor Annuity with a 6-year guarantee • Pop-up Joint and 100% Survivor Annuity with a 6-year guarantee.
Spouse’s Benefit	Death benefits are equal to 50% of the normal retirement benefit commencing either immediately or, if later, at the date the participant would have been age 40.
Termination and Vesting	If a member terminates employment with at least 5 Years of Service, he is fully vested in the amount of his benefit payable at Normal Retirement.
Contributions	The Company bears the full cost of benefits under the plan.

Schedule SB, Part V — Summary of Plan Provisions

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Plan amendments excluded:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Late retirement increases:**
  - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. Because all participants are assumed to retire by age 70, this valuation does not include increases for participants over age 70.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **IRC Section 436 benefit restrictions:**
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** This valuation does not value the plan's unpredictable contingent event benefits based on discussions with the plan sponsor that there is no expectation in the near to mid-term that any plants will be closed.

Schedule SB, Part V — Summary of Plan Provisions

Plan Provision Changes Since Prior Valuation

- Maximum benefit amounts under IRS rules were updated from 2024 to 2025.
- For funding purposes, increases through the end of the plan year were reflected in the valuation.
- The Seattle plant in the Ardagh North America Retirement Income Plan was shut down effective November 30, 2024. Under the shutdown, participants in the GMP and USW unions may receive unreduced retirement benefits if they have attained age 55 with at least 10 years of service or at least 30 years of service.

Subsequent Events

- Effective May 2025, the Dolton plant has been idled. The valuation does not currently reflect this event which could reduce the plan’s normal cost.

Ardagh North America Retirement Income Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 35-1958205, Plan No. 008
December 31, 2025

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
State Street Corporation	Money market fund - State State Short Term Investment Fund	$ 12,753,849	$ 12,753,849
	U.S. government securities:		
U.S. Government	STRIP PRINC 11/15/2053	41,497,460	35,897,378
	STRIPS 02/15/2045	15,045,591	15,434,141
	STRIPS 02/15/2050	14,438,638	13,581,059
	Common/collective trust funds:		
SEI	Core Property Collective Mutual Funds	18,833,563	33,649,165
	Structured Credit Collective Fund	10,204,358	32,005,728
	Mutual funds:		
SEI	SIIT Global Managed Volatility A	20,150,809	19,873,934
	SIIT Long Duration Credit Fund A	260,228,704	248,567,509
	SEI Institutional Investment High Yield Bond Fund	13,612,732	12,002,294
	SEI Institutional Investment S&P 500 Index A	21,725,078	27,663,358
	SEI Institutional Managed Small Cap II Fund A	11,538,146	11,740,137
	SEI Institutional Investment Emerging Markets Fund A	7,822,509	8,014,972
	SEI Institutional World Equity Fund A	36,107,281	39,936,691
	SIIT US Managed Volatility A	11,132,052	7,923,468
	Total	**$ 495,090,770**	**$ 519,043,683**

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall bases					
Year established		Outstanding balance	Years remaining		2025 installment
2023	$	28,993,955	13	$	2,979,876
2024		13,999,012	14		1,367,051
2025		62,359,578	15		5,814,440
Total	$	105,352,545		$	10,161,367

Schedule SB, line 24 — Change in Actuarial Assumptions

- The discount rate was updated from 2024 to 2025 in accordance with PPA.
- The interest accumulation rate for the Retirement Accumulation Plan was changed from 4.09% for 2024 to 4.53% for 2025.
- The withdrawal rates are updated based on the 2024 experience study results.
- The retirement rates are updated based on the 2024 experience study results.
- The payment form assumption has been updated based on the 2024 experience study results.
- The percent married assumption has been updated for females based on the 2024 experience study results.
- The spouse age difference assumption has been updated for males and females based on the 2024 experience study results.
- The expense component of normal cost changed from $5,073,000 to $4,755,000 to reflect our expectations for the current plan year.
- The expected investment return was changed from 6.17% for 2024 to 6.27% for 2025.