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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                                   | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------|--|
| Part II                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Basic Plan Information</b> —enter all requested information |                     |  |
| <b>1a</b> Name of plan<br><u>PENSION PLAN OF YORK CONTAINER COMPANY</u><br><br><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>YORK CONTAINER COMPANY</u><br><br><u>P.O. BOX 3008</u><br><u>YORK, PA 17402</u> | <b>1b</b> Three-digit plan number (PN) ▶                       | <u>002</u>          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c</b> Effective date of plan                               | <u>01/01/1966</u>   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2b</b> Employer Identification Number (EIN)                 | <u>23-1434215</u>   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2c</b> Plan Sponsor's telephone number                      | <u>717-757-7611</u> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2d</b> Business code (see instructions)                     | <u>322200</u>       |  |

**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<br>HERE | Filed with authorized/valid electronic signature. | 10/16/2023 | MICHAEL LUDWIG                                               |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                                   |            |                                                              |
|              | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                                   |            |                                                              |
|              | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b> 191                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                               |  | <b>6a(1)</b> 63                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(2)</b> 58                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                   |  | <b>6b</b> 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6c</b> 94                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           |  | <b>6d</b> 181                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b> 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b> 183                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                             |  | <b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                  |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1I 3D                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                       |            |            |            |
|-----------------------------------------------------------------------------------------------------------------------|------------|------------|------------|
| For calendar plan year 2022 or fiscal plan year beginning                                                             | 01/01/2022 | and ending | 12/31/2022 |
| 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<br>PENSION PLAN OF YORK CONTAINER COMPANY                                    |                                                                                                                    | B Three-digit plan number (PN)                       | 002                                                                                                                      |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>YORK CONTAINER COMPANY |                                                                                                                    | D Employer Identification Number (EIN)<br>23-1434215 |                                                                                                                          |
| E Type of plan:                                                                             | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size:                              | <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                    |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I Basic Information                                                                                                                                                                           |                            |                           |                          |
| 1 Enter the valuation date: Month 01 Day 01 Year 2022                                                                                                                                              |                            |                           |                          |
| 2 Assets:                                                                                                                                                                                          |                            |                           |                          |
| a Market value                                                                                                                                                                                     |                            | 2a                        | 7176913                  |
| b Actuarial value                                                                                                                                                                                  |                            | 2b                        | 7176913                  |
| 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                                                                                                                                     | 32                         | 1544842                   | 1544842                  |
| b For terminated vested participants                                                                                                                                                               | 96                         | 1819215                   | 1819215                  |
| c For active participants                                                                                                                                                                          | 63                         | 2166968                   | 2166968                  |
| d Total                                                                                                                                                                                            | 191                        | 5531025                   | 5531025                  |
| 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                         | 5.48 %                   |
| 6 Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a Present value of current plan year accruals                                                                                                                                                      |                            | 6a                        | 0                        |
| b Expected plan-related expenses                                                                                                                                                                   |                            | 6b                        | 43909                    |
| c Total (line 6a + line 6b)                                                                                                                                                                        |                            | 6c                        | 43909                    |

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<br>HERE                              | Signature of actuary               | 10/16/2023                             |
|                                           | JEFFREY P. THORNTON, FSA, EA, MAAA | Date                                   |
|                                           | Type or print name of actuary      | 23-07881                               |
|                                           | THE RETIREMENT ADVANTAGE, INC.     | Most recent enrollment number          |
|                                           | Firm name                          | 888-872-2364                           |
| 600 S. NICOLET ROAD<br>APPLETON, WI 54914 |                                    | Telephone number (including area code) |
| Address of the firm                       |                                    |                                        |

| Part II Beginning of Year Carryover and Prefunding Balances                                                                                                         |                       |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 2291                  | 10835                  |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 2291                  | 10835                  |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>12.60</u> % .....                                                                               | 289                   | 1365                   |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.67</u> %..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 2580                  | 12200                  |

| Part III Funding Percentages                                                                                                                                              |           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 129.49 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 129.75 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 125.93 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %        |

| Part IV Contributions and Liquidity Shortfalls                                           |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 0                               |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                                                                  |            |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                             |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                                                                              | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....                                                                                               | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....                                                          | <b>19c</b> | 0       |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                      |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                    |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> 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 |
|                                                                                                                                                                                  |            |         |
|                                                                                                                                                                                  |            |         |
|                                                                                                                                                                                  |            |         |

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

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                                                                                                                       | 2nd segment:<br>5.18 % | 3rd segment:<br>5.92 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                                                                                                                                              |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 43909              |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 43909              |               |
| <b>32</b> Amortization installments:                                                                                                                                                 |                     |                    |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | Outstanding Balance | Installment        |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>PENSION PLAN OF YORK CONTAINER COMPANY                                   | B Three-digit plan number (PN) ▶                     | 002 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>YORK CONTAINER COMPANY           | D Employer Identification Number (EIN)<br>23-1434215 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

WILMINGTON TRUST

RODNEY SQUARE NORTH  
1100 NORTH MARKET STREET  
WILMINGTON, DE 19890-0001

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 21 50               | NONE                                                                                              | 36985                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>PENSION PLAN OF YORK CONTAINER COMPANY</u>                                                                                                                                                                                                   | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>002</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>YORK CONTAINER COMPANY</u>                                                                                                                                                                           | <b>D</b> Employer Identification Number (EIN)<br><u>23-1434215</u>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                                                                                                                                                     |
| <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span></span> <span><b>(a)</b> Beginning of Year</span> <span><b>(b)</b> End of Year</span> </div> |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>                                                                                                                                                                                                           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                     |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                                                                                                                                                                                                        |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                                                                                                                                                                                                        |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                                                                                                                                                                                                        |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                     |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                                                                                                                                                                                                        |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                                                                                                                                                                                                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                     |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>                                                                                                                                                                                                     |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>                                                                                                                                                                                                     |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                     |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>                                                                                                                                                                                                     |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>                                                                                                                                                                                                     |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                                                                                                                                                                                                        |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                                                                                                                                                                                                        |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>                                                                                                                                                                                                        |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>                                                                                                                                                                                                        |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>                                                                                                                                                                                                        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                                                                                                                                                                                                       |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>                                                                                                                                                                                                       |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                                                                                                                                                                                                       |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                                                                                                                                                                                                       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                                                                                                                                                                                                       |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                                                                                                                                                                                                       |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 7176913               | 5062588         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 7176913 | 5062588 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 103300     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 103300    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 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)  |            |           |
| (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) |            | -1268430  |
| c Other income .....                                                                            | 2c     |            | 4027      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -1161103  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 916237     |           |
| (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)  |            | 916237    |
| f Corrective distributions (see instructions) .....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            |           |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  | 36985      |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  |            |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 36985     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 953222    |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -2114325  |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            |           |
| (2) From this plan .....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: STAMBAUGH NESS, INC.

(2) EIN: 23-2846715

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

**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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</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.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>c</b> 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.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>d</b> 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.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>g</b> 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?                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>h</b> 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?                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     | X   |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     | X  |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>n</b> 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.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 465528.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>PENSION PLAN OF YORK CONTAINER COMPANY                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) 002                                                              |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>YORK CONTAINER COMPANY                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>23-1434215                                            |
| 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):<br>EIN(s): 23-3060382                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | 3 7                                                                                             |
| 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)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                        |            |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>14</b> | 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:                                                                                                             |            |
| <b>a</b>  | The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |
| <b>b</b>  | The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |
| <b>c</b>  | The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |
| <b>15</b> | 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:                                                                                                                                           |            |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |
| <b>b</b>  | The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                   |            |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |
| <b>b</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.....                                                                                                                                                           | <b>16b</b> |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                   |            |

**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) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

**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 \_\_\_\_\_



# Pension Plan of York Container Company

**Financial Statement and  
Independent Auditors' Report**

**December 31, 2022 and 2021**

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*\*Gold underlines represent hyperlinks*

## INDEPENDENT AUDITORS' REPORT

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To the Plan Administrator of the  
Pension Plan of York Container Company

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

We have performed audits of the financial statements of the Pension Plan of York Container Company (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, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note C 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 Auditors' Responsibilities for the Audit 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 (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit 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**

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

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

**Auditors' Responsibilities for the Audit**

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 auditors' 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 U.S. 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.

**Auditors' Responsibilities for the Audit** - continued

In performing an audit in accordance with U.S. 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 U.S. GAAP.

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

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

**Other Matters**

*Supplemental Schedules Required by ERISA*

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

**Other Matters** - continued

*Supplemental Schedules Required by ERISA - continued*

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



York, Pennsylvania  
October 16, 2023

**PENSION PLAN OF YORK CONTAINER COMPANY****Statements of Net Assets Available for Benefits**

---

|                                   | December 31,               |                            |
|-----------------------------------|----------------------------|----------------------------|
|                                   | 2022                       | 2021                       |
| <b>ASSETS</b>                     |                            |                            |
| Investments, at fair value        | <u>\$ 5,062,588</u>        | <u>\$ 7,176,913</u>        |
| Net assets available for benefits | <u><u>\$ 5,062,588</u></u> | <u><u>\$ 7,176,913</u></u> |

See Accompanying Notes

**PENSION PLAN OF YORK CONTAINER COMPANY****Statements of Changes in Net Assets Available for Benefits**

---

|                                                              | Years Ended December 31, |                     |
|--------------------------------------------------------------|--------------------------|---------------------|
|                                                              | 2022                     | 2021                |
| <b>ADDITIONS</b>                                             |                          |                     |
| Investment income (loss)                                     |                          |                     |
| Net appreciation (depreciation) in fair value of investments | \$ (1,264,403)           | \$ 737,895          |
| Interest and dividends                                       | 103,300                  | 97,186              |
| Total investment income (loss)                               | (1,161,103)              | 835,081             |
| Total additions, net                                         | (1,161,103)              | 835,081             |
| <b>DEDUCTIONS</b>                                            |                          |                     |
| Benefits paid to participants                                | 916,237                  | 598,810             |
| Administrative expenses                                      | 36,985                   | 43,909              |
| Total deductions                                             | 953,222                  | 642,719             |
| Net increase (decrease)                                      | (2,114,325)              | 192,362             |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                     |                          |                     |
| Beginning of year                                            | 7,176,913                | 6,984,551           |
| End of year                                                  | <u>\$ 5,062,588</u>      | <u>\$ 7,176,913</u> |

See Accompanying Notes

## PENSION PLAN OF YORK CONTAINER COMPANY

Notes to Financial Statements

December 31, 2022 and 2021

---

### NOTE A - DESCRIPTION OF PLAN

The following description of the Pension Plan of York Container Company (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

#### General

The Plan is a non-contributory defined benefit pension plan covering all of the eligible classes of employees except executive, administrative, office, plant supervisory, and sales personnel of York Container Company (the Company). Employees were eligible to participate in the Plan upon attainment of age 21 and completion of one year of service (defined as 1,000 hours in a 12-month period). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

As of April 1, 2012, the Company adopted an amendment to the Plan which froze future benefit accruals and froze future participation in the Plan for employees hired after April 1, 2012.

#### Pension Benefits

Employees are eligible for normal retirement benefits at age 65. The Plan also has provisions for early retirement benefits. The retirement benefit is payable monthly as long as the participant is alive, with payments ceasing upon the participant's death. If the present value of the pension does not exceed \$1,000, a lump-sum payment is automatic. Retirement benefits can also be paid in the form of a lump sum, joint and survivor annuity, or life annuity for a certain period.

The amount of normal annual pension benefits is equal to 1/12th of the sum of the pension credits for each year for which the participant is credited with a year of benefit service which is defined as having worked 1,000 hours during the year. A pension credit was equal to 1% of compensation for the plan year.

#### Death and Disability Benefits

Participants are eligible for pre-retirement death benefits if death occurs after five years of credited service, or the participant is at least 55 years of age. The spouse will receive a benefit as though the participant retired on the date of death and elected a 50% qualified joint and survivor annuity, unless otherwise elected by the employee or beneficiary.

Participants are eligible for disability benefits if disability occurs after 20 years of credited service. The benefit will be the participant's accrued benefit to the date of disability or freeze date, whichever comes first.

## **PENSION PLAN OF YORK CONTAINER COMPANY**

Notes to Financial Statements

December 31, 2022 and 2021

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### **NOTE A - DESCRIPTION OF PLAN - continued**

#### Vesting

Participants are fully vested upon completion of five years of continuous service or attaining normal retirement age while still employed by the Company. Participants earn one year of continuous service for each year in which they are credited with at least 1,000 hours of service.

### **NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

#### Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

#### Payment of Benefits

Benefit payments to participants and beneficiaries are recorded when paid.

#### Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are discussed in Note D. Purchases and sales are recorded on a trade date basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. Dividends are recorded on the ex-dividend date. Interest income is recorded on an accrual basis.

#### Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on the sum of 1/12 of 1% of compensation for each year of benefit service to date up until the applicable freeze date. Benefits payable under all circumstances such as retirement, death, disability, and termination of employment are included to the extent they are attributable to employee service rendered to the valuation date.

**PENSION PLAN OF YORK CONTAINER COMPANY**

Notes to Financial Statements

December 31, 2022 and 2021

---

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** - continuedActuarial Present Value of Accumulated Plan Benefits - continued

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

The significant actuarial assumptions used in the valuation as of January 1, 2022 are:

- a. Life expectancy of participants: based on the Internal Revenue Service (IRS) 2022 applicable mortality tables as published in IRS notice 220-85 on the MP-2020 scale.
- b. Retirement age assumptions (assumed an average retirement age of 65).
- c. Rate of return on investments (6.00%).
- d. Current liability interest rate (5.48%).

These actuarial assumptions are based on the presumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2022. Had the valuation been performed as of December 31, 2021, there would be no material differences.

The actuarial present value of accumulated plan benefits is as follows:

|                                                            | December 31,<br>2021 |
|------------------------------------------------------------|----------------------|
| Vested benefits                                            |                      |
| Participant currently receiving payments                   | \$ 1,461,703         |
| Other participants                                         | <u>3,720,713</u>     |
| Total vested benefits                                      | 5,182,416            |
| Nonvested benefits                                         | <u>-</u>             |
| Total actuarial present value of accumulated plan benefits | <u>\$ 5,182,416</u>  |

## PENSION PLAN OF YORK CONTAINER COMPANY

Notes to Financial Statements

December 31, 2022 and 2021

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### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

#### Actuarial Present Value of Accumulated Plan Benefits - continued

The changes in the actuarial present value of accumulated plan benefits are as follows:

|                                                                          |                     |
|--------------------------------------------------------------------------|---------------------|
| Actuarial present value of accumulated plan benefits - beginning of year | \$ 5,306,658        |
| Increase (decrease) during the year attributable to                      |                     |
| Benefits accumulated and plan experience                                 | 162,081             |
| Increase due to decrease in the discount period                          | 300,435             |
| Benefits paid                                                            | (598,810)           |
| Change in assumptions                                                    | <u>12,052</u>       |
| Net decrease                                                             | <u>(124,242)</u>    |
| Actuarial present value of accumulated plan benefits - end of year       | <u>\$ 5,182,416</u> |

Changes in actuarial assumptions, as reported on the January 1, 2022 actuarial valuation, consist of a reduction in the interest rates used and the most recent mortality tables.

#### Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

#### Risks and Uncertainties

The Plan invests in various investment securities. Investment securities of the Plan are exposed to various risks, such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in value of investment securities, it is at least reasonably possible that changes in risks in the near-term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits. As of December 31, 2022 and 2021, one investment fund represented approximately 15% and 14% of the total investments, respectively.

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

## PENSION PLAN OF YORK CONTAINER COMPANY

Notes to Financial Statements

December 31, 2022 and 2021

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### NOTE C - INVESTMENTS

The Plan's investments are held in trust and administered by Wilmington Trust Company, the custodian, as of December 31, 2022 and 2021 and for the years then ended. The investments and investment income (loss) disclosed in the accompanying financial statements and supplemental schedule were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the custodian.

### NOTE D - FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs consist of unobservable inputs and have the lowest priority. The Plan uses valuation techniques based on the available inputs to measure the fair value of its investment. When available, the Plan measures fair value using Level 1 inputs because they provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 and Level 2 inputs are not available.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value:

|              | Investments at Fair Value as of December 31, 2022 |             |             |                     |
|--------------|---------------------------------------------------|-------------|-------------|---------------------|
|              | Level 1                                           | Level 2     | Level 3     | Total               |
| Mutual funds | \$ 5,062,588                                      | \$ -        | \$ -        | \$ 5,062,588        |
|              | <u>\$ 5,062,588</u>                               | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 5,062,588</u> |

|              | Investments at Fair Value as of December 31, 2021 |             |             |                     |
|--------------|---------------------------------------------------|-------------|-------------|---------------------|
|              | Level 1                                           | Level 2     | Level 3     | Total               |
| Mutual funds | \$ 7,176,913                                      | \$ -        | \$ -        | \$ 7,176,913        |
|              | <u>\$ 7,176,913</u>                               | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 7,176,913</u> |

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits.

The following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2022 and 2021:

## PENSION PLAN OF YORK CONTAINER COMPANY

Notes to Financial Statements

December 31, 2022 and 2021

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### NOTE D - FAIR VALUE MEASUREMENTS - continued

*Mutual Funds:* Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The funds held by the Plan are deemed to be actively traded.

### NOTE E - PLAN TERMINATION

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

### NOTE F - FUNDING POLICY

Funding standards have been established by ERISA and the Internal Revenue Code (IRC) of 1954. The Company's funding policy is to make contributions under this Plan that meet or exceed the minimum funding standards while not exceeding the maximum funding standard. Any available accumulated funding credit is considered when determining the level of contribution. The Company met the minimum funding requirements for ERISA for 2022 and 2021.

## **PENSION PLAN OF YORK CONTAINER COMPANY**

Notes to Financial Statements

December 31, 2022 and 2021

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### **NOTE F - FUNDING POLICY - continued**

There are no required participant contributions, nor are voluntary contributions permitted by the participants under the Plan.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Should the Plan terminate at some future time, participants would become fully vested in their employer contributions.

### **NOTE G - PLAN TAX STATUS**

The Plan's prototype non-standardized document obtained its latest advisory letter dated March 30, 2018, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter; however, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is no longer subject to federal and state income tax examinations by tax authorities for years before 2019.

### **NOTE H - TRANSACTIONS WITH PARTIES-IN-INTEREST**

Plan investments are managed by Wilmington Trust Company, the custodian of the Plan, therefore, these transactions qualify as party-in-interest transactions. Transactions resulting in plan assets being transferred to or used by a related party are prohibited under ERISA unless a specific exemption exists. Wilmington Trust Company is a party-in-interest as defined by ERISA as a result of investing plan assets in their accounts and providing investment management services. However, these transactions are exempt under Section 408(b)(8) and are not prohibited by ERISA.

Expenses of administering the Plan are paid from plan assets or by the Company pursuant to provisions of the plan document. For the years ended December 31, 2022 and 2021, record keeping fees were paid from plan assets, and the Company paid the auditing and actuary fees and PBGC payment.

### **NOTE I - SUBSEQUENT EVENTS**

Management has evaluated subsequent events through the date of the independent auditors' report, the date the financial statements were available to be issued.

## **SUPPLMENTAL SCHEDULES**

**PENSION PLAN OF YORK CONTAINER COMPANY**

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

E.I.N. 23-1434215

Plan #002

December 31, 2022

| (a)               | (b) Identity of issuer or similar party | (c) Description of investment | (d) Cost            | (e) Current value   |
|-------------------|-----------------------------------------|-------------------------------|---------------------|---------------------|
| *                 | Wilmington Broad Market Bond Fund       | Mutual fund                   | \$ 861,793          | \$ 779,677          |
|                   | Metwest Total Return Bond               | Mutual fund                   | 601,686             | 501,642             |
|                   | Vanguard Institutional Index Class I    | Mutual fund                   | 380,170             | 475,836             |
| *                 | Wilmington International Fund           | Mutual fund                   | 525,618             | 406,656             |
|                   | Harbor LG-Cap Value FD CL Ret           | Mutual fund                   | 353,792             | 297,025             |
|                   | T Rowe Price Large Cap Growth Fund      | Mutual fund                   | 194,387             | 222,704             |
|                   | Columbia Overseas Value                 | Mutual fund                   | 216,863             | 220,053             |
|                   | AB Concentrated GR FD CL Adv            | Mutual fund                   | 220,984             | 205,391             |
|                   | JPMorgan MTG-Backed Sec FD CL R6        | Mutual fund                   | 195,613             | 184,942             |
|                   | Ishares Russell 1000 Value              | Mutual fund                   | 195,005             | 181,980             |
| *                 | Wilmington Real Asset Fund              | Mutual fund                   | 193,932             | 176,797             |
|                   | American Beacon SIM                     | Mutual fund                   | 164,242             | 153,607             |
|                   | WCM Focused Intl Growth FD              | Mutual fund                   | 123,552             | 149,233             |
|                   | Ishares Russell 1000 Growth             | Mutual fund                   | 147,959             | 141,184             |
|                   | Blackrock Federal Trust Fund            | Mutual fund                   | 123,277             | 123,277             |
|                   | Baillie Gifford Emerging Markets        | Mutual fund                   | 161,353             | 120,327             |
|                   | Ishares MSCI EAFE Value ETF             | Mutual fund                   | 114,048             | 117,545             |
|                   | AMG River RD SM-Cap Value FD CL I       | Mutual fund                   | 115,851             | 108,383             |
|                   | Ishares S&P SM-Cap 600 Growth           | Mutual fund                   | 112,410             | 106,665             |
|                   | Virtus Kar Small-Cap Growth I Fund      | Mutual fund                   | 107,016             | 92,137              |
|                   | Ishares Core MSCI EAFE ETF              | Mutual fund                   | 86,057              | 82,598              |
|                   | Ishares Edge MSCI USA                   | Mutual fund                   | 55,373              | 74,530              |
|                   | Ishares MSCI USA Value Factor           | Mutual fund                   | 89,191              | 73,185              |
|                   | Ishares Core MSCI Emerging              | Mutual fund                   | 80,605              | 67,214              |
| Total investments |                                         |                               | <u>\$ 5,420,777</u> | <u>\$ 5,062,588</u> |

\* *party-in-interest as defined by ERISA*

**PENSION PLAN OF YORK CONTAINER COMPANY**

Schedule H, Line 4j - Schedule of Reportable Transactions

E.I.N. 23-1434215

Plan #002

For the Years Ended December 31, 2022

| (a) Identity of party                      | (b) Description of asset | (c) Purchase price | (d) Selling price | (g) Cost of asset | (h) Current value | (i) Net gain or (loss) |
|--------------------------------------------|--------------------------|--------------------|-------------------|-------------------|-------------------|------------------------|
| <b>Single Transactions</b>                 |                          |                    |                   |                   |                   |                        |
| Blackrock Liquidity Federal Fund Institute | Mutual fund              | \$ 757,134         | -                 | \$ 757,134        | \$ 757,134        | -                      |
| Blackrock Liquidity Federal Fund Institute | Mutual fund              | 1,356,370          | -                 | 1,356,370         | 1,356,370         | -                      |
| Blackrock Liquidity Federal Fund Institute | Mutual fund              | -                  | 1,053,178         | 1,053,178         | 1,053,178         | -                      |
| Wilmington International Fund Institute    | Mutual fund              | 543,600            | -                 | 543,600           | 543,600           | -                      |
| Wilmington Broad Market Bond Fund          | Mutual fund              | 481,250            | -                 | 481,250           | 481,250           | -                      |
| <b>Series Transactions</b>                 |                          |                    |                   |                   |                   |                        |
| Blackrock Liquidity Federal Fund Institute | Mutual fund              | \$ 2,855,639       | -                 | \$2,855,639       | \$2,855,639       | -                      |
| Blackrock Liquidity Federal Fund Institute | Mutual fund              | -                  | 2,766,828         | 2,766,828         | -                 | -                      |
| Federated Hermes Ultrashort BD             | Mutual fund              | 2,117              | -                 | 2,117             | 2,117             | -                      |
| Federated Hermes Ultrashort BD             | Mutual fund              | -                  | 466,423           | 474,418           | -                 | (7,995)                |
| Vanguard Short-Term Inv GRD CL ADML        | Mutual fund              | 3,311              | -                 | 3,311             | 3,311             | -                      |
| Vanguard Short-Term Inv GRD CL ADML        | Mutual fund              | -                  | 402,527           | 420,429           | -                 | (17,902)               |
| Vanguard Institutional Index CL I          | Mutual fund              | 18,010             | -                 | 18,010            | 18,010            | -                      |
| Vanguard Institutional Index CL I          | Mutual fund              | -                  | 420,610           | 444,136           | -                 | (23,526)               |
| Wilmington International Fund-I            | Mutual fund              | 560,573            | -                 | 560,573           | 560,573           | -                      |
| Wilmington International Fund-I            | Mutual fund              | -                  | 110,267           | 139,090           | -                 | (28,823)               |
| Wilmington Broad Market Bond Fund-I        | Mutual fund              | 494,132            | -                 | 494,132           | 494,132           | -                      |
| Wilmington Broad Market Bond Fund-I        | Mutual fund              | -                  | 15,854            | 17,413            | -                 | (1,559)                |

Valuation Date 1/1/2022

| Attained Age | YEARS OF CREDITED SERVICE |            |          |            |          |            |          |            |          |            |    |
|--------------|---------------------------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----|
|              | Under 1                   | 1 to 4     | 5 to 9   | 10 to 14   | 15 to 19 | 20 to 24   | 25 to 29 | 30 to 34   | 35 to 39 | 40 and up  |    |
|              | Avg. No.                  | Avg. Comp. | Avg. No. | Avg. Comp. | Avg. No. | Avg. Comp. | Avg. No. | Avg. Comp. | Avg. No. | Avg. Comp. |    |
| Under 25     | 0                         |            | 0        |            | 0        |            | 0        |            | 0        |            | 0  |
| 25 to 29     | 0                         |            | 0        |            | 0        |            | 0        |            | 0        |            | 0  |
| 30 to 34     | 0                         |            | 0        |            | 3        | 0          | 0        |            | 0        |            | 0  |
| 35 to 39     | 0                         |            | 0        |            | 3        | 1          | 0        |            | 0        |            | 0  |
| 40 to 44     | 0                         |            | 0        |            | 3        | 1          | 1        | 0          | 0        |            | 0  |
| 45 to 49     | 0                         |            | 0        |            | 3        | 2          | 1        | 0          | 0        |            | 0  |
| 50 to 54     | 0                         |            | 0        |            | 5        | 1          | 3        | 0          | 0        | 1          | 0  |
| 55 to 59     | 0                         |            | 0        |            | 2        | 5          | 0        | 0          | 3        | 5          | 2  |
| 60 to 64     | 0                         |            | 0        |            | 1        | 4          | 1        | 0          | 1        | 1          | 9  |
| 65 to 69     | 0                         |            | 0        |            | 0        | 0          | 0        | 0          | 0        | 0          | 1  |
| 70 & up      | 0                         |            | 0        |            | 0        | 0          | 0        | 0          | 0        | 0          | 0  |
|              | 0                         |            | 0        |            | 20       | 14         | 6        | 0          | 4        | 7          | 12 |
|              | Total                     |            |          |            |          |            |          |            |          | 63         |    |

Name of Plan: Pension Plan of York Container Company

Plan Sponsor's EIN: 23-1434215

Plan Number: 002

## Schedule SB, Part V – Statement of Actuarial Methods and Assumptions

### Actuarial Methods

|                        |                                                            |
|------------------------|------------------------------------------------------------|
| Actuarial Cost Method  | Method as prescribed by the Pension Protection Act of 2006 |
| Valuation Date         | First day of the Plan Year (January 1, 2022)               |
| Asset Valuation Method | Fair Market Value, including contributions receivable      |

### Prescribed Actuarial Assumptions

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           |                     |                       |       |                       |       |                                      |       |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------|-----------------------|-------|-----------------------|-------|--------------------------------------|-------|
| Interest Rates – Minimum Required Contribution and Funding Percentages | Each 24-month average segment rate is adjusted so that it is no less than 95% and no more than 105% of the corresponding segment rates for the 25-year period ending September 30, 2021; the applicable segment rates, taking into account the above corridor, are as follows: <table><tr><td><u>Benefit Payments occurring in Plan Years Beginning</u></td><td><u>Segment Rate</u></td></tr><tr><td>2022 – 2026 (5 years)</td><td>4.75%</td></tr><tr><td>2027– 2041 (15 years)</td><td>5.18%</td></tr><tr><td>2042 and beyond (more than 20 Years)</td><td>5.92%</td></tr></table> | <u>Benefit Payments occurring in Plan Years Beginning</u> | <u>Segment Rate</u> | 2022 – 2026 (5 years) | 4.75% | 2027– 2041 (15 years) | 5.18% | 2042 and beyond (more than 20 Years) | 5.92% |
| <u>Benefit Payments occurring in Plan Years Beginning</u>              | <u>Segment Rate</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |                     |                       |       |                       |       |                                      |       |
| 2022 – 2026 (5 years)                                                  | 4.75%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                           |                     |                       |       |                       |       |                                      |       |
| 2027– 2041 (15 years)                                                  | 5.18%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                           |                     |                       |       |                       |       |                                      |       |
| 2042 and beyond (more than 20 Years)                                   | 5.92%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                           |                     |                       |       |                       |       |                                      |       |
| Effective Interest Rate – Minimum Required Contribution                | 5.48% based on above rates and expected benefit payments accrued to date; 5.67% was the effective rate for the prior year                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                           |                     |                       |       |                       |       |                                      |       |
| Interest Rates – Maximum Contribution                                  | 24-month average corporate bond segment rates as of September 2021 (4 month lookback under the election of IRS Regulation 1.430(h)(2)-1(e)(2)); the applicable segment rates are as follows: <table><tr><td><u>Benefit Payments occurring in Plan Years Beginning</u></td><td><u>Segment Rate</u></td></tr><tr><td>2022 – 2026 (5 years)</td><td>1.07%</td></tr><tr><td>2027– 2041 (15 years)</td><td>2.68%</td></tr><tr><td>2042 and beyond (more than 20 Years)</td><td>3.36%</td></tr></table>                                                                                   | <u>Benefit Payments occurring in Plan Years Beginning</u> | <u>Segment Rate</u> | 2022 – 2026 (5 years) | 1.07% | 2027– 2041 (15 years) | 2.68% | 2042 and beyond (more than 20 Years) | 3.36% |
| <u>Benefit Payments occurring in Plan Years Beginning</u>              | <u>Segment Rate</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |                     |                       |       |                       |       |                                      |       |
| 2022 – 2026 (5 years)                                                  | 1.07%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                           |                     |                       |       |                       |       |                                      |       |
| 2027– 2041 (15 years)                                                  | 2.68%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                           |                     |                       |       |                       |       |                                      |       |
| 2042 and beyond (more than 20 Years)                                   | 3.36%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                           |                     |                       |       |                       |       |                                      |       |
| Effective Interest Rate – Maximum Contribution                         | 3.00% based on above rates and expected benefit payments accrued to date; 3.63% was the effective rate for the prior year                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                           |                     |                       |       |                       |       |                                      |       |
| Interest Rates used for Asset Valuations                               | Because the third segment rate for the Minimum Required Contribution is higher than the third segment rate for the Maximum Contribution, asset values for calculating the Minimum Required Contribution may also be used for calculating the Maximum Contribution.                                                                                                                                                                                                                                                                                                                  |                                                           |                     |                       |       |                       |       |                                      |       |
| Pre- and Post-Retirement Mortality – Annuities                         | 2022 optional combined annuitant and non-annuitant mortality tables for small plans (male and female) as published by the IRS in Notice 2020-85                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           |                     |                       |       |                       |       |                                      |       |
| Interest Rates – Lump Sums                                             | Funding rates as required by IRS in Regulation 1.430(d)-1(f)(4)(iii)(B) (a rate of 5.50% is used when 415 limit applies)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                           |                     |                       |       |                       |       |                                      |       |
| Pre- and Post-Retirement Mortality - Lump Sums                         | 2022 Applicable Mortality Table (blended 50% male/50% female) as published by the IRS in Notice 2020-85                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                     |                       |       |                       |       |                                      |       |
| Mortality Improvement                                                  | MP-2020 is included in the above mortality tables                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                     |                       |       |                       |       |                                      |       |

Name of Plan: Pension Plan of York Container Company

Plan Sponsor's EIN: 23-1434215

Plan Number: 002

## Schedule SB, Part V – Statement of Actuarial Methods and Assumptions

### Non-Prescribed Actuarial Assumptions

| Assumed Retirement Date        | Normal Retirement Date or immediately, if past this date                                                                                                                                                                                                                                                                                                                                                    |            |                              |    |       |    |       |    |       |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------|----|-------|----|-------|----|-------|
| Turnover before Retirement     | Actuary's Turnover Table T-1; following are sample rates:<br><table><tr><th><u>Age</u></th><th><u>Male and Female Rates</u></th></tr><tr><td>25</td><td>4.97%</td></tr><tr><td>40</td><td>1.33%</td></tr><tr><td>55</td><td>1.04%</td></tr></table> The above is an estimation of the Table D-1 Rates used by the prior Actuary                                                                             | <u>Age</u> | <u>Male and Female Rates</u> | 25 | 4.97% | 40 | 1.33% | 55 | 1.04% |
| <u>Age</u>                     | <u>Male and Female Rates</u>                                                                                                                                                                                                                                                                                                                                                                                |            |                              |    |       |    |       |    |       |
| 25                             | 4.97%                                                                                                                                                                                                                                                                                                                                                                                                       |            |                              |    |       |    |       |    |       |
| 40                             | 1.33%                                                                                                                                                                                                                                                                                                                                                                                                       |            |                              |    |       |    |       |    |       |
| 55                             | 1.04%                                                                                                                                                                                                                                                                                                                                                                                                       |            |                              |    |       |    |       |    |       |
| Disability Rates               | 1987 Commissioner's Group Disability Table Male Standard; following are sample rates:<br><table><tr><th><u>Age</u></th><th><u>Male and Female Rates</u></th></tr><tr><td>25</td><td>0.04%</td></tr><tr><td>40</td><td>0.08%</td></tr><tr><td>55</td><td>0.48%</td></tr></table> The above is an estimation of the 50% Society of Actuary's Male 1987 Group Term Disability Table used by the prior Actuary. | <u>Age</u> | <u>Male and Female Rates</u> | 25 | 0.04% | 40 | 0.08% | 55 | 0.48% |
| <u>Age</u>                     | <u>Male and Female Rates</u>                                                                                                                                                                                                                                                                                                                                                                                |            |                              |    |       |    |       |    |       |
| 25                             | 0.04%                                                                                                                                                                                                                                                                                                                                                                                                       |            |                              |    |       |    |       |    |       |
| 40                             | 0.08%                                                                                                                                                                                                                                                                                                                                                                                                       |            |                              |    |       |    |       |    |       |
| 55                             | 0.48%                                                                                                                                                                                                                                                                                                                                                                                                       |            |                              |    |       |    |       |    |       |
| Annual Benefit Limit           | \$245,000 for 2022                                                                                                                                                                                                                                                                                                                                                                                          |            |                              |    |       |    |       |    |       |
| Beneficiary Assumption         | 100% of actives are assumed to be married at retirement, with the beneficiary being the opposite sex and females are 3 years younger than males                                                                                                                                                                                                                                                             |            |                              |    |       |    |       |    |       |
| Lump Sum Election              | 70% election on lump sums; the normal form is assumed to be elected for all others                                                                                                                                                                                                                                                                                                                          |            |                              |    |       |    |       |    |       |
| Expenses Paid from Plan Assets | Investment and Plan Related Expenses paid from Plan Assets are assumed to be equal to the prior year actual expenses                                                                                                                                                                                                                                                                                        |            |                              |    |       |    |       |    |       |

### Plan Accounting Assumptions

|                       |                                                                                                                                                                    |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rate         | An annual rate of 6.00%, the expected long-term rate of return from the 2022-2023 Net Periodic Pension Cost Report. Previously an annual rate of 6.00% was assumed |
| All Other Assumptions | Same as above                                                                                                                                                      |

### PBGC Premium Assumptions – Standard Method

|                       |                                                                                                                                               |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates        | Segment rates published by the PBGC for the plan year: 1.16% for the first 5 years, 2.72% for the next 15 years and 3.10% for remaining years |
| All Other Assumptions | Same as above                                                                                                                                 |

**PENSION PLAN OF YORK CONTAINER COMPANY**  
Schedule H, Line 4j - Schedule of Reportable Transactions  
E.I.N. 23-1434215  
Plan #002  
For the Years Ended December 31, 2022

| (a) Identity of party                      | (b) Description of asset | (c) Purchase price | (d) Selling price | (g) Cost of asset | (h) Current value | (i) Net gain or (loss) |
|--------------------------------------------|--------------------------|--------------------|-------------------|-------------------|-------------------|------------------------|
| <b>Single Transactions</b>                 |                          |                    |                   |                   |                   |                        |
| Blackrock Liquidity Federal Fund Institute | Mutual fund              | \$ 757,134         | -                 | \$ 757,134        | \$ 757,134        | -                      |
| Blackrock Liquidity Federal Fund Institute | Mutual fund              | 1,356,370          | -                 | 1,356,370         | 1,356,370         | -                      |
| Blackrock Liquidity Federal Fund Institute | Mutual fund              | -                  | 1,053,178         | 1,053,178         | 1,053,178         | -                      |
| Wilmington International Fund Institute    | Mutual fund              | 543,600            | -                 | 543,600           | 543,600           | -                      |
| Wilmington Broad Market Bond Fund          | Mutual fund              | 481,250            | -                 | 481,250           | 481,250           | -                      |
| <b>Series Transactions</b>                 |                          |                    |                   |                   |                   |                        |
| Blackrock Liquidity Federal Fund Institute | Mutual fund              | \$ 2,855,639       | -                 | \$2,855,639       | \$2,855,639       | -                      |
| Blackrock Liquidity Federal Fund Institute | Mutual fund              | -                  | 2,766,828         | 2,766,828         | -                 | -                      |
| Federated Hermes Ultrashort BD             | Mutual fund              | 2,117              | -                 | 2,117             | 2,117             | -                      |
| Federated Hermes Ultrashort BD             | Mutual fund              | -                  | 466,423           | 474,418           | -                 | (7,995)                |
| Vanguard Short-Term Inv GRD CL ADML        | Mutual fund              | 3,311              | -                 | 3,311             | 3,311             | -                      |
| Vanguard Short-Term Inv GRD CL ADML        | Mutual fund              | -                  | 402,527           | 420,429           | -                 | (17,902)               |
| Vanguard Institutional Index CL I          | Mutual fund              | 18,010             | -                 | 18,010            | 18,010            | -                      |
| Vanguard Institutional Index CL I          | Mutual fund              | -                  | 420,610           | 444,136           | -                 | (23,526)               |
| Wilmington International Fund-I            | Mutual fund              | 560,573            | -                 | 560,573           | 560,573           | -                      |
| Wilmington International Fund-I            | Mutual fund              | -                  | 110,267           | 139,090           | -                 | (28,823)               |
| Wilmington Broad Market Bond Fund-I        | Mutual fund              | 494,132            | -                 | 494,132           | 494,132           | -                      |
| Wilmington Broad Market Bond Fund-I        | Mutual fund              | -                  | 15,854            | 17,413            | -                 | (1,559)                |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>Pension Plan of York Container Company                                                                           | <b>B</b> Three-digit plan number (PN) ▶ 002                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>York Container Company                                        | <b>D</b> Employer Identification Number (EIN)<br>23-1434215                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2022                                                                                                                                                    |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                               |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b> 7,176,913                                                           |
| <b>b</b> Actuarial value.....                                                                                                                                                                                   | <b>2b</b> 7,176,913                                                           |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             |                                                                               |
|                                                                                                                                                                                                                 | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | 32 1,544,842 1,544,842                                                        |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | 96 1,819,215 1,819,215                                                        |
| <b>c</b> For active participants .....                                                                                                                                                                          | 63 2,166,968 2,166,968                                                        |
| <b>d</b> Total.....                                                                                                                                                                                             | 191 5,531,025 5,531,025                                                       |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                     |
| <b>b</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 ..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> 5.48%                                                                |
| <b>6</b> Target normal cost.....                                                                                                                                                                                |                                                                               |
| <b>a</b> Present value of current plan year accruals .....                                                                                                                                                      | <b>6a</b> 0                                                                   |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b> 43,909                                                              |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                        | <b>6c</b> 43,909                                                              |

**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.

|                                    |                               |                                        |
|------------------------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                   | <b>JPT</b>                    | <b>October 16, 2023</b>                |
|                                    | Signature of actuary          | Date                                   |
| Jeffrey P. Thornton, FSA, EA, MAAA |                               | 2307881                                |
|                                    | Type or print name of actuary | Most recent enrollment number          |
| The Retirement Advantage, Inc.     |                               | 888-872-2364                           |
|                                    | Firm name                     | Telephone number (including area code) |
| 600 S. Nicolet Road                |                               |                                        |
| Appleton WI 54914                  |                               |                                        |
|                                    | 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 ☐

| <b>Part II</b> |                                                                                                                                                                      | <b>Beginning of Year Carryover and Prefunding Balances</b> |                        |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                                                                                      | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                      | 2,291                                                      | 10,835                 |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                   | 0                                                          | 0                      |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....                                                                                                                         | 2,291                                                      | 10,835                 |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>12.60</u> % .....                                                                                          | 289                                                        | 1,365                  |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                                                                                                 |                                                            |                        |
|                | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                                                            | 0                      |
|                | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.67</u> % ..... |                                                            | 0                      |
|                | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                                                            | 0                      |
|                | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                                                            | 0                      |
|                | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                                                            | 0                      |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....                                                                                              | 0                                                          | 0                      |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                   | 2,580                                                      | 12,200                 |

| <b>Part III</b> |                                                                                                                                                                  | <b>Funding Percentages</b> |          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| <b>14</b>       | Funding target attainment percentage .....                                                                                                                       | <b>14</b>                  | 129.49 % |
| <b>15</b>       | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b>                  | 129.75 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 125.93 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b>                  | %        |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and Liquidity Shortfalls</b> |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                               |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
| <b>Totals ►</b>                                                                          |                                   |                                               | <b>18(b)</b>             | 0                                 | <b>18(c)</b>                    |
|                                                                                          |                                   |                                               |                          |                                   | 0                               |

|                                                                                                                                                                                  |            |         |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                             |            |         |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                                                             | <b>19a</b> | 0       |         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                               | <b>19b</b> | 0       |         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                          | <b>19c</b> | 0       |         |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                      |            |         |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |            |         |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |         |
| <b>c</b> 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 |
|                                                                                                                                                                                  |            |         |         |

|                  |                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |                                                                     |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Part V</b>    | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>                                                                                                                                                                                                                  |                                                                                                                                                                             |                                                                     |
| <b>21</b>        | Discount rate:                                                                                                                                                                                                                                                                              |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | Segment rates:                                                                                                                                                                                                                                                                              | <div style="display: flex; justify-content: space-around;"> <div>1st segment:<br/>4.75 %</div> <div>2nd segment:<br/>5.18 %</div> <div>3rd segment:<br/>5.92 %</div> </div> | <input type="checkbox"/> N/A, full yield curve used                 |
| <b>b</b>         | Applicable month (enter code) .....                                                                                                                                                                                                                                                         | <b>21b</b>                                                                                                                                                                  | 4                                                                   |
| <b>22</b>        | Weighted average retirement age .....                                                                                                                                                                                                                                                       |                                                                                                                                                                             | 22 65                                                               |
| <b>23</b>        | Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                                                                                          |                                                                                                                                                                             |                                                                     |
| <b>Part VI</b>   | <b>Miscellaneous Items</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                             |                                                                     |
| <b>24</b>        | Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                             |                                                                                                                                                                             |                                                                     |
| <b>25</b>        | Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                  |                                                                                                                                                                             |                                                                     |
| <b>26</b>        | Demographic and benefit information                                                                                                                                                                                                                                                         |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                                                                                                                                                            |                                                                                                                                                                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b>         | Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                                                                                                                                                     |                                                                                                                                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b>        | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                                                                                                                                                   | <b>27</b>                                                                                                                                                                   |                                                                     |
| <b>Part VII</b>  | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>                                                                                                                                                                                                              |                                                                                                                                                                             |                                                                     |
| <b>28</b>        | Unpaid minimum required contributions for all prior years .....                                                                                                                                                                                                                             | <b>28</b>                                                                                                                                                                   | 0                                                                   |
| <b>29</b>        | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....                                                                                                                                                                   | <b>29</b>                                                                                                                                                                   | 0                                                                   |
| <b>30</b>        | Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                                                                                                                                                                                     | <b>30</b>                                                                                                                                                                   | 0                                                                   |
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b>                                                                                                                                                                                                                                       |                                                                                                                                                                             |                                                                     |
| <b>31</b>        | Target normal cost and excess assets (see instructions):                                                                                                                                                                                                                                    |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | Target normal cost (line 6c) .....                                                                                                                                                                                                                                                          | <b>31a</b>                                                                                                                                                                  | 43,909                                                              |
| <b>b</b>         | Excess assets, if applicable, but not greater than line 31a .....                                                                                                                                                                                                                           | <b>31b</b>                                                                                                                                                                  | 43,909                                                              |
| <b>32</b>        | Amortization installments:                                                                                                                                                                                                                                                                  | Outstanding Balance                                                                                                                                                         | Installment                                                         |
| <b>a</b>         | Net shortfall amortization installment .....                                                                                                                                                                                                                                                | 0                                                                                                                                                                           | 0                                                                   |
| <b>b</b>         | Waiver amortization installment.....                                                                                                                                                                                                                                                        | 0                                                                                                                                                                           | 0                                                                   |
| <b>33</b>        | 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 .....                                                                                                                  | <b>33</b>                                                                                                                                                                   |                                                                     |
| <b>34</b>        | Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                                                                                                                                            | <b>34</b>                                                                                                                                                                   | 0                                                                   |
|                  | Carryover balance                                                                                                                                                                                                                                                                           | Prefunding balance                                                                                                                                                          | Total balance                                                       |
| <b>35</b>        | Balances elected for use to offset funding requirement .....                                                                                                                                                                                                                                | 0                                                                                                                                                                           | 0                                                                   |
| <b>36</b>        | Additional cash requirement (line 34 minus line 35) .....                                                                                                                                                                                                                                   | <b>36</b>                                                                                                                                                                   | 0                                                                   |
| <b>37</b>        | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                                                                                                                                   | <b>37</b>                                                                                                                                                                   | 0                                                                   |
| <b>38</b>        | Present value of excess contributions for current year (see instructions)                                                                                                                                                                                                                   |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | Total (excess, if any, of line 37 over line 36)                                                                                                                                                                                                                                             | <b>38a</b>                                                                                                                                                                  | 0                                                                   |
| <b>b</b>         | Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....                                                                                                                                                                                 | <b>38b</b>                                                                                                                                                                  | 0                                                                   |
| <b>39</b>        | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                                                                                                                                       | <b>39</b>                                                                                                                                                                   | 0                                                                   |
| <b>40</b>        | Unpaid minimum required contributions for all years .....                                                                                                                                                                                                                                   | <b>40</b>                                                                                                                                                                   | 0                                                                   |
| <b>Part IX</b>   | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>                                                                                                                                                                                                 |                                                                                                                                                                             |                                                                     |
| <b>41</b>        | If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |                                                                                                                                                                             |                                                                     |

Name of Plan: Pension Plan of York Container Company

Plan Sponsor's EIN: 23-1434215

Plan Number: 002

**Schedule SB, Line 22 – Description of Weighted Average Retirement Age**

| Assumed Retirement Age (ARA) | Number of Active Participants | ARA x Number of Active Participants |
|------------------------------|-------------------------------|-------------------------------------|
| 65                           | 63                            | 4,095                               |
| Average Retirement Age       |                               | 65.00                               |

Name of Plan: Pension Plan of York Container Company

Plan Sponsor's EIN: 23-1434215

Plan Number: 002

## Schedule SB, Part V –Summary of Principal Plan Provisions

| Effective Date                                  | January 1, 1966 (Most recently restated effective January 1, 2020)                                                                                                                                                                                                                             |                         |                       |                   |    |           |      |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|-------------------|----|-----------|------|
| Plan Year                                       | January 1 – December 31                                                                                                                                                                                                                                                                        |                         |                       |                   |    |           |      |
| Eligibility for Participation                   | <p>Each employee shall enter the Plan on the first day of the month coinciding with or next following the completion of 1 Year of Service with at least 1,000 hours and the attainment of age 21.</p> <p>Effective April 1, 2012, there will be no new Participants in the Plan.</p>           |                         |                       |                   |    |           |      |
| Employer Contribution                           | Entire cost of the Plan                                                                                                                                                                                                                                                                        |                         |                       |                   |    |           |      |
| Normal Retirement Date                          | The first day of the month coincident with or next following the attainment of age 65                                                                                                                                                                                                          |                         |                       |                   |    |           |      |
| Formula for Normal Annual Retirement Benefit    | <p>1.0% times Compensation for each Plan Year of Service.</p> <p>Effective April 1, 2012, the Plan was amended to freeze current accrued benefits and cease future benefit accruals.</p>                                                                                                       |                         |                       |                   |    |           |      |
| Plan Year of Service                            | 1,000 hours in a Plan Year while a participant                                                                                                                                                                                                                                                 |                         |                       |                   |    |           |      |
| Normal Form of Benefit Payments                 | Single Life Annuity                                                                                                                                                                                                                                                                            |                         |                       |                   |    |           |      |
| Designated Qualified Joint and Survivor Annuity | Joint and 50% Survivor Annuity, which is the Actuarial Equivalent of the Normal Form                                                                                                                                                                                                           |                         |                       |                   |    |           |      |
| Optional Forms of Benefit Payments              | Optional Forms include Single Life Annuity, Joint and 50% Survivor Annuity, Joint and 75% Survivor Annuity, Joint and 100% Survivor Annuity, 5 Year Certain and Life, 10 Year Certain and Life, 15 Year Certain and Life, and lump sum with force-out                                          |                         |                       |                   |    |           |      |
| Optional Forms Conversion Factors               | Factors found in Appendix C of the Plan document                                                                                                                                                                                                                                               |                         |                       |                   |    |           |      |
| Early Retirement Date                           | The first day of the month coincident with or next following the attainment of age 55 and the completion of 5 Years of Vesting Service                                                                                                                                                         |                         |                       |                   |    |           |      |
| Early Retirement Benefit                        | The Accrued Benefit reduced by the factors found in Appendix A of the Plan document                                                                                                                                                                                                            |                         |                       |                   |    |           |      |
| Late Retirement Benefit                         | The Accrued Benefit increased by the factors found in Appendix B of the Plan document                                                                                                                                                                                                          |                         |                       |                   |    |           |      |
| Disability Benefit                              | Accrued benefit beginning 6 months after the date of Total and Permanent Disability, as determined under the federal Social Security Acts, if the Participant has 20 Years of Service for vesting purposes. Benefit ends on the earlier of cessation of disability, death or Normal Retirement |                         |                       |                   |    |           |      |
| Pre-Retirement Death Benefit                    | 50% Survivor portion of the Joint and 50% Survivor benefit payable at the Participant's Early Retirement Date. For Terminated Vested Participants, death benefit is the Actuarial Equivalence of the vested Accrued Benefit.                                                                   |                         |                       |                   |    |           |      |
| Vesting                                         | <p>Each Participant will be vested as follows:</p> <table><thead><tr><th><u>Years of Service</u></th><th><u>Percent Vested</u></th></tr></thead><tbody><tr><td>Less than 5 years</td><td>0%</td></tr><tr><td>5 or more</td><td>100%</td></tr></tbody></table>                                  | <u>Years of Service</u> | <u>Percent Vested</u> | Less than 5 years | 0% | 5 or more | 100% |
| <u>Years of Service</u>                         | <u>Percent Vested</u>                                                                                                                                                                                                                                                                          |                         |                       |                   |    |           |      |
| Less than 5 years                               | 0%                                                                                                                                                                                                                                                                                             |                         |                       |                   |    |           |      |
| 5 or more                                       | 100%                                                                                                                                                                                                                                                                                           |                         |                       |                   |    |           |      |
| Year of Service for Vesting                     | 1,000 hours in a Plan Year                                                                                                                                                                                                                                                                     |                         |                       |                   |    |           |      |

**PENSION PLAN OF YORK CONTAINER COMPANY**

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

E.I.N. 23-1434215

Plan #002

December 31, 2022

| (a)               | (b) Identity of issuer or similar party | (c) Description of investment | (d) Cost            | (e) Current value   |
|-------------------|-----------------------------------------|-------------------------------|---------------------|---------------------|
| *                 | Wilmington Broad Market Bond Fund       | Mutual fund                   | \$ 861,793          | \$ 779,677          |
|                   | Metwest Total Return Bond               | Mutual fund                   | 601,686             | 501,642             |
|                   | Vanguard Institutional Index Class I    | Mutual fund                   | 380,170             | 475,836             |
| *                 | Wilmington International Fund           | Mutual fund                   | 525,618             | 406,656             |
|                   | Harbor LG-Cap Value FD CL Ret           | Mutual fund                   | 353,792             | 297,025             |
|                   | T Rowe Price Large Cap Growth Fund      | Mutual fund                   | 194,387             | 222,704             |
|                   | Columbia Overseas Value                 | Mutual fund                   | 216,863             | 220,053             |
|                   | AB Concentrated GR FD CL Adv            | Mutual fund                   | 220,984             | 205,391             |
|                   | JPMorgan MTG-Backed Sec FD CL R6        | Mutual fund                   | 195,613             | 184,942             |
|                   | Ishares Russell 1000 Value              | Mutual fund                   | 195,005             | 181,980             |
| *                 | Wilmington Real Asset Fund              | Mutual fund                   | 193,932             | 176,797             |
|                   | American Beacon SIM                     | Mutual fund                   | 164,242             | 153,607             |
|                   | WCM Focused Intl Growth FD              | Mutual fund                   | 123,552             | 149,233             |
|                   | Ishares Russell 1000 Growth             | Mutual fund                   | 147,959             | 141,184             |
|                   | Blackrock Federal Trust Fund            | Mutual fund                   | 123,277             | 123,277             |
|                   | Baillie Gifford Emerging Markets        | Mutual fund                   | 161,353             | 120,327             |
|                   | Ishares MSCI EAFE Value ETF             | Mutual fund                   | 114,048             | 117,545             |
|                   | AMG River RD SM-Cap Value FD CL I       | Mutual fund                   | 115,851             | 108,383             |
|                   | Ishares S&P SM-Cap 600 Growth           | Mutual fund                   | 112,410             | 106,665             |
|                   | Virtus Kar Small-Cap Growth I Fund      | Mutual fund                   | 107,016             | 92,137              |
|                   | Ishares Core MSCI EAFE ETF              | Mutual fund                   | 86,057              | 82,598              |
|                   | Ishares Edge MSCI USA                   | Mutual fund                   | 55,373              | 74,530              |
|                   | Ishares MSCI USA Value Factor           | Mutual fund                   | 89,191              | 73,185              |
|                   | Ishares Core MSCI Emerging              | Mutual fund                   | 80,605              | 67,214              |
| Total investments |                                         |                               | <u>\$ 5,420,777</u> | <u>\$ 5,062,588</u> |

\* *party-in-interest as defined by ERISA*