Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

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: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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

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

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
GERRESHEIMER GLASS RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

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)
GERRESHEIMER GLASS INC.

537 CRYSTAL AVENUE
VINELAND, NJ 08360

2b Employer Identification Number (EIN) 22-2784102

2c Sponsor's telephone number 856-692-3600

2d Business code (see instructions) 327210

3a Plan administrator's name and address [ ] Same as Plan Sponsor.
GERRESHEIMER GLASS EMPLOYEE BENEFITS COMMITTEE
537 CRYSTAL AVENUE
VINELAND, NJ 08360

3b Administrator's EIN 22-2784102

3c Administrator's telephone number 856-692-3600

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 GERRESHEIMER GLASS INC.
c Plan Name GERRESHEIMER GLASS SALARIED RETIREMENT PLAN

4b EIN 22-2784102

4d PN 001

5a Total number of participants at the beginning of the plan year	**5a**	79
b Total number of participants at the end of the plan year	**5b**	78
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	18
d(2) Total number of active participants at the end of the plan year	**5d(2)**	12
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/06/2026	AUTUMN FOWLER
	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

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 582456. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	3710258	3624449
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	3710258	3624449
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	131240	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	342752	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		473992
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	261531	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	298270	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		559801
i Net income (loss) (subtract line 8h from line 8c)	8i		-85809
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I

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

Part V Compliance Questions

10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		10000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. [X] Yes [ ] No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** | 0

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. [ ] Yes [X] No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		[ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		[ ] Yes [X] No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		[ ] Yes [X] No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII IRS Compliance Questions

14a 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 [X] No

14b 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

15 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_____.

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
GERRESHEIMER GLASS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
22-2784102

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**	3811643
b Actuarial value	**2b**	3430479

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	50	1935640	1935640
b For terminated vested participants	11	594462	594462
c For active participants	18	929293	967967
d Total	79	3459395	3498069

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**	5.29 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	115000
c Target normal cost	**6c**	115000

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

09/22/2026
Date

CURT EVANS
Type or print name of actuary

26-05239
Most recent enrollment number

BROWN & BROWN INS. SERVICES, INC.
Firm name

215-561-1143
Telephone number (including area code)

300 CONSHOHOCKEN STATE RD
SUITE 650
WEST CONSHOHOCKEN, PA 19428
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	93738
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	93369
9	Amount remaining (line 7 minus line 8)	0	369
10	Interest on line 9 using prior year's actual return of 10.32 %	0	38
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		58
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 5.13 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		6
c	Total available at beginning of current plan year to add to prefunding balance		64
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	407

Part III Funding Percentages

14	Funding target attainment percentage	14	98.05 %
15	Adjusted funding target attainment percentage	15	98.05 %
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	91.76 %
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
04/11/2025	28380				
07/11/2025	28380				
11/14/2025	28380				
02/13/2026	46100				
			Totals ► 18(b)	131240	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	126061

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? [ ] Yes [X] 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:

	1st segment: %	2nd segment: %	3rd segment: %	
a Segment rates:				[X] N/A, full yield curve used

b Applicable month (enter code)	**21b**	
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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 [X] No

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [ ] Yes [X] 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**	115000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	67997	11132
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**	126132

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	71	71

36 Additional cash requirement (line 34 minus line 35)	**36**	126061
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	126061
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 [X] 2021

GERRESHEIMER GLASS RETIREMENT PLAN
EIN: 22-2784102 PN: 001
2025 SCHEDULE SB, LINE 19 - DISCOUNTED EMPLOYER CONTRIBUTIONS

Date Paid	Date Due	Amount	Plan Year	Late?	Late Discount Period (Days)	Late Interest Rate	Late Contribution Discounted to Date Due	Normal Discount Period (Days)	Effective Interest Rate	Discounted Contribution
4/11/2025	4/15/2025	28,380	2025	N	N/A	N/A	N/A	100	5.29%	27,982
7/11/2025	7/15/2025	28,380	2025	N	N/A	N/A	N/A	191	5.29%	27,625
11/14/2025	10/15/2025	28,380	2025	Y	30	10.29%	28,152	287	5.29%	27,034
2/13/2026	1/15/2026	28,380	2025	Y	29	10.29%	28,160	379	5.29%	26,692
2/13/2026	9/15/2026	17,720	2025	N	N/A	N/A	N/A	408	5.29%	16,728
		131,240								126,061
Prefunding Balance Election										
9/15/2026	9/15/2026	77	2025	N	N/A	N/A	N/A	622	5.29%	71
Minimum Required Contribution										126,132

GERRESHEIMER GLASS RETIREMENT PLAN
EIN: 22-2784102 / PN: 001
2025 SCHEDULE SB ATTACHMENT, LINE 22 - DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Retirement Age	Rates of Retirement	Weighted Age
55	6%	3.3000
56	6%	3.1584
57	6%	3.0219
58	6%	2.8904
59	7%	3.2245
60	12%	5.2279
61	12%	4.6772
62	24%	8.3669
63	24%	6.4614
64	24%	4.9886
65	50%	8.0220
66	25%	2.0364
67	25%	1.5504
68	25%	1.1802
69	25%	0.8981
70	100%	2.7335
		62

GERRESHEIMER GLASS RETIREMENT PLAN

EIN: 22-2784102; PN: 001

2025 Schedule SB Attachment, Line 26a - Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 40	40 & up
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49										
50 to 54		2								
55 to 59			1	2						
60 to 64		1	1	1	1	2				
65 to 69		1		3	1	1	1			
70 & up										
Total	0	4	2	6	2	3	1	0	0	0

GERRESHEIMER GLASS RETIREMENT PLAN
EIN: 22-2784102; PN: 001
2025 SCHEDULE SB ATTACHMENT, LINE 32 – SCHEDULE OF AMORTIZATION BASES

Shortfall Amortization Charge

The shortfall amortization charge is the sum of the shortfall amortization installments. The shortfall amortization installment is the level annual payment of the shortfall amortization base amortized over 15 years based on interest rates in effect for the first 14 years. The shortfall amortization charge as of the valuation date for the current plan year is shown below.

Original Shortfall Amortization Base	Inception Date	Shortfall Amortization Balance on 1/1/2025	Remaining Years	Shortfall Amortization Installment
$ 679,683	1/1/2023	$ 617,354	13	$ 62,696
(207,589)	1/1/2024	(197,926)	14	(19,117)
(351,431)	1/1/2025	(351,431)	15	(32,447)
		67,997		11,132

GERRESHEIMER GLASS RETIREMENT PLAN
EIN: 22-2784102; PN: 001
2025 SCHEDULE SB ATTACHMENT, PART V – SUMMARY OF PLAN PROVISIONS

SALARIED PARTICIPANTS

(1) Eligibility for Participation

Salaried employees of Gerresheimer Glass Inc. (the "Company") who were employed on the January 1, 1994 (the "Effective Date") became eligible to participate in the Plan on the Effective Date. Effective January 1, 1996, salaried employees of the Company are eligible to participate in the Plan on the January 1 or July 1 following the completion of 1000 hours of service during the first year of employment or in any current or subsequent calendar year. The plan was frozen to new participants on June 30, 2001.

(2) Definitions

Plan Year: January 1 through December 31.

Credited Service: Total service as a salaried employee measured from date of hire through June 30, 2001; however, a Participant who has attained age 52 with at least 27 years of service as of June 30, 2001, shall continue to be credited with additional service while he or she is a non-highly compensated employee until the earliest of June 30, 2004, age 60 or the completion of 30 years of Credited Service. Participants on the Company's Salary Sick Leave Plan or the Long-Term Disability Plan with at least one year of Credited Service are considered employees.

Final Average Earnings: The average of total compensation for the highest three consecutive calendar years on or before December 31, 2012.

Joint Venture Participant: A Participant who terminated employment as of the formation of the Kimble Chase Life and Science Research Products LLC joint venture due to employment by such joint venture.

OI Participant: A Participant who was an employee of Gerresheimer Glass Inc. immediately prior to January 1, 1994 and was a Participant in the OI Salary or OI Hourly Plan.

OI Chicago Heights Participant: A Participant who was an employee of Owens-Brockway Glass Containers on March 31, 1999 and who was a Participant in the OI Salary or OI Hourly Plan.

Accrued Benefit: The accrued benefit is equal to the greater of $192 times Years of Credited Service or (a) 1.212% of Final Average Earnings multiplied by Credited Service, not in excess of 35 years, plus (b) 0.176% of Final Average Earnings in excess

of the Social Security Taxable Wage Base multiplied by Credited Service, not in excess of 35 years, plus (c) 0.5% of Final Average Earnings times Credited Service in excess of 35 years.

Alternative Benefit for OI Participants and OI Chicago Heights Participants: The Accrued Benefit of an OI Participant or OI Chicago Heights Participant will not be less than the Accrued Benefit, considering Credited Service and Credited Earnings under the OI Salary Plan reduced by the Accrued Benefit earned under the OI Salary Plan. In determining the Accrued Benefit under the OI Salary Plan, the Final Average Earnings under the OI Salary Plan will be equal to the Final Average Earnings at the date of termination with the Company, subject to a maximum equal to the Final Average Earnings as of the December 31, 1993 (with respect to OI Participants) or March 31, 1999 (with respect to OI Chicago Heights Participants) increased at 6.5% for each full calendar year from the closing to the date of termination, compounded annually.

Benefit Formula for Joint Venture Participants: For purposes of determining a Joint Venture Participant's Final Average Earnings and for purposes of determining eligibility for an Early Retirement Benefit, Vested Benefit or a Death Benefit, the Plan will recognize compensation on or before December 31, 2012 and service earned by a Joint Venture Participant during employment with Kimble Chase Life Science and Research Products LLC provided that such compensation and service will be discontinued if the Participant commences his or her retirement benefit or terminates employment with Kimble Chase regardless if rehired by such entity.

(3) Normal Retirement Benefit

(a) Eligibility: Age 65.

(b) Benefit: Accrued Benefit as of the date of normal retirement.

(4) Early Retirement Benefit

(a) Eligibility: Age 55 and 10 Years of Credited Service.

(b) Benefit: Accrued Benefit as of the date of Early Retirement, reduced by 5/12% for each month that Early Retirement precedes age 60, but without reduction if the Participant has completed at least 30 Years of Credited Service.

(5) Delayed Retirement Benefit

(a) Eligibility: After Normal Retirement.

(b) Benefit: Accrued Benefit as of the date of postponed retirement.

(6) Vested Benefit

(a) Eligibility: 5 Years of Credited Service or a Joint Venture Participant.

(b) Benefit: Accrued Benefit determined at termination, payable at Normal Retirement, or as early as age 55, reduced actuarially for commencement preceding Normal Retirement.

(7) Spouse's Benefit

(a) Eligibility: An active full-time salaried employee or a participant on long-term disability who has attained age 35 with at least 5 years of service in the month in which death occurs, provided that the spouse has been married to the Participant for at least one year.

(b) Benefit: the more valuable benefit between an immediate monthly benefit payable for the life of the surviving spouse equal to 25% of monthly base pay at date of death or as of December 31, 2012, if earlier, and the Statutory Preretirement Death Benefit (if eligible). An Orphan Benefit of 5% of monthly base pay at date of death or as of December 31, 2012, if earlier, is payable to each orphan child of the Participant (subject to a maximum of 15%) until age 18, or age 22 if a full-time student.

(8) Statutory Preretirement Death Benefit

(a) Eligibility: a vested Participant with a surviving spouse who has been married to the Participant for the 12-month period preceding death.

(b) Benefit: minimum statutory qualified preretirement survivor annuity commencing on the month following the month in which the Participant would have reached the earliest retirement date.

(9) Forms of Payment

(a) Normal Form: Life annuity, if single; actuarially reduced 50% joint and survivor annuity, if married.

(b) Optional Forms: Life annuity; actuarially reduced 50%, 75%, or 100% joint and survivor annuity; lump sum; and level income option (deferred vested participants are not eligible for a lump sum or level income option).

(c) Actuarial Equivalence: Annuity optional form conversions are based on a 6% interest rate and the 1971 T.P.F.&C. Forecast Mortality Table (assuming a male participant and a female beneficiary, where the female table is setback six years from the male table). The actuarial reduction for joint and survivor annuities for married participants will not be less 90%, 85% and 80% for the 50%, 75% and 100% joint and survivor annuities, respectively. The preceding percentages are increased or decreased by 1% for each year the spouse is older or younger than the Participant, subject to a minimum reduction of 95% for the 50% and 75% options and 90% for the 100% option. Lump sum and level income option form conversions are based the IRC 417(e) applicable mortality table and applicable interest rate for the third month preceding the date of distribution.

HOURLY PARTICIPANTS

(1) Eligibility for Participation

Hourly employees at select employment units ("Hourly Employees") of Gerresheimer Glass Inc. (the "Company") who were employed on the January 1, 1994 (the "Effective Date") became eligible to participate in the Plan on the Effective Date. Each other Hourly Employee of the Company hired after the Effective Date is eligible to participate in the Plan on the first of the month following the completion of 1000 hours of service during the first year of employment or in any current or subsequent calendar year. The plan was frozen to new participants as of the following Freeze Dates:

Plant	Union	Freeze Date
Vineland, NJ	Steelworkers (AFGWU)	10/31/2002
Vineland, NJ	IAM	10/31/2001
Warsaw, IN	Steelworkers	01/31/2003
Chicago Heights, IL	Steelworkers	07/31/2005

Chicago Heights, IL	GMPPAW	03/31/2005

(2) Definitions

Plan Year: January 1 through December 31.

Credited Service: Service as an hourly employee measured from date of hire through the date of termination.

OI Participant: A Participant who was an employee of Gerresheimer Glass Inc. immediately prior to January 1, 1994 and was a Participant in the OI Salary or OI Hourly Plan.

Tubular Participant: A Participant who was an employee of Gerresheimer Glass Inc. immediately prior to the Corning sale closing date and became an employee of Corning pursuant to the purchase agreement between the Company and Corning.

OI Chicago Heights Participant: A Participant who was an employee of Owens-Brockway Glass Containers on March 31, 1999 and who was a Participant in the OI Salary or OI Hourly Plan.

Accrued Benefit: The accrued benefit equals the monthly benefit amount from the table below times Credited Service as of the Freeze Date:

Plant	Union	Monthly Benefit Amount		
		Labor Grade		
		1-10	11-15	16+
Vineland, NJ	Steelworkers	$28	$29	$30
Vineland, NJ	IAM	$31	$32	$33
Warsaw, IN	Steelworkers	$27	$28	$29
Chicago Heights, IL	Steelworkers	$38	$39	$40
Chicago Heights, IL	GMPPAW	$38	$39	$40

Alternative Benefit for OI Participants and OI Chicago Heights Participants: The Accrued Benefit of an OI Participant or OI Chicago Heights Participant will not be less than the Accrued Benefit, taking into account Credited Service under the OI Hourly Plan reduced by the Accrued Benefit earned under the OI Hourly Plan. In determining the Accrued Benefit under the OI Hourly Plan, the monthly benefit amount will be equal to

the monthly benefit amount at the date of termination with the Company, subject to a maximum amount equal to the monthly benefit amount in effect at the applicable sale date increased at 4.0% for each full calendar year from the contract end date in effect at closing to the earlier of date of termination or benefit Freeze Date, compounded annually.

(3) Normal Retirement Benefit

(a) Eligibility: Age 65

(b) Benefit: Accrued Benefit as of the date of normal retirement.

(4) Early Retirement Benefit

(a) Eligibility: Age 60, age 55 and 10 Years of Credited Service, or 30 Years of Credited Service upon plant closing.

(b) Benefit: Accrued Benefit as of the date of Early Retirement, reduced by 6/12% for each month that Early Retirement precedes age 60, but without reduction if the Participant has completed at least 30 Years of Credited Service.

(5) Delayed Retirement Benefit

(a) Eligibility: After Normal Retirement.

(b) Benefit: Accrued Benefit as of the date of postponed retirement.

(6) Vested Benefit

(a) Eligibility: 5 Years of Credited Service or attainment of age 60.

(b) Benefit: Accrued Benefit determined at termination, payable at Normal Retirement, or as early as age 55, reduced by 6% per year from age 65 for commencement preceding Normal Retirement.

(7) Disability Benefit

(a) Eligibility: 10 Years of Credited Service and receipt of Weekly Sickness and Accident Benefits,

(b) Benefit: Accrued Benefit determined at date of disability.

(8) Pre-Retirement Death Benefit

(a) Eligibility: Age 45 with at least 10 Years of Credited Service at date of death.

(b) Benefit: 50% of the Accrued Benefit payable for Spouse’s lifetime.

(9) Statutory Pre-Retirement Death Benefit

(a) Eligibility: a vested Participant with a surviving spouse who has been married to the Participant for the 12-month period preceding death.

(b) Benefit: minimum statutory qualified preretirement survivor annuity commencing on the month following the month in which the Participant would have reached the earliest retirement date.

(10) Forms of Payment

(a) Normal Form: Life annuity with 6-years certain (life annuity for deferred vested retirements), if single; actuarially reduced 50% joint and survivor annuity, if married.

(b) Optional Forms: Life annuity with 6-years certain (life annuity for deferred vested retirements); actuarially reduced 50%, 75%, or 100% joint and survivor annuity

(c) Actuarial Equivalence: 6% interest rate and the 1971 T.P.F.&C. Forecast Mortality Table (assuming a male participant and a female beneficiary, where the female table is setback six years from the male table).

Changes Since Prior Valuation

Effective December 31, 2024, the Gerresheimer Glass Hourly Retirement Plan ("Hourly Plan") was merged into the Gerresheimer Glass Salaried Retirement Plan (Salaried Plan"). The merged plan was renamed the Gerresheimer Glass Retirement Plan. During 2024, the Hourly Plan and Salaried Plan were amended to provide a temporary lump sum option for all inactive participants; in addition, a group annuity was purchased for all remaining Hourly Plan inactive participants.

GERRESHEIMER GLASS RETIREMENT PLAN
EIN: 22-2784102; PN: 001
2025 SCHEDULE SB ATTACHMENT, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Methods

Actuarial Cost Method

The actuarial cost method used to determine the Plan's funding requirements is the Unit Credit method. Under this method, the funding target is the actuarial present value of accrued benefits as of the valuation date for all participants. The target normal cost is the actuarial present value of benefits expected to accrue in the current Plan year for each active participant under the assumed retirement age.

Asset Valuation Method

Plan assets used to determine the Plan's funding requirements are equal to a 3-year averaged fair market value of assets. Under this asset valuation method, Plan assets are equal to the average of (1) the adjusted fair market value of assets based on the December 31, 2022 market value of assets modified to reflect 2023 and 2024 distributions, contributions and expected investment income, (2) the adjusted fair market value of assets based on the December 31, 2023 market value of assets modified to reflect 2024 distributions, contributions and expected investment income and (3) the fair market value of assets as of the current Plan year. Expected investment income for the 2025 Plan year is based on a 6.0% return, net of investment expenses, limited to 5.50%, and for the 2024 Plan year was based on a 6.75% return, net of investment expenses, limited to 5.59%, and for the 2023 Plan year was based on a 6.75% return, net of investment expenses, limited to 5.74%. The resulting value cannot be less than 90%, nor greater than 110%, of the fair market value of assets.

Changes Since Prior Valuation

None.

GERRESHEIMER GLASS RETIREMENT PLAN
EIN: 22-2784102; PN: 001
2025 SCHEDULE SB ATTACHMENT, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Assumptions

Discount Rate

The corporate bond yield curve with 1-month lookback for determining Plan's minimum and maximum funding requirements.

Mortality

2025 Non-Annuitant and Annuitant Mortality Tables as set forth under Treasury Regulation Section 1.430(h)(3)-1(a)(1)(i) for minimum and maximum funding purposes.

Termination

Illustrative sex-distinct rates of termination for representative ages are shown below:

Age	Males	Females
25	19.86%	24.50%
35	6.53	9.88
45	3.12	4.74
55	1.20	2.06

Disability

Illustrative rates of disability for representative ages are shown below:

Age	Rates
25	0.10%
35	0.15
45	0.20
55	0.95
60	1.55

Retirement

Participants are assumed to retire in accordance with the following select and ultimate rates of retirement:

Age	Less Than 30 Years of Credited Service	30 or more Years of Credited Service
55	6.0%	9.0%
56	6.0	8.4
57	6.0	7.8
58	6.0	7.2
59	7.0	7.7
60	12.0	12.0
61	12.0	12.0
62	24.0	24.0
63	24.0	24.0
64	24.0	24.0
65	50.0	50.0

66	25.0	25.0
67	25.0	25.0
68	25.0	25.0
69	25.0	25.0
70	100.0	100.0

Form of Payment	Lump sum payment for those that retire from active service and a life annuity for deferred vested participants.
Basis for Lump Sum Distribution Amounts	2025 Applicable Mortality Table for IRC 417(e) Minimum Lump Sum Distributions and the Discount Rate.
Preretirement Spouse's Death Benefit	80% married, with wives 3 years younger than husbands.
Expenses	For determining the plan's funding requirements, an amount equal to the current year's expected administrative expenses of $115,000.

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
Gerresheimer Glass Retirement Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Gerresheimer Glass Inc.

D Employer Identification Number (EIN)
22-2784102

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 1 Day 1 Year 2025

2 Assets:

a Market value	**2a**	3,811,643
b Actuarial value	**2b**	3,430,479

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	50	1,935,640	1,935,640
b For terminated vested participants	11	594,462	594,462
c For active participants	18	929,293	967,967
d Total	79	3,459,395	3,498,069

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**	5.29 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	115,000
c Target normal cost	**6c**	115,000

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 Curt Evans

Signature of actuary — Date: 09/22/2026

Curt Evans — Type or print name of actuary

26-05239 — Most recent enrollment number

Brown & Brown Ins. Services, Inc. — Firm name

(215)561-1143 — Telephone number (including area code)

300 Conshohocken State Rd
Suite 650
West Conshohocken PA 19428

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	93,738
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	93,369
9	Amount remaining (line 7 minus line 8)	0	369
10	Interest on line 9 using prior year's actual return of 10.32%	0	38
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		58
	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 5.13%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		6
	c Total available at beginning of current plan year to add to prefunding balance		64
	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	407

Part III Funding Percentages

14	Funding target attainment percentage	14	98.05%
15	Adjusted funding target attainment percentage	15	98.05%
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	91.76%
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
04/11/2025	28,380				
07/11/2025	28,380				
11/14/2025	28,380				
02/13/2026	46,100				
			Totals ► **18(b)**	131,240	**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	126,061

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? [ ] Yes [X] 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: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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 [X] No

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... [ ] Yes [X] 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**	115,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	67,997	11,132
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**	126,132

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	71	71

36 Additional cash requirement (line 34 minus line 35)	**36**	126,061
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	126,061

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 [X] 2021