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
ELEVENTH AMENDED & RESTATED OWENS-ILLINOIS HOURLY RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 11/01/1967

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)
O-I GLASS, INC.

ONE O-I PLAZA
ONE MICHAEL OWENS WAY
PERRYSBURG, OH 43551-2999

2b Employer Identification Number (EIN) 22-2781933

2c Plan Sponsor's telephone number 567-336-5000

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.	10/15/2026	MICHAEL BUCHS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	COLLEEN MCCROHAN
	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

OWENS-ILLINOIS EMPLOYEE BENEFITS COMMITTEE

ONE O-I PLAZA
ONE MICHAEL OWENS WAY
PERRYSBURG, OH 43551-2999

3b Administrator's EIN: 34-1192092

3c Administrator's telephone number: 567-336-5000

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: O-I GLASS, INC.

c Plan Name: TENTH AMENDED & RESTATED OWENS-ILLINOIS HOURLY RETIREMENT PLAN

4b EIN: 22-2781933

4d PN: 002

5	Total number of participants at the beginning of the plan year	**5**	6042
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)**	1789
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1419
b	Retired or separated participants receiving benefits	**6b**	1959
c	Other retired or separated participants entitled to future benefits	**6c**	2040
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5418
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	287
f	Total. Add lines **6d** and **6e**.	**6f**	5705
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**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 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
ELEVENTH AMENDED & RESTATED OWENS-ILLINOIS HOURLY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
22-2781933

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**	543660263
b Actuarial value	**2b**	543660263

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	2088	378189168	378189168
b For terminated vested participants	2208	60344132	60344132
c For active participants	1789	113644023	122363849
d Total	6085	552177323	560897149

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**	4633897
b Expected plan-related expenses	**6b**	2700000
c Target normal cost	**6c**	7333897

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

09/24/2026
Date

DEAN E. NICHOLAS
Type or print name of actuary

26-08394
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

248-936-7700
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
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	25905094
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	11769639
9	Amount remaining (line 7 minus line 8)	0	14135455
10	Interest on line 9 using prior year's actual return of 4.65 %	0	657299
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	14792754

Part III Funding Percentages

14	Funding target attainment percentage	14	94.28 %
15	Adjusted funding target attainment percentage	15	94.28 %
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	99.01 %
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**	63

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**	7333897
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	32029640	3186113
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**	10520010

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	11461157	11461157

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 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
ELEVENTH AMENDED & RESTATED OWENS-ILLINOIS HOURLY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
22-2781933

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: OWENS-ILLINOIS MASTER RETIREMENT TR

b Name of sponsor of entity listed in (a): O-I GLASS, INC.

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)
06-1702327-001	M	566602374

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)

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

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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
ELEVENTH AMENDED & RESTATED OWENS-ILLINOIS HOURLY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
O-I GLASS, INC.

D Employer Identification Number (EIN)
22-2781933

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	544074647	566602374
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	544074647	566602374
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	544074647	566602374

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)		
(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)		0
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(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)		60777162
(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		60777162
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	38249435	
(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)		38249435
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		38249435
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		22527727
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: ERNST & YOUNG, LLP **(2)** EIN: 34-6565596

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		40000000
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 583623.

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
ELEVENTH AMENDED & RESTATED OWENS-ILLINOIS HOURLY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
O-I GLASS, INC.

D Employer Identification Number (EIN)
22-2781933

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): 80-0709115

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 | 176

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: 31.2 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 68.5 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.3 % 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_____.

Financial Statements

Eleventh Amended and Restated Owens-Illinois Hourly Retirement Plan (formerly known as Tenth Amended and Restated Owens-Illinois Hourly Retirement Plan)

Years Ended December 31, 2025 and 2024
with Report of Independent Auditors

Financial Statements

Years Ended December 31, 2025 and 2024

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- Notes to Financial Statements 6

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Shape the future
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Report of Independent Auditors

O-I Glass, Inc. Employee Benefits Committee
Eleventh Amended and Restated Owens-Illinois Hourly Retirement Plan (formerly known as Tenth Amended and Restated Owens-Illinois Hourly Retirement Plan)

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

We have performed audits of the financial statements of Eleventh Amended and Restated Owens-Illinois Hourly Retirement Plan (formerly known as Tenth Amended and Restated Owens-Illinois Hourly Retirement 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 statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 Department of Labor'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 4 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 Audit 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.
- 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 Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Shape the future
with confidence

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Ernst & Young LLP

October 14, 2026

Statements of Net Assets Available for Benefits

	December 31, 2025	December 31, 2024
Assets		
Investments:		
Plan interest in Master Trust (Note 4)	$ 566,602,374	$ 544,074,647
Net assets available for benefits	$ 566,602,374	$ 544,074,647

See accompanying notes.

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2025	2024
Additions		
Investment income:		
Net investment gain from plan interest in Master Trust (Note 4)	$ 64,280,959	$ 25,985,246
Total investment income	64,280,959	25,985,246
Total additions	64,280,959	25,985,246
Deductions		
Benefit payments:		
Pension	37,334,776	36,695,358
Lump sum	914,659	1,221,337
Total benefit payments	38,249,435	37,916,695
Administrative and other expenses	3,503,797	5,445,276
Total deductions	41,753,232	43,361,971
Net increase (decrease) in net assets available for benefits	22,527,727	(17,376,725)
Net assets available for benefits:		
Beginning of year	544,074,647	561,451,372
End of year	$ 566,602,374	$ 544,074,647

See accompanying notes.

1. Description of Plan

General

The Eleventh Amended and Restated Owens-Illinois Hourly Retirement Plan (formerly known as Tenth Amended and Restated Owens-Illinois Hourly Retirement Plan) ("Plan") is a defined benefit plan established to provide normal and early retirement, termination and death benefits to qualified hourly employees of O-I Glass, Inc. ("Company") and certain of its subsidiaries. The Plan includes both traditional pension and cash balance benefit structures.

Effective January 1, 2020, or January 1, 2023 for certain individuals, the cash balance plan was frozen for new participants. Current participants became 100% vested in their cash balance benefits, and the Plan is generally closed to new participants. Traditional pension benefits are generally being accrued for participants who were participating in the Plan with an accrued traditional benefit as of March 31, 2011, or later date for certain participants, subject to the Plan's eligibility and other applicable provisions.

Effective October 1, 2025, the plan administration services were changed from Manulife John Hancock to Willis Towers Watson US LLC (WTW).

Contributions

The Company contributes such amounts as are deemed necessary on an actuarial basis to provide assets sufficient to meet the future benefits to be paid to Plan participants. As of December 31, 2025 and 2024, the minimum funding requirements as defined by the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended, have been met.

Benefits

A traditional participant is entitled to annual pension benefits beginning at normal retirement age (65) based on a benefit formula amount stipulated by labor grade in the applicable union contract multiplied by the participant's years of credited service. Accrued benefits become vested after completion of five years of credited service for a traditional participant. A cash balance participant is entitled to annual pension benefits beginning at normal retirement age (65) based on a pay credit rate stipulated by years of credited service in the applicable union contract. Effective in 2011, new hires were only Cash Balance participants. Effective January 1, 2020, the Cash Balance Plan was generally closed to new participants and any new hires subsequent to that date receive a base contribution to their 401k Plan. As of December 31, 2019, all current participants in the cash balance plan became 100% vested. For any nonunion participants, the Company establishes the benefit formula amount as determined from the Plan Document. Benefits are payable beginning at normal retirement age or in reduced amounts upon early retirement.

1. Description of Plan (continued)

Plan Termination

Although it has not expressed an intention to do so, the Company reserves the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, its assets will first be used to provide participants' accrued benefits unless they are insufficient. In that case, whether a particular participant's accrued 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 available assets and the PBGC's benefit guarantee, while other benefits may not be provided for at all.

The above information is a brief description of the Plan. Information about the vesting and benefit provisions, and the PBGC's benefit guarantee, is contained in the Plan's Summary Plan Description, which is available at the corporate office of the Company.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Payment of Benefits

Benefits are recorded when paid.

Basis of Presentation and Plan Investments

The Plan’s assets are included in the Owens-Illinois Master Retirement Trust (“Master Trust”) along with the assets of another pension plan at the Company. Each participating plan has an undivided interest in the Master Trust. The Master Trust assets are allocated among the participating plans by assigning to each plan those transactions (primarily contributions, benefit payments, and plan-specific expenses) that can be specifically identified and by allocating among all plans, in proportion to each plan’s beneficial interest in the Master Trust, income and expenses resulting from the collective investment of the assets of the Master Trust. At December 31, 2025 and 2024, the Plan’s interest in the net assets of the Master Trust was approximately 70% and 68%, respectively.

2. Summary of Significant Accounting Policies (continued)

Basis of Presentation and Plan Investments (continued)

The Master Trust holds an investment in a Harbor Capital Group Trust for Defined Benefit Plans ("Group Trust"). The trustee of the Plan and Master Trust is State Street Bank and Trust Co. ("State Street"). The Group Trust is under a separate trust agreement.

The Group Trust's assets are managed by designated advisors across a wide range of investment strategies, and these investment funds consist of public securities such as domestic and foreign equity, intermediate and longer duration corporate debt issues and government securities. The Group Trust's assets are designed to preserve principal and maximize returns.

The Plan's earnings (losses) of the Master Trust are allocated in proportionate interest to each participating plan based on the fair market value of its net assets. The accompanying financial statements reflect the Plan's total interest in the net assets and transactions of the Master Trust as allocated by State Street.

Investment Valuation and Income Recognition

The interest in the Group Trust is valued at the unit price established by the trustee, which is deemed to be fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 5 for further discussion and disclosures related to fair value measurements.

The O-I Glass, Inc. Investment Committee is responsible for determining the Plan's valuation policies and analyzing information provided by the investment custodians and issuers that is used to determine the fair value of the Plan's investments.

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

2. Summary of Significant Accounting Policies (continued)

Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service ("IRS") dated March 9, 2021, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code ("the Code") and therefore, the related trust is tax-exempt. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore, believes the Plan, as amended, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Administrative Expenses

The Plan incurs administrative expenses directly related to the Plan, which consist primarily of PBGC fees and actuarial fees. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. Administrative expenses related to the Master Trust are allocated to the Plan and are reflected in the net investment gain (loss) from the Master Trust. Expenses relating to purchases, sales or transfers of the Plan's investments are charged to the particular investment fund in which the expenses relate. All other administrative expenses are paid by the Company on behalf of the Plan.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of certain assets and liabilities and the reported amounts of certain additions and deductions during the reporting period. Most significantly, estimates and assumptions are used in the determination of the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates and assumptions.

2. Summary of Significant Accounting Policies (continued)

Risks and Uncertainties

The Plan invests in various investment securities, which are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, 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 amounts reported in the statements of net assets available for benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Related Party and Party-in-Interest Transactions

Certain of the Plan's assets are invested in funds managed by the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments and lump sum distributions to which participants are entitled under the Plan's provisions based on services rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to: a) retired employees or their beneficiaries, b) terminated employees with vested benefits, c) beneficiaries of deceased employees, and d) present employees or their beneficiaries.

3. Actuarial Present Value of Accumulated Plan Benefits (continued)

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of benefit payments (by means of decrements for such factors as death, withdrawal or early retirement) between the valuation date and the expected date of payment. The amount of accumulated plan benefits is estimated actuarially under the accrued benefit cost method (unit credit method). The actuarial present value of accumulated plan benefits were calculated as of January 1, 2025 and 2024. Had the valuation been performed as of December 31, 2024 and 2023, there would be no material difference.

The more significant assumptions underlying the actuarial computations are as follows:

Assumed Rate of Return on Investments	5.75% at December 31, 2024 and 2023.
Mortality basis (Healthy / Disabled)	2024 – Pri-2012 (male/female) Employee/Healthy Retiree with blue collar adjustments, projected with generational improvements using scale MP-2021. Contingent annuitant mortality applied to current surviving beneficiaries and beneficiaries after the projected death of participant. 2023 – Pri-2012 (male/female) Employee/Healthy Retiree with blue collar adjustments, projected with generational improvements using scale MP-2021. Contingent annuitant mortality applied to current surviving beneficiaries and beneficiaries after the projected death of participant.
Employee turnover	A moderate scale consistent with Company experience.
Retirement age	Based on Company experience varying from ages 55-70.

3. Actuarial Present Value of Accumulated Plan Benefits (continued)

If the Plan would terminate, different actuarial assumptions determined by the PBGC and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present values of accumulated plan benefits ("APVAPB") are as follows:

	December 31, 2024
Vested benefits:	
Participants currently receiving benefits	$ 356,656,492
Other participants	162,627,795
Total vested benefits	519,284,287
Non-vested benefits	8,353,974
Total APVAPB	$ 527,638,261

The following table details the changes in the APVAPB:

	Year ended December 31, 2024
APVAPB at beginning of year	$ 534,437,782
Increase (decrease) during the year attributable to:	
Benefits accumulated	5,360,739
Actuarial gains	(5,205,318)
Increase due to decrease in the discount period	29,948,310
Benefits paid	(37,916,695)
Change in actuarial assumptions	1,013,443
Net decrease	(6,799,521)
APVAPB at end of year	$ 527,638,261

4. Investments

Certain information related to investments for the Plan and the Master Trust, as disclosed in the accompanying financial statements and notes, including investments and investment income, as of and for the years ended December 31, 2025 and 2024, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by State Street.

The following tables present the net assets of the Master Trust and the Plan's interest in the Master Trust:

	December 31, 2025	
	Plan's Interest in Master Trust Balances	Master Trust Balances
Interest in Group Trust	$ 566,602,374	$ 806,992,897
Total net assets	$ 566,602,374	$ 806,992,897
Plan's interest as a percentage of the Master Trust		70%

	December 31, 2024	
	Plan's Interest in Master Trust Balances	Master Trust Balances
Interest in Group Trust	$ 544,074,647	$ 794,762,548
Total net assets	$ 544,074,647	$ 794,762,548
Plan's interest as a percentage of the Master Trust		68%

4. Investments (continued)

Changes in net assets for the Master Trust are as follows:

	Year Ended December 31, 2025	2024
Net appreciation in fair value of investments	$ 91,086,993	$ 38,414,588
Interest and other income	1,303,443	55,076
Total investment income	$ 92,390,436	$ 38,469,664
Plan's interest in investment income of the Master Trust	$ 64,280,959	$ 25,985,246

5. Fair Value Measurements

GAAP defines fair value as an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

Level 1: Observable inputs such as quoted prices in active markets;
Level 2: Inputs, other than quoted prices in active markets, that are observable either directly or indirectly; and
Level 3: Unobservable inputs for which there is little or no market data, which requires the Company to develop assumptions.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The investment valuation policy of the Master Trust is to value investments at fair value. The Master Trust invests in the Group Trust, which is a collective investment trust valued at net asset value. There are no redemption restrictions related to assets in the Group Trust.

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

5. Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the asset values underlying the Master Trust's investments:

	Assets at fair value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
	$ -	$ -	$ -	
Investments measured at net asset value				
Interest in Group Trust				$ 806,992,897
Total assets at fair value				$ 806,992,897

	Assets at fair value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
	$ -	$ -	$ -	
Investments measured at net asset value				
Interest in Group Trust				$ 794,762,548
Total assets at fair value				$ 794,762,548

6. Subsequent Events

The Company has evaluated subsequent events for the Plan through October 14, 2026, the date the financial statements were available for issuance.

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Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[5]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	1	6	0	0	0	0	0	0	0	7
25-29	0	8	58	6	0	0	0	0	0	0	72
			4,376								5,181
30-34	0	19	92	37	4	0	0	0	0	0	152
			7,687	16,127							9,358
35-39	0	12	71	65	62	7	0	0	0	0	217
			6,837	15,816	0						10,927
40-44	1	13	72	61	94	40	0	0	0	0	281
			6,837	17,266	7,992	0					10,555
45-49	1	8	51	51	80	49	7	1	0	0	248
			6,363	16,491	0	0					11,007
50-54	2	7	42	61	63	56	22	5	0	0	258
			6,183	17,254	0	14,273	13,248				11,941
55-59	0	9	47	41	59	43	13	10	25	8	255
			7,212	15,700	0	3,150			0		10,125
60-64	0	4	20	38	42	24	16	4	16	33	197
				15,124	0	0				10,292	11,556
65-69	0	3	7	6	16	8	3	3	6	23	77
										0	11,488
70 & over	0	0	2	2	3	2	1	1	3	10	25
											19,775
Total	4	84	468	368	423	229	62	24	52	75	1,789
		5,432	6,504	16,374	7,992	5,931	13,248			7,252	10,184

[5] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Tenth Amended & Restated Owens-Illinois Hourly Retirement Plan
EIN / PN: 22-2781933/002
Plan Sponsor: O-I Glass, Inc.
Valuation Date: January 1, 2025

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods
Actuarial Assumptions and Methods for contribution purposes

Economic Assumptions

Interest rate basis:

- Applicable month: September
- Interest rate basis: 3-Segment Rates

Interest rates:	**Reflecting Corridors**	**Not Reflecting Corridors**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.36%	5.32%

As permitted by law, rates reflecting stabilization are used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and generally currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Annual rates of increase

- Interest crediting rate: 4.69%

Annuity conversion for cash balance benefits: Annuities were calculated from the cash balance accounts using the required methodology in IRS Regulation §1.430(d)-1(f)(5).

Demographic Assumptions

Inclusion date: The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees: It was assumed there will be no new or rehired employees.

Mortality for minimum funding determination, benefit restrictions, and PBGC purposes

- Healthy/Disabled: Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified

SCHEDULE SB ATTACHMENTS

in regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination

Rates varying by age

Representative Termination Rates:

Percentage leaving during the year	
Attained Age	Percentage
25	10.25%
40	7.50%
55	5.40%

Disability

Rates varying by age.

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Retirement from active status

Rates varying by from age 55 to age 70, average age of 62.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Attained Age	Percentage
55-56	7.00%
57	8.00%
58	9.00%
59-60	10.00%
61	14.00%
62	16.00%
63	19.00%
64	21.00%
65	26.00%
66	25.00%
67	40.00%
68-69	25.00%
70	100.00%

Retirement from terminated vested status

Rates varying by from age 55 to age 70, average age of 60.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Attained Age	Percentage
55-56	12.00%
57-58	13.00%
59	14.00%
60	15.00%
61	16.00%
62	18.00%
63	20.00%
64	21.00%
65	35.00%
66	30.00%
67-69	25.00%
70	100.00%

SCHEDULE SB ATTACHMENTS

Benefit commencement date:	
• Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained age 55.
• Disability benefit	Upon disablement.
• Retirement benefit	Upon termination of employment.
Form of payment	For cash balance participants, 95% of benefits are assumed to be taken as a lump sum of the account balance at date of retirement, with the remaining 5% being taken as an annuity. 60% of married participants are assumed to elect 50% joint & survivor annuities and 40% are assumed to elect single life annuities; single life annuities are assumed for unmarried participants. For active GMP contract participants the normal form is six years certain and continuous.
Percent married	90% of males; 80% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.
Spouse age	Spouses of female participants are assumed to be the same age as the participant. Spouses of male participants are assumed to be three years younger than the participant.
Plan-related expenses	Return on asset assumption is net of any expenses paid by the trust. For the 2025 plan year plan-related expenses were assumed to be $2,700,000.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025. The data was provided through the Plan's third party administrator and record-keeper, John Hancock. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. In consultation with O-I Glass, Inc., the following assumptions were made for missing or apparently inconsistent data elements:

- Participants with missing gender are assumed to be female
- Participants with missing birthdates are assumed to have the prior year's birthdate; those who did not have a birthdate in the prior year (due to a new record) are assumed to be the average age of their status cohort
- Terminated vested participants with no benefit provided by John Hancock were assumed to receive the average January 1, 2025 terminated vested benefit
- Missing beneficiary birth date for participants with joint and survivor benefits are assumed to be equal to the valuation assumption age difference between males and females
- Missing beneficiary gender for participants with joint and survivor benefits are assumed to be opposite of the participant's gender
- A group of Terminated Vested participants who have historically not been in the data provided by John Hancock and are currently being researched by O-I were carried forward from prior valuations

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

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Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued except unreduced early retirement benefits for collectively bargained employees in the Hourly Plan in the event of plant closures, as defined by the collective bargaining agreements. Based on discussions with O-I Glass, Inc., such benefits are considered to have a de minimis likelihood of being paid and thus are not required to be valued, and will not be valued, until and unless the triggering event occurs. The plan pays small benefits (with a present value up to $5,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above. WTW has reviewed the plan provisions with O-I Glass, Inc. and, based on that review, is not aware of any other significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

The methods as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.
- The assumed plan-related expenses added to the target normal cost were changed from $5,200,000 for the prior valuation to $2,700,000 for the current valuation to account for lower expected expenses to be paid from the trust.
- The interest crediting rate for the Hourly plan changed from 4.18% to 4.69% to correspond with the change in the December 31, 2024 ASC 715 discount rate.
- Assumptions for rates of termination, retirement, optional forms of payment, marital percentage, and spousal age differences were updated to reflect the results of the experiences study presented in August 2025.

Change in methods since prior valuation

Asset method changed from average value of adjusted market values to fair value of assets.

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	O-I Glass, Inc.
EIN/PN	22-2781933/002
Plan Name	Tenth Amended & Restated Owens-Illinois Hourly Retirement Plan
Valuation Date	January 1, 2025
Enrolled Actuary	Dean E. Nicholas
Enrollment Number	26-08394

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

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
Tenth Amended & Restated Owens-Illinois Hourly Retirement Plan

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
22-2781933

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**	543,660,263
b Actuarial value	**2b**	543,660,263

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	2,088	378,189,168	378,189,168
b For terminated vested participants	2,208	60,344,132	60,344,132
c For active participants	1,789	113,644,023	122,363,849
d Total	6,085	552,177,323	560,897,149

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**	4,633,897
b Expected plan-related expenses	**6b**	2,700,000
c Target normal cost	**6c**	7,333,897

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

DEN
Signature of actuary

9-24-26
Date

DEAN E. NICHOLAS
Type or print name of actuary

2608394
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

248-936-7700
Telephone number (including area code)

PO Box 674401
HOUSTON TX 77267
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	25,905,094
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	11,769,639
9	Amount remaining (line 7 minus line 8)	0	14,135,455
10	Interest on line 9 using prior year's actual return of 4.65%	0	657,299
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	14,792,754

Part III Funding Percentages

14	Funding target attainment percentage	14	94.28 %
15	Adjusted funding target attainment percentage	15	94.28 %
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	99.01 %
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:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	63

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	7,333,897
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	32,029,640	3,186,113
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	10,520,010

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	11,461,157	11,461,157

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

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Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	O-I Glass, Inc.
EIN/PN	22-2781933/002
Plan Name	Tenth Amended & Restated Owens-Illinois Hourly Retirement Plan
Valuation Date	January 1, 2025
Enrolled Actuary	Dean E. Nicholas
Enrollment Number	26-08394

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	Tenth Amended & Restated Owens-Illinois Hourly Retirement Plan
EIN / PN:	22-2781933/002
Plan Sponsor:	O-I Glass, Inc.
Valuation Date:	January 1, 2025

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods
Actuarial Assumptions and Methods for contribution purposes

Economic Assumptions

Interest rate basis:

- Applicable month: September
- Interest rate basis: 3-Segment Rates

Interest rates:	**Reflecting Corridors**	**Not Reflecting Corridors**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.36%	5.32%

As permitted by law, rates reflecting stabilization are used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and generally currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Annual rates of increase

- Interest crediting rate: 4.69%

Annuity conversion for cash balance benefits: Annuities were calculated from the cash balance accounts using the required methodology in IRS Regulation §1.430(d)-1(f)(5).

Demographic Assumptions

Inclusion date: The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees: It was assumed there will be no new or rehired employees.

Mortality for minimum funding determination, benefit restrictions, and PBGC purposes

- Healthy/Disabled: Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified

SCHEDULE SB ATTACHMENTS

in regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination

Rates varying by age

Representative Termination Rates:

Percentage leaving during the year	
Attained Age	Percentage
25	10.25%
40	7.50%
55	5.40%

Disability

Rates varying by age.

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Retirement from active status

Rates varying by from age 55 to age 70, average age of 62.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Attained Age	Percentage
55-56	7.00%
57	8.00%
58	9.00%
59-60	10.00%
61	14.00%
62	16.00%
63	19.00%
64	21.00%
65	26.00%
66	25.00%
67	40.00%
68-69	25.00%
70	100.00%

Retirement from terminated vested status

Rates varying by from age 55 to age 70, average age of 60.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Attained Age	Percentage
55-56	12.00%
57-58	13.00%
59	14.00%
60	15.00%
61	16.00%
62	18.00%
63	20.00%
64	21.00%
65	35.00%
66	30.00%
67-69	25.00%
70	100.00%

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Benefit commencement date:	
• Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained age 55.
• Disability benefit	Upon disablement.
• Retirement benefit	Upon termination of employment.
Form of payment	For cash balance participants, 95% of benefits are assumed to be taken as a lump sum of the account balance at date of retirement, with the remaining 5% being taken as an annuity. 60% of married participants are assumed to elect 50% joint & survivor annuities and 40% are assumed to elect single life annuities; single life annuities are assumed for unmarried participants. For active GMP contract participants the normal form is six years certain and continuous.
Percent married	90% of males; 80% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.
Spouse age	Spouses of female participants are assumed to be the same age as the participant. Spouses of male participants are assumed to be three years younger than the participant.
Plan-related expenses	Return on asset assumption is net of any expenses paid by the trust. For the 2025 plan year plan-related expenses were assumed to be $2,700,000.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025. The data was provided through the Plan's third party administrator and record-keeper, John Hancock. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. In consultation with O-I Glass, Inc., the following assumptions were made for missing or apparently inconsistent data elements:

- Participants with missing gender are assumed to be female
- Participants with missing birthdates are assumed to have the prior year's birthdate; those who did not have a birthdate in the prior year (due to a new record) are assumed to be the average age of their status cohort
- Terminated vested participants with no benefit provided by John Hancock were assumed to receive the average January 1, 2025 terminated vested benefit
- Missing beneficiary birth date for participants with joint and survivor benefits are assumed to be equal to the valuation assumption age difference between males and females
- Missing beneficiary gender for participants with joint and survivor benefits are assumed to be opposite of the participant's gender
- A group of Terminated Vested participants who have historically not been in the data provided by John Hancock and are currently being researched by O-I were carried forward from prior valuations

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued except unreduced early retirement benefits for collectively bargained employees in the Hourly Plan in the event of plant closures, as defined by the collective bargaining agreements. Based on discussions with O-I Glass, Inc., such benefits are considered to have a de minimis likelihood of being paid and thus are not required to be valued, and will not be valued, until and unless the triggering event occurs. The plan pays small benefits (with a present value up to $5,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above. WTW has reviewed the plan provisions with O-I Glass, Inc. and, based on that review, is not aware of any other significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

The methods as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.
- The assumed plan-related expenses added to the target normal cost were changed from $5,200,000 for the prior valuation to $2,700,000 for the current valuation to account for lower expected expenses to be paid from the trust.
- The interest crediting rate for the Hourly plan changed from 4.18% to 4.69% to correspond with the change in the December 31, 2024 ASC 715 discount rate.
- Assumptions for rates of termination, retirement, optional forms of payment, marital percentage, and spousal age differences were updated to reflect the results of the experiences study presented in August 2025.

Change in methods since prior valuation

Asset method changed from average value of adjusted market values to fair value of assets.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Effective Date

Latest complete reinstatement	January 1, 2020
Most recent amendment	August 28, 2023

Definitions

Accrued benefit

Flat Dollar Formula

For Kimble employees, dollar per month amount is limited to an increase of 4.00% (compounded annually) from the expiration date of the collective bargaining agreement in effect as of:

- March 31, 1999 for Chicago Heights associates
- December 31, 1993 for all other associates

For all other participants, dollar amount varies. See table following Plan Provisions.

Cash Balance Formula

Previously, all new hires and rehires within the GMP, Los Angeles IAM and USW collective bargaining groups who were hired during or after the 2011-2013 bargaining agreements were eligible for the cash balance retirement plan. The cash balance amounts were based on service (see pay credits tables following Plan Provisions). The cash balance portion of the plan closed to entrants and froze (except for interest credits) for participants within the GMP and USW collective bargaining groups effective January 1, 2020 and for participants within the LA – IAM collective bargaining group effective December 31, 2022.

Average Annual Earnings

For Kontes employees, the average of total earnings for all plan years of active participation, excluding plan years prior to 1983, with this average limited to an increase of 6.50% (compounded annually) based on the average earnings as of December 31, 1993.

For Treitler Owens, Inc. employees, the average of the highest consecutive 5 years in the last 10 years.

For Cash Balance participants, total taxable wages (including bonus) plus any pre-tax dollars the employee contributes toward any 401(k) plan and/or a flexible benefits plan. Pay does not include any relocation payments, tax gross-ups, prizes or gifts, rebates or incentive

SCHEDULE SB ATTACHMENTS

	payments, or any form of indirect compensation.
Credited Service	Total service as an hourly employee of O-I and Brockway calculated from Retirement Eligibility Date. For calculation of benefits for Kimble and Kontes employees, total service until a termination of employment as an hourly employee but frozen as of: • March 31, 1999 for Chicago Heights associates • December 31, 1993 for all other associates • If rehired by Kimble or Kontes, employee does NOT re-enter DB Plan. For calculation of benefits for ILWU employees, total service as an hourly employee starting January 1, 2014.
Normal Retirement Age	Age 65.
Vested Service	Total service from service date or Retirement Eligibility Date.
Normal Retirement	
• Eligibility	Age 65.
• Benefit	The Accrued Benefit.
Early Retirement Benefit	
• Eligibility	Dependent on employee's location. Age 55 with 10 or more years of Credited Service or attained age 60, for most locations.
• Benefit	Accrued benefit payable at the participant's Normal Retirement Age, or a reduced amount is payable from a date after which the participant has attained early retirement eligibility. The reduction is 6% per year from age 60, or unreduced if the participant has 30 years of service at most locations.
Vested Benefits	
• Eligibility	Five or more years of Vested Service, for Flat Dollar employees; three or more years of Vested Service for Cash Balance employees.
Disability Benefit	
• Eligibility	Dependent on employee's location. After 10 years of service for most locations.

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• Benefit	The Accrued Benefit or Cash Balance at date of disability or one year after last day worked if prior to date of disability.

Preretirement Death Benefit

• Spouse's Income Benefit	Various eligibility conditions.
• Spouse's Survivor Annuity	Various benefits based on location.
• Lump Sum Benefit	(i) Eligibility: Any active participant with a Cash Balance benefit. (ii) Benefit: The available cash Balance amount.

Forms of Payment

• Normal Form	Single Participant: Life Annuity or 6 year certain and continuous annuity for Glass Container Pattern plans. Married Participant: Actuarial equivalent 50% Joint and Survivor annuity.
• Optional Form	5 or 6 year certain and continuous level income options are available at most locations. Life Annuity, 66-2/3%, 75%, 100% Joint & Survivor options at most locations.
• Pay Credits	Pay credits are based on service as detailed in the tables following plan provisions.

Other Plan Provisions

The Accrued Benefit formula for Kontes Glass Company Employees is a career average pay formula. The benefit formula is 1.00% of career average pay plus 0.65% of career average pay in excess of Covered Compensation multiplied by up to 35 years of Credited Service.

The Accrued Benefit formula for Brockway Non-Union employees is 1.5% of base pay in effect for the first payroll cycle paid during the plan year in each calendar year of Credited Service (since June 1, 1984).

The Accrued Benefit formula for Specialty Packaging Products, Inc., Non-Union employees is 1.2% of base pay in effect for the first payroll cycle paid during the plan year for each calendar year.

For an active employee on August 11, 1990, the Accrued Benefit can be no less than the greatest of (i), (ii), (iii), or (iv), as applicable, minus (v) below. If credited service is at least:

(i) 23.00 years at August 11, 1990; $300.00 minimum benefit.

SCHEDULE SB ATTACHMENTS

	(ii) 23.00 years at January 1, 1993; $300.00 minimum benefit. (iii) 25.00 years at August 11, 1990; $325.00 minimum benefit. (iv) 25.00 years at January 1, 1991; $325.00 minimum benefit. (v) $10.00 for each full or partial year which termination, death or retirement precedes normal retirement date. The Accrued Benefit formula for Treitler Owens, Inc. is 35% of Average Annual Earnings reduced proportionately for Credited Service less than 25 years.
Additional Provisions Recognized for Pension Cost Basis	Future benefit level increases for active participants were anticipated in determining service cost and pension benefit obligations but not in calculating accumulated benefit obligations.
Change in Plan Provisions Since the Prior Year	None.

SCHEDULE SB ATTACHMENTS

O-I Hourly Plan
Schedule of All Service Benefit Levels for the January 1, 2025 Valuation

Location	Union	Location Description	Labor Grade	Benefit Level	Ultimate Benefit Level	Contract End Date[1]
Entity 0101 – Corporate						
1818	40,41,42	Vineland, NJ (plant 31)	1-10,11-15,16+	28.00-29.00-30.00	28.00-29.00-30.00	frozen - 10-31-02
1818	70	Vineland, NJ (plant 31)	1-10,11-15,16+	31.00-32.00-33.00	31.00-32.00-33.00	frozen - 10-31-01
1818	10	Chicago Heights, IL (plant 33)	1-10,11-15,16+	38.00-39.00-40.00	38.00-39.00-40.00	frozen - 4-1-2005
1818	40	Chicago Heights, IL (plant 33)	1-10,11-15,16+	40.00-40.00-40.00	40.00-40.00-40.00	frozen - 9-1-2005
Entity 0111 - Glass Container						
0023	70 (IAM)	Los Angeles, CA	1-10,11-15,16+	56.00-57.00-58.00	56.00-57.00-58.00	10/31/2025
0020[2]	A006 (ILWU)	Oakland, CA	1-10,11-15,16+	56.00-57.00-58.00	56.00-57.00-58.00	Closed 10/5/2015
Multiple[3]	10 (GMP-P&M)	Multiple[3]	1-10,11-15,16+	57.00-58.00-59.00	57.00-58.00-59.00	3/31/2025
Multiple[4]	20 (GMP-AMD)	Multiple[4]	1-10,11-15,16+	57.00-58.00-59.00	57.00-58.00-59.00	3/31/2025
Multiple[4]	40 (USW)	Multiple[4]	1-10,11-15,16+	56.00-57.00-58.00	56.00-57.00-58.00	8/31/2025

[1] Recalcs for new retirees under this contract for the GMP and USW unions only.
[2] Service for benefit accrual purposes begins on the later of hire date or January 1, 2014.
[3] 006 Winston-Salem, NC; 0009 Streator, IL; 0010 Atlanta, GA; 0015 Waco, TX; 0017 Clarion, PA; 0020 Oakland, CA; 0021 Portland, OR; 0022 Tracy, CA;0023 Los Angeles, CA; 0025 Volney, NY; 0026 Toano, VA; 0103 Muskogee, OK; 0108 Lapel, IN; 0112 Zanesville, OH; 0118 Brockway, PA; 0119 Crenshaw, PA; 0129 Danville, VA; 0176 Brockway Machine Shop, PA.
[4] 006 Charlotte, MI; 0006 Winston-Salem, NC; 0009 Streator, IL; 0010 Atlanta, GA; 0015 Waco, TX; 0017 Clarion, PA; 0020 Oakland, CA; 0021 Portland, OR; 0022 Tracy, CA; 0023 Los Angeles, CA;0025 Volney, NY; 0026 Toano, VA; 0103 Muskogee, OK; 0108 Lapel, IN; 0112 Zanesville, OH; 0118 Brockway, PA; 0119 Crenshaw, PA; 0129 Danville, VA.

Plan Name: Tenth Amended & Restated Owens-Illinois Hourly Retirement Plan
EIN / PN: 22-2781933/002
Plan Sponsor: O-I Glass, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

O-I Hourly Plan
Schedule of Future Service Only Benefit Levels for the January 1, 2025 Valuation

Union 40 - USW		Union 70 - IAM		Unions 10 & 20 - GMP	
Date	**FSO Benefit**	**Date**	**FSO Benefit**	**Date**	**FSO Benefit**
4/1/2016-3/31/2017	$4	4/1/2016-3/31/2017	$4	4/1/2016-3/31/2017	$4
4/1/2017-3/31/2018	$7	4/1/2017-3/31/2018	$7	4/1/2017-3/31/2018	$7
4/1/2018-3/31/2019	$10	4/1/2018-3/31/2019	$10	4/1/2018-3/31/2019	$10
4/1/2019-3/31/2020	$11	4/1/2019-3/31/2020	$11	4/1/2019-3/31/2020	$11
4/1/2020-3/31/2021	$12	4/1/2020-3/31/2021	$12	4/1/2020-3/31/2021	$12
4/1/2021-3/31/2022	$13	4/1/2021-3/31/2022	$13	4/1/2021-3/31/2022	$13
4/1/2022 – 3/31/2023	$14	4/1/2022 – 3/31/2023	$14	4/1/2022 – 3/31/2023	$14
4/1/2023 – 3/31/2024	$15	4/1/2023 – 3/31/2024	$15	4/1/2023 – 3/31/2024	$15
4/1/2024+	$16	4/1/2024+	$16	4/1/2024+	$16

O-I Hourly Plan
Schedule of Cash Balance Pay Credit Levels for the January 1, 2025 Valuation

Union 40 - USW			Union 70 - IAM			Unions 10 & 20 - GMP		
	Pay Credit			***Pay Credit***			***Pay Credit***	
Date	**Service**	**Credit**	**Date**	**Service**	**Credit**	**Date**	**Service**	**Credit**
9/1/2011 – 8/31/2016	0 - 8	3.0%	11/1/2011 – 10/31/2016	0 - 8	3.0%	4/1/2011 – 3/31/2016	0 - 8	3.0%
	9 - 15	3.5%		9 - 15	3.5%		9 - 15	3.5%
	16+	4.0%		16+	4.0%		16+	4.0%
9/1/2016 +	0 - 8	3.5%	11/1/2016 +	0 - 8	3.5%	4/1/2016 +	0 - 8	3.5%
	9 - 15	4.0%		9 - 15	4.0%		9 - 15	4.0%
	16+	4.5%		16+	4.5%		16+	4.5%

Plan Name: Tenth Amended & Restated Owens-Illinois Hourly Retirement Plan
EIN / PN: 22-2781933/002
Plan Sponsor: O-I Glass, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- The interest crediting rate for the Hourly plan changed from 4.18% to 4.69% to correspond with the change in the December 31, 2024 ASC 715 discount rate.
- Assumptions for rates of termination, retirement, optional forms of payment, marital percentage, and spousal age differences were updated to reflect the results of the experiences study presented in August 2025.

Plan Name:	Tenth Amended & Restated Owens-Illinois Hourly Retirement Plan
EIN / PN:	22-2781933/002
Plan Sponsor:	O-I Glass, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25
Change in Method

The asset valuation methodology was changed to a method that determines the value of plan assets as the fair market value. Because the prior asset valuation method was not changed in any of the four preceding plan years, this receives automatic approval under Rev. Proc. 2017-56.

Plan Name:	Tenth Amended & Restated Owens-Illinois Hourly Retirement Plan
EIN / PN:	22-2781933/002
Plan Sponsor:	O-I Glass, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[5]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	1	6	0	0	0	0	0	0	0	7
25-29	0	8	58	6	0	0	0	0	0	0	72
			4,376								5,181
30-34	0	19	92	37	4	0	0	0	0	0	152
			7,687	16,127							9,358
35-39	0	12	71	65	62	7	0	0	0	0	217
			6,837	15,816	0						10,927
40-44	1	13	72	61	94	40	0	0	0	0	281
			6,837	17,266	7,992	0					10,555
45-49	1	8	51	51	80	49	7	1	0	0	248
			6,363	16,491	0	0					11,007
50-54	2	7	42	61	63	56	22	5	0	0	258
			6,183	17,254	0	14,273	13,248				11,941
55-59	0	9	47	41	59	43	13	10	25	8	255
			7,212	15,700	0	3,150			0		10,125
60-64	0	4	20	38	42	24	16	4	16	33	197
				15,124	0	0				10,292	11,556
65-69	0	3	7	6	16	8	3	3	6	23	77
										0	11,488
70 & over	0	0	2	2	3	2	1	1	3	10	25
											19,775
Total	4	84	468	368	423	229	62	24	52	75	1,789
		5,432	6,504	16,374	7,992	5,931	13,248			7,252	10,184

[5] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Tenth Amended & Restated Owens-Illinois Hourly Retirement Plan
EIN / PN: 22-2781933/002
Plan Sponsor: O-I Glass, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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	1,754,394	1,070,620	36,334,477	39,159,491
2026	3,114,182	2,289,790	35,437,061	40,841,033
2027	4,165,507	2,805,938	34,467,746	41,439,191
2028	5,106,716	3,209,302	33,485,849	41,801,867
2029	5,902,293	3,523,843	32,485,232	41,911,368
2030	6,584,289	3,770,078	31,508,241	41,862,608
2031	7,115,336	3,967,408	30,495,696	41,578,440
2032	7,505,525	4,119,874	29,494,722	41,120,121
2033	7,854,832	4,235,612	28,459,601	40,550,045
2034	8,139,689	4,325,753	27,370,057	39,835,499
2035	8,383,290	4,390,577	26,228,368	39,002,235
2036	8,586,699	4,434,461	25,037,902	38,059,062
2037	8,777,527	4,460,903	23,803,189	37,041,619
2038	8,944,807	4,469,442	22,529,764	35,944,013
2039	9,066,521	4,465,672	21,224,179	34,756,372
2040	9,189,611	4,448,271	19,893,975	33,531,857
2041	9,308,114	4,418,064	18,547,573	32,273,751
2042	9,389,475	4,375,572	17,194,219	30,959,266
2043	9,445,414	4,320,621	15,843,830	29,609,865
2044	9,488,103	4,253,390	14,506,720	28,248,213
2045	9,516,412	4,174,752	13,193,312	26,884,476
2046	9,529,328	4,088,231	11,913,934	25,531,493
2047	9,495,018	3,991,381	10,678,567	24,164,966
2048	9,466,799	3,882,953	9,496,598	22,846,350
2049	9,402,529	3,769,336	8,376,687	21,548,552
2050	9,295,842	3,647,266	7,326,359	20,269,467
2051	9,124,076	3,514,327	6,351,826	18,990,229
2052	8,925,414	3,373,916	5,457,808	17,757,138
2053	8,694,701	3,227,671	4,647,222	16,569,594
2054	8,366,405	3,078,975	3,921,118	15,366,498
2055	7,993,665	2,927,177	3,278,657	14,199,499

Plan Name: Tenth Amended & Restated Owens-Illinois Hourly Retirement Plan
EIN / PN: 22-2781933/002
Plan Sponsor: O-I Glass, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2056	7,617,717	2,772,564	2,717,282	13,107,563
2057	7,230,543	2,616,752	2,232,927	12,080,222
2058	6,823,505	2,461,277	1,820,292	11,105,074
2059	6,424,011	2,310,516	1,473,166	10,207,693
2060	6,029,517	2,163,055	1,184,748	9,377,320
2061	5,645,837	2,017,264	948,007	8,611,108
2062	5,270,197	1,875,699	755,933	7,901,829
2063	4,896,957	1,739,331	601,789	7,238,077
2064	4,547,079	1,608,947	479,294	6,635,320
2065	4,208,685	1,484,551	382,767	6,076,003
2066	3,880,223	1,366,264	307,223	5,553,710
2067	3,567,434	1,254,223	248,367	5,070,024
2068	3,268,656	1,148,356	202,596	4,619,608
2069	2,982,280	1,048,543	166,949	4,197,772
2070	2,709,985	954,611	139,038	3,803,634
2071	2,450,123	866,431	116,985	3,433,539
2072	2,203,575	783,755	99,331	3,086,661
2073	1,970,001	706,351	84,960	2,761,312
2074	1,749,586	634,064	73,034	2,456,684

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	26,779,642	15.00000	26,779,642	2,496,946
2. Shortfall	01/01/2024	(31,346,257)	14.00000	(29,204,258)	(2,851,892)
3. Shortfall	01/01/2023	38,665,989	13.00000	34,454,256	3,541,059
Total				32,029,640	3,186,113

Plan Name: Tenth Amended & Restated Owens-Illinois Hourly Retirement Plan
EIN / PN: 22-2781933/002
Plan Sponsor: O-I Glass, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	Tenth Amended & Restated Owens-Illinois Hourly Retirement Plan
EIN / PN:	22-2781933/002
Plan Sponsor:	O-I Glass, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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
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2052	8,925,414	3,373,916	5,457,808	17,757,138
2053	8,694,701	3,227,671	4,647,222	16,569,594
2054	8,366,405	3,078,975	3,921,118	15,366,498
2055	7,993,665	2,927,177	3,278,657	14,199,499

Plan Name: Tenth Amended & Restated Owens-Illinois Hourly Retirement Plan
EIN / PN: 22-2781933/002
Plan Sponsor: O-I Glass, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2056	7,617,717	2,772,564	2,717,282	13,107,563
2057	7,230,543	2,616,752	2,232,927	12,080,222
2058	6,823,505	2,461,277	1,820,292	11,105,074
2059	6,424,011	2,310,516	1,473,166	10,207,693
2060	6,029,517	2,163,055	1,184,748	9,377,320
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2065	4,208,685	1,484,551	382,767	6,076,003
2066	3,880,223	1,366,264	307,223	5,553,710
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2069	2,982,280	1,048,543	166,949	4,197,772
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2071	2,450,123	866,431	116,985	3,433,539
2072	2,203,575	783,755	99,331	3,086,661
2073	1,970,001	706,351	84,960	2,761,312
2074	1,749,586	634,064	73,034	2,456,684

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Effective Date

Latest complete reinstatement	January 1, 2020
Most recent amendment	August 28, 2023

Definitions

Accrued benefit

Flat Dollar Formula

For Kimble employees, dollar per month amount is limited to an increase of 4.00% (compounded annually) from the expiration date of the collective bargaining agreement in effect as of:

- March 31, 1999 for Chicago Heights associates
- December 31, 1993 for all other associates

For all other participants, dollar amount varies. See table following Plan Provisions.

Cash Balance Formula

Previously, all new hires and rehires within the GMP, Los Angeles IAM and USW collective bargaining groups who were hired during or after the 2011-2013 bargaining agreements were eligible for the cash balance retirement plan. The cash balance amounts were based on service (see pay credits tables following Plan Provisions). The cash balance portion of the plan closed to entrants and froze (except for interest credits) for participants within the GMP and USW collective bargaining groups effective January 1, 2020 and for participants within the LA – IAM collective bargaining group effective December 31, 2022.

Average Annual Earnings

For Kontes employees, the average of total earnings for all plan years of active participation, excluding plan years prior to 1983, with this average limited to an increase of 6.50% (compounded annually) based on the average earnings as of December 31, 1993.

For Treitler Owens, Inc. employees, the average of the highest consecutive 5 years in the last 10 years.

For Cash Balance participants, total taxable wages (including bonus) plus any pre-tax dollars the employee contributes toward any 401(k) plan and/or a flexible benefits plan. Pay does not include any relocation payments, tax gross-ups, prizes or gifts, rebates or incentive

SCHEDULE SB ATTACHMENTS

	payments, or any form of indirect compensation.
Credited Service	Total service as an hourly employee of O-I and Brockway calculated from Retirement Eligibility Date. For calculation of benefits for Kimble and Kontes employees, total service until a termination of employment as an hourly employee but frozen as of: • March 31, 1999 for Chicago Heights associates • December 31, 1993 for all other associates • If rehired by Kimble or Kontes, employee does NOT re-enter DB Plan. For calculation of benefits for ILWU employees, total service as an hourly employee starting January 1, 2014.
Normal Retirement Age	Age 65.
Vested Service	Total service from service date or Retirement Eligibility Date.
Normal Retirement	
• Eligibility	Age 65.
• Benefit	The Accrued Benefit.
Early Retirement Benefit	
• Eligibility	Dependent on employee's location. Age 55 with 10 or more years of Credited Service or attained age 60, for most locations.
• Benefit	Accrued benefit payable at the participant's Normal Retirement Age, or a reduced amount is payable from a date after which the participant has attained early retirement eligibility. The reduction is 6% per year from age 60, or unreduced if the participant has 30 years of service at most locations.
Vested Benefits	
• Eligibility	Five or more years of Vested Service, for Flat Dollar employees; three or more years of Vested Service for Cash Balance employees.
Disability Benefit	
• Eligibility	Dependent on employee's location. After 10 years of service for most locations.

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• Benefit	The Accrued Benefit or Cash Balance at date of disability or one year after last day worked if prior to date of disability.

Preretirement Death Benefit

• Spouse's Income Benefit	Various eligibility conditions.
• Spouse's Survivor Annuity	Various benefits based on location.
• Lump Sum Benefit	(i) Eligibility: Any active participant with a Cash Balance benefit. (ii) Benefit: The available cash Balance amount.

Forms of Payment

• Normal Form	Single Participant: Life Annuity or 6 year certain and continuous annuity for Glass Container Pattern plans. Married Participant: Actuarial equivalent 50% Joint and Survivor annuity.
• Optional Form	5 or 6 year certain and continuous level income options are available at most locations. Life Annuity, 66-2/3%, 75%, 100% Joint & Survivor options at most locations.
• Pay Credits	Pay credits are based on service as detailed in the tables following plan provisions.

Other Plan Provisions

The Accrued Benefit formula for Kontes Glass Company Employees is a career average pay formula. The benefit formula is 1.00% of career average pay plus 0.65% of career average pay in excess of Covered Compensation multiplied by up to 35 years of Credited Service.

The Accrued Benefit formula for Brockway Non-Union employees is 1.5% of base pay in effect for the first payroll cycle paid during the plan year in each calendar year of Credited Service (since June 1, 1984).

The Accrued Benefit formula for Specialty Packaging Products, Inc., Non-Union employees is 1.2% of base pay in effect for the first payroll cycle paid during the plan year for each calendar year.

For an active employee on August 11, 1990, the Accrued Benefit can be no less than the greatest of (i), (ii), (iii), or (iv), as applicable, minus (v) below. If credited service is at least:

(i) 23.00 years at August 11, 1990; $300.00 minimum benefit.

SCHEDULE SB ATTACHMENTS

	(ii) 23.00 years at January 1, 1993; $300.00 minimum benefit. (iii) 25.00 years at August 11, 1990; $325.00 minimum benefit. (iv) 25.00 years at January 1, 1991; $325.00 minimum benefit. (v) $10.00 for each full or partial year which termination, death or retirement precedes normal retirement date. The Accrued Benefit formula for Treitler Owens, Inc. is 35% of Average Annual Earnings reduced proportionately for Credited Service less than 25 years.
Additional Provisions Recognized for Pension Cost Basis	Future benefit level increases for active participants were anticipated in determining service cost and pension benefit obligations but not in calculating accumulated benefit obligations.
Change in Plan Provisions Since the Prior Year	None.

SCHEDULE SB ATTACHMENTS

O-I Hourly Plan
Schedule of All Service Benefit Levels for the January 1, 2025 Valuation

Location	Union	Location Description	Labor Grade	Benefit Level	Ultimate Benefit Level	Contract End Date[1]
Entity 0101 – Corporate						
1818	40,41,42	Vineland, NJ (plant 31)	1-10,11-15,16+	28.00-29.00-30.00	28.00-29.00-30.00	frozen - 10-31-02
1818	70	Vineland, NJ (plant 31)	1-10,11-15,16+	31.00-32.00-33.00	31.00-32.00-33.00	frozen - 10-31-01
1818	10	Chicago Heights, IL (plant 33)	1-10,11-15,16+	38.00-39.00-40.00	38.00-39.00-40.00	frozen - 4-1-2005
1818	40	Chicago Heights, IL (plant 33)	1-10,11-15,16+	40.00-40.00-40.00	40.00-40.00-40.00	frozen - 9-1-2005
Entity 0111 - Glass Container						
0023	70 (IAM)	Los Angeles, CA	1-10,11-15,16+	56.00-57.00-58.00	56.00-57.00-58.00	10/31/2025
0020[2]	A006 (ILWU)	Oakland, CA	1-10,11-15,16+	56.00-57.00-58.00	56.00-57.00-58.00	Closed 10/5/2015
Multiple[3]	10 (GMP-P&M)	Multiple[3]	1-10,11-15,16+	57.00-58.00-59.00	57.00-58.00-59.00	3/31/2025
Multiple[4]	20 (GMP-AMD)	Multiple[4]	1-10,11-15,16+	57.00-58.00-59.00	57.00-58.00-59.00	3/31/2025
Multiple[4]	40 (USW)	Multiple[4]	1-10,11-15,16+	56.00-57.00-58.00	56.00-57.00-58.00	8/31/2025

[1] Recalcs for new retirees under this contract for the GMP and USW unions only.
[2] Service for benefit accrual purposes begins on the later of hire date or January 1, 2014.
[3] 006 Winston-Salem, NC; 0009 Streator, IL; 0010 Atlanta, GA; 0015 Waco, TX; 0017 Clarion, PA; 0020 Oakland, CA; 0021 Portland, OR; 0022 Tracy, CA;0023 Los Angeles, CA; 0025 Volney, NY; 0026 Toano, VA; 0103 Muskogee, OK; 0108 Lapel, IN; 0112 Zanesville, OH; 0118 Brockway, PA; 0119 Crenshaw, PA; 0129 Danville, VA; 0176 Brockway Machine Shop, PA.
[4] 006 Charlotte, MI; 0006 Winston-Salem, NC; 0009 Streator, IL; 0010 Atlanta, GA; 0015 Waco, TX; 0017 Clarion, PA; 0020 Oakland, CA; 0021 Portland, OR; 0022 Tracy, CA; 0023 Los Angeles, CA;0025 Volney, NY; 0026 Toano, VA; 0103 Muskogee, OK; 0108 Lapel, IN; 0112 Zanesville, OH; 0118 Brockway, PA; 0119 Crenshaw, PA; 0129 Danville, VA.

Plan Name: Tenth Amended & Restated Owens-Illinois Hourly Retirement Plan
EIN / PN: 22-2781933/002
Plan Sponsor: O-I Glass, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

O-I Hourly Plan
Schedule of Future Service Only Benefit Levels for the January 1, 2025 Valuation

Union 40 - USW		Union 70 - IAM		Unions 10 & 20 - GMP	
Date	**FSO Benefit**	**Date**	**FSO Benefit**	**Date**	**FSO Benefit**
4/1/2016-3/31/2017	$4	4/1/2016-3/31/2017	$4	4/1/2016-3/31/2017	$4
4/1/2017-3/31/2018	$7	4/1/2017-3/31/2018	$7	4/1/2017-3/31/2018	$7
4/1/2018-3/31/2019	$10	4/1/2018-3/31/2019	$10	4/1/2018-3/31/2019	$10
4/1/2019-3/31/2020	$11	4/1/2019-3/31/2020	$11	4/1/2019-3/31/2020	$11
4/1/2020-3/31/2021	$12	4/1/2020-3/31/2021	$12	4/1/2020-3/31/2021	$12
4/1/2021-3/31/2022	$13	4/1/2021-3/31/2022	$13	4/1/2021-3/31/2022	$13
4/1/2022 – 3/31/2023	$14	4/1/2022 – 3/31/2023	$14	4/1/2022 – 3/31/2023	$14
4/1/2023 – 3/31/2024	$15	4/1/2023 – 3/31/2024	$15	4/1/2023 – 3/31/2024	$15
4/1/2024+	$16	4/1/2024+	$16	4/1/2024+	$16

O-I Hourly Plan
Schedule of Cash Balance Pay Credit Levels for the January 1, 2025 Valuation

Union 40 - USW			Union 70 - IAM			Unions 10 & 20 - GMP		
	Pay Credit			***Pay Credit***			***Pay Credit***	
Date	**Service**	**Credit**	**Date**	**Service**	**Credit**	**Date**	**Service**	**Credit**
9/1/2011 – 8/31/2016	0 - 8	3.0%	11/1/2011 – 10/31/2016	0 - 8	3.0%	4/1/2011 – 3/31/2016	0 - 8	3.0%
	9 - 15	3.5%		9 - 15	3.5%		9 - 15	3.5%
	16+	4.0%		16+	4.0%		16+	4.0%
9/1/2016 +	0 - 8	3.5%	11/1/2016 +	0 - 8	3.5%	4/1/2016 +	0 - 8	3.5%
	9 - 15	4.0%		9 - 15	4.0%		9 - 15	4.0%
	16+	4.5%		16+	4.5%		16+	4.5%

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SCHEDULE SB ATTACHMENTS

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as of January 1, 2025

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25
Change in Method

The asset valuation methodology was changed to a method that determines the value of plan assets as the fair market value. Because the prior asset valuation method was not changed in any of the four preceding plan years, this receives automatic approval under Rev. Proc. 2017-56.

Plan Name:	Tenth Amended & Restated Owens-Illinois Hourly Retirement Plan
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Plan Sponsor:	O-I Glass, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- The interest crediting rate for the Hourly plan changed from 4.18% to 4.69% to correspond with the change in the December 31, 2024 ASC 715 discount rate.
- Assumptions for rates of termination, retirement, optional forms of payment, marital percentage, and spousal age differences were updated to reflect the results of the experiences study presented in August 2025.

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