

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: SILGAN PLASTICS ASSET ACCOUNT (MASTER TRUST)
1b Three-digit plan number (PN): 199
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): SILGAN PLASTICS, LLC
2b Employer Identification Number (EIN): 38-3793128
2c Plan Sponsor's telephone number: 314-542-9223
2d Business code (see instructions)

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SILGAN PLASTICS ASSET ACCOUNT (MASTER TRUST)	B Three-digit plan number (PN) ▶	199
C Plan sponsor's name as shown on line 2a of Form 5500 SILGAN PLASTICS, LLC	D Employer Identification Number (EIN) 38-3793128	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

BLACKROCK INSTITUTIONAL

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	459568	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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 (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SILGAN PLASTICS ASSET ACCOUNT (MASTER TRUST)</u>	B Three-digit plan number (PN) ▶	<u>199</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SILGAN PLASTICS, LLC</u>	D Employer Identification Number (EIN) <u>38-3793128</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LT GOVT/CRDT BOND IND FD</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL</u>		
c EIN-PN <u>94-3289737-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	SILGAN PLASTICS PENSION PLAN FOR SALARIED EMPLOYEES	
b Name of plan sponsor	SILGAN PLASTICS, LLC	c EIN-PN 38-3793128-001

a Plan name	SILGAN PLASTICS PENSION PLAN FOR HOURLY-PAID EMPLOYEES	
b Name of plan sponsor	SILGAN PLASTICS, LLC	c EIN-PN 38-3793128-002

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SILGAN PLASTICS ASSET ACCOUNT (MASTER TRUST)	B Three-digit plan number (PN) ▶ 199
C Plan sponsor's name as shown on line 2a of Form 5500 SILGAN PLASTICS, LLC	D Employer Identification Number (EIN) 38-3793128

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	6098
		5062
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2735693
(2) U.S. Government securities	1c(2)	1367433
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	24019055
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	22782543
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	26760846	24155038
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	26760846	24155038

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	89169	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		89169
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	565682	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		565682
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(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)		1829395
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2484246

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(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)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	459568	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		459568
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		459568

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2024678
l Transfers of assets:			
(1) To this plan.....	2l(1)		6137000
(2) From this plan	2l(2)		10767486

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:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 _____.

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		26,760,846	5% VALUE OF	1,338,042
		PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
VP4520020 BROKER 1	ALLSPRING 100% TREASURY MONEY MARKET ADMIN #3722 CASH SWEEP TRADES	2,027,000	0	2,027,000	2,027,000	0
	02/28/24 BUY 8020151	1.0000				
VP4520020 BROKER 1	ALLSPRING 100% TREASURY MONEY MARKET ADMIN #3722 CASH SWEEP TRADES	1,560,000	0	1,560,000	1,560,000	0
	05/16/24 BUY 8020223	1.0000				
VP4520020 BROKER 1	ALLSPRING 100% TREASURY MONEY MARKET ADMIN #3722 CASH SWEEP TRADES	2,010,000	0	2,010,000	2,010,000	0
	07/12/24 BUY 8020260	1.0000				
VP4520020 BROKER 1	ALLSPRING 100% TREASURY MONEY MARKET ADMIN #3722 CASH SWEEP TRADES	2,550,000	0	2,550,000	2,550,000	0
	10/15/24 BUY 8020320	1.0000				
316146356 BROKER 5200	FIDELITY U.S. BOND INDEX CLASS FAI #2326 MISCELLANEOUS	143,411	0	1,433,215	1,480,000	46,785
	07/11/24 SELL 8020263	10.3200				

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	5% VALUE OF CURRENT VALUE	NET GAIN OR (LOSS)
				26,760,846		1,338,042
VP4520020	ALLSPRING 100% TREASURY MONEY MARKET ADMIN #3722					
BROKER 1	CASH SWEEP TRADES					
	6,098 01/02/24 B BUY 8020116	1.0000	0	6,098	6,098	0
	709,112 01/02/24 S SELL 8020123	1.0000	0	709,112	709,112	0
	76 01/03/24 B BUY 8020126	1.0000	0	76	76	0
	385 01/30/24 S SELL 8020129	1.0000	0	385	385	0
	8,900 02/01/24 B BUY 8020132	1.0000	0	8,900	8,900	0
	719,694 02/01/24 S SELL 8020140	1.0000	0	719,694	719,694	0
	900,000 02/27/24 B BUY 8020148	1.0000	0	900,000	900,000	0
	2,027,000 02/28/24 B BUY 8020151	1.0000	0	2,027,000	2,027,000	0
	6,280 03/01/24 B BUY 8020153	1.0000	0	6,280	6,280	0
	735,708 03/01/24 S SELL 8020160	1.0000	0	735,708	735,708	0
	1,160,000 03/05/24 S SELL 8020166	1.0000	0	1,160,000	1,160,000	0
	8,535 03/26/24 B BUY 8020170	1.0000	0	8,535	8,535	0
	1,734 03/27/24 B BUY 8020173	1.0000	0	1,734	1,734	0
	10,810 04/01/24 B BUY 8020175	1.0000	0	10,810	10,810	0
	717,510 04/01/24 S SELL 8020179	1.0000	0	717,510	717,510	0
	77,798 04/15/24 S SELL 8020194	1.0000	0	77,798	77,798	0
	290,280 04/24/24 S SELL 8020197	1.0000	0	290,280	290,280	0
	391 04/29/24 S SELL 8020198	1.0000	0	391	391	0
	6,457 05/01/24 B BUY 8020201	1.0000	0	6,457	6,457	0
	739,290 05/02/24 S SELL 8020213	1.0000	0	739,290	739,290	0
	680,000 05/14/24 B BUY 8020216	1.0000	0	680,000	680,000	0
	1,560,000 05/16/24 B BUY 8020223	1.0000	0	1,560,000	1,560,000	0
	7,679 06/03/24 B BUY 8020224	1.0000	0	7,679	7,679	0
	734,050 06/04/24 S SELL 8020236	1.0000	0	734,050	734,050	0
	17,484 07/01/24 B BUY 8020239	1.0000	0	17,484	17,484	0
	1,305,599 07/01/24 S SELL 8020248	1.0000	0	1,305,599	1,305,599	0
	2,168 07/02/24 B BUY 8020254	1.0000	0	2,168	2,168	0
	2,010,000 07/12/24 B BUY 8020260	1.0000	0	2,010,000	2,010,000	0
	425 07/30/24 S SELL 8020264	1.0000	0	425	425	0
	8,952 08/01/24 B BUY 8020267	1.0000	0	8,952	8,952	0
	738,614 08/02/24 S SELL 8020276	1.0000	0	738,614	738,614	0
	380,236 08/13/24 S SELL 8020283	1.0000	0	380,236	380,236	0
	7,932 09/03/24 B BUY 8020284	1.0000	0	7,932	7,932	0
	727,170 09/03/24 S SELL 8020291	1.0000	0	727,170	727,170	0
	7,869 09/30/24 B BUY 8020299	1.0000	0	7,869	7,869	0
	5,902 10/01/24 B BUY 8020302	1.0000	0	5,902	5,902	0
	728,264 10/01/24 S SELL 8020310	1.0000	0	728,264	728,264	0
	2,550,000 10/15/24 B BUY 8020320	1.0000	0	2,550,000	2,550,000	0
	409 10/30/24 S SELL 8020322	1.0000	0	409	409	0
	6,458 11/01/24 B BUY 8020325	1.0000	0	6,458	6,458	0
	734,118 11/01/24 S SELL 8020332	1.0000	0	734,118	734,118	0
	7,604 12/02/24 B BUY 8020340	1.0000	0	7,604	7,604	0
	728,076 12/02/24 S SELL 8020347	1.0000	0	728,076	728,076	0
	10,932 12/26/24 B BUY 8020363	1.0000	0	10,932	10,932	0
9,858,870	24 TOTAL BUYS		0	9,858,870	9,858,870	0

IDENTITY OF PARTY INVOLVED		DESCRIPTION OF ASSET		BASED ON MARKET VALUE OF	26,760,846	5% VALUE OF	1,338,042
		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN	OR (LOSS)
		SELLING PRICE					
BROKER	5200	MISCELLANEOUS					
316146356	FIDELITY U.S. BOND INDEX						
	CLASS FAI #2326						
	143,411 07/11/24 SELL	8020263	10.3200	0	1,433,215	1,480,000	46,785
315911750	FIDELITY 500 INDEX FUND						
	CLASS AI #2328						
	3,971 02/26/24 SELL	8020150	176.2600	0	608,898	700,000	91,102
	100 04/08/24 BUYNC	8020188	180.6909	0	17,987	17,987	0
	1,223 05/13/24 SELL	8020218	181.4800	0	187,655	222,000	34,345
	102 07/08/24 BUYNC	8020256	193.3293	0	19,626	19,626	0
	2,217 07/11/24 SELL	8020261	193.9700	0	340,357	430,000	89,643
	94 10/07/24 BUYNC	8020316	199.7494	0	18,802	18,802	0
	103 12/23/24 BUYNC	8020360	205.8301	0	21,242	21,242	0
316146331	FIDELITY EMERGING MARKETS INDEX						
	FUND CLASS FAI #2344						
	10,571 05/13/24 SELL	8020219	10.6900	0	103,078	113,000	9,922
	8,945 07/11/24 SELL	8020262	11.1800	0	87,221	100,000	12,779
	3,291 12/16/24 BUYNC	8020355	10.7900	0	35,506	35,506	0
315911727	FIDELITY INTERNATIONAL INDEX FUND						
	CLASS PRM #2363						
	4,117 02/26/24 SELL	8020149	48.5800	0	186,860	200,000	13,140
	252 04/15/24 BUYNC	8020192	48.3900	0	12,214	12,214	0
	1,988 05/13/24 SELL	8020217	50.2900	0	90,275	100,000	9,725
	1,950 12/23/24 BUYNC	8020359	47.2700	0	92,167	92,167	0
316146356	FIDELITY U.S. BOND INDEX						
	CLASS FAI #2326						
	2,441 01/31/24 BUYNC	8020147	10.3900	0	25,360	25,360	0
	2,399 02/29/24 BUYNC	8020169	10.2100	0	24,499	24,499	0
	2,541 03/29/24 BUYNC	8020191	10.2700	0	26,094	26,094	0
	2,562 04/30/24 BUYNC	8020215	9.9900	0	25,597	25,597	0
	14,328 05/13/24 SELL	8020220	10.1200	0	143,178	145,000	1,822
	2,618 05/31/24 BUYNC	8020238	10.1200	0	26,496	26,496	0
	2,540 06/28/24 BUYNC	8020259	10.2000	0	25,908	25,908	0
	2,307 07/31/24 BUYNC	8020282	10.4000	0	23,994	23,994	0
	2,158 08/30/24 BUYNC	8020298	10.5200	0	22,706	22,706	0
	2,097 09/30/24 BUYNC	8020319	10.6400	0	22,307	22,307	0
	2,234 10/31/24 BUYNC	8020339	10.3400	0	23,096	23,096	0
	2,175 11/29/24 BUYNC	8020354	10.4200	0	22,665	22,665	0
	2,324 12/31/24 BUYNC	8020381	10.2200	0	23,748	23,748	0
808509848	Schwab SMALL-CAP INDEX FUND SELECT						
	CLASS #1524						
	3,009 05/13/24 SELL	8020221	33.2300	0	88,331	100,000	11,669

FD496
 SCHEDULE H (FORM 5500 - 4J-4)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 TRANSACTIONS WITH SAME PARTY

SILGAN PLASTICS CORPORATION
 ASSET ACCOUNT

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 DECEMBER 31, 2023
 THROUGH DECEMBER 31, 2024

IDENTITY OF PARTY INVOLVED DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		26,760,846	5% VALUE OF	1,338,042
	PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
375 12/16/24 BUYNC 8020356	37.5500	0	14,079	14,079	0
----- 228,443		----- 0	----- 3,793,161	----- 4,114,093	----- 320,932
BROKER TOTAL					

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
GENERAL INVESTMENTS			
INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)			
VP4520020 ALLSPRING 100% TREASURY	MONEY MARKET ADMIN #3722 1,367,432.740	1,367,433	1,367,433
TOTAL INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)		1,367,433	1,367,433
VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES			
315911750 FIDELITY 500 INDEX FUND	CLASS AI #2328 29,483.940	4,536,497	6,020,327
316146331 FIDELITY EMERGING MARKETS INDEX	FUND CLASS FAI #2344 129,199.030	1,263,281	1,351,422
315911727 FIDELITY INTERNATIONAL INDEX FUND	CLASS PRM #2363 68,834.380	3,128,681	3,272,387
316146356 FIDELITY U.S. BOND INDEX	CLASS FAI #2326 777,493.060	7,775,738	7,945,979
808509848 SCHWAB SMALL-CAP INDEX FUND SELECT	CLASS #1524 24,101.500	710,510	860,665
922908736 VANGUARD GROWTH VIPER	3,860.000	1,091,569	1,584,298
922908751 VANGUARD SMALL CAP VIPER	2,561.000	501,054	615,357
922908744 VANGUARD VALUE VIPER	6,687.000	964,059	1,132,109
TOTAL VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES		19,971,389	22,782,544
TOTAL GENERAL INVESTMENTS		21,338,822	24,149,976