

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____ B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here. ☐ D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>NATIONAL STARCH LLC PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	
	1c Effective date of plan <u>03/31/2008</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>INGREDION INCORPORATED</u> <u>5 WESTBROOK CORPORATE CENTER</u> <u>WESTCHESTER, IL 60154</u>	2b Employer Identification Number (EIN) <u>22-3514823</u>	2c Plan Sponsor's telephone number <u>708-551-2600</u>	2d Business code (see instructions) <u>311200</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 HERE	Filed with authorized/valid electronic signature.	10/17/2016	COLLEEN HOULIHAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ 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 has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1328
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 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 that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 514 6a(2) 477 6b 389 6c 327 6d 1193 6e 110 6f 1303 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3F 3H 3J 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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan 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>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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 NATIONAL STARCH LLC PENSION PLAN	B Three-digit plan number (PN) 006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INGREDION INCORPORATED	D Employer Identification Number (EIN) 22-3514823

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015			
2 Assets:			
a Market value	2a	180431269	
b Actuarial value	2b	171141206	
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	493	55959099	55959099
b For terminated vested participants	323	10529732	10529732
c For active participants	514	47685224	60167163
d Total	1330	114174055	126655994
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	6.31%	
6 Target normal cost	6	310000	

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.

<div>SIGN HERE</div>	<div>09/09/2016</div> <div>Signature of actuary</div> <div>GREGORY T. TRAPP</div> <div>Type or print name of actuary</div> <div>MERCER</div> <div>Firm name</div> <div>333 SOUTH 7TH STREET SUITE 1400 MINNEAPOLIS, MN 55402</div> <div>Address of the firm</div>	<div>Date</div> <div>14-05207</div> <div>Most recent enrollment number</div> <div>612-642-8600</div> <div>Telephone number (including area code)</div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>10.00</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.51</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	135.12 %
15 Adjusted funding target attainment percentage	15	135.12 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	129.96 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	310000	
b Excess assets, if applicable, but not greater than line 31a	31b	310000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan NATIONAL STARCH LLC PENSION PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 INGREDION INCORPORATED	D Employer Identification Number (EIN) 22-3514823	

Part I	Service Provider Information (see instructions)
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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)

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	130141	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(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?
20 28 50 51	NONE	103542	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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/> 2015 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>NATIONAL STARCH LLC PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>006</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INGREDION INCORPORATED</u>	D Employer Identification Number (EIN) <u>22-3514823</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>NTGI COLLECT SHORT-TERM INVESTMT FD</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
c EIN-PN <u>45-6138589-084</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>1687686</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI COLLECT DAILY EAFE INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
c EIN-PN <u>45-6138589-017</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>16805975</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI-QM DAILY CREDIT BND INDX FD L</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
c EIN-PN <u>36-6826395-001</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>26015944</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI-QM DAILY AGGRTE BND IND FND L</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
c EIN-PN <u>36-7010255-001</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>36068070</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI-QM DAILY RUSL 1000 EQTY IND L</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
c EIN-PN <u>45-6138592-001</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>87550709</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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) <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.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan NATIONAL STARCH LLC PENSION PLAN	B Three-digit plan number (PN) ►	006
C Plan sponsor's name as shown on line 2a of Form 5500 INGREDION INCORPORATED	D Employer Identification Number (EIN) 22-3514823	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a 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)	229		443
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)			
(2) U.S. Government securities.....	1c(2)			
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)			
(B) All other.....	1c(3)(B)			
(4) Corporate stocks (other than employer securities):				
(A) Preferred	1c(4)(A)			
(B) Common	1c(4)(B)			
(5) Partnership/joint venture interests	1c(5)			
(6) Real estate (other than employer real property)	1c(6)			
(7) Loans (other than to participants)	1c(7)			
(8) Participant loans	1c(8)			
(9) Value of interest in common/collective trusts.....	1c(9)	180431040		168128384
(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)			
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)			
(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	180431269	168128827

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	180431269	168128827
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Part II Income and Expense Statement

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

Income

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		136824
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		136824

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12094043	
(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)		12094043
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)	130141	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	103542	
(4) Other	2i(4)	111540	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		345223
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12439266

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-12302442
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: CROWE HORWATH LLP

(2) EIN: 35-0921680

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:

	Yes	No	N/A	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.)		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X		

	Yes	No	N/A	Amount
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?	X			10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	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?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

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

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>NATIONAL STARCH LLC PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INGREDION INCORPORATED</u>	D Employer Identification Number (EIN) <u>22-3514823</u>

Part I	Distributions
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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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-1561860</u>		
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	<u>9</u>

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)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☒ Increase	☐ Decrease	☐ Both	☐ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
----------------	---

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: <u>0.0</u> % Investment-Grade Debt: <u>0.0</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>100.0</u> %
	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):

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

**NATIONAL STARCH LLC
PENSION PLAN**

FINANCIAL STATEMENTS
December 31, 2015 and 2014

NATIONAL STARCH LLC PENSION PLAN

FINANCIAL STATEMENTS
December 31, 2015 and 2014

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INDEPENDENT AUDITOR'S REPORT

Benefits Committee
National Starch LLC Pension Plan
Westchester, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the National Starch LLC Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2014 and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of December 31, 2015 and 2014 and for the years then ended that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

(Continued)

Other Matter

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and the supplemental Schedule H, Line 4j - Schedule of Reportable Transactions as of and for the year ended December 31, 2015 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for purposes of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Crowe Horwath LLP". The signature is written in a cursive, slightly stylized font.

Crowe Horwath LLP

Oak Brook, Illinois
October 14, 2016

NATIONAL STARCH LLC PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2015 and 2014

	2015	2014
ASSETS		
Investments, at fair value		
Collective trust funds	\$ 168,128,384	\$ 180,431,040
Receivables		
Accrued income	443	229
Total assets	<u>168,128,827</u>	<u>180,431,269</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 168,128,827</u></u>	<u><u>\$ 180,431,269</u></u>

See accompanying notes to financial statements.

NATIONAL STARCH LLC PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2015 and 2014

	2015	2014
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 137,158	\$ 16,889,102
Dividends and interest	(334)	(96)
Total additions	136,824	16,889,006
Deductions		
Benefits paid to participants	12,094,043	10,398,138
Administrative expenses	345,223	291,437
Total deductions	12,439,266	10,689,575
Net (decrease) increase	(12,302,442)	6,199,431
Net assets available for benefits		
Beginning of year	180,431,269	174,231,838
End of year	<u>\$168,128,827</u>	<u>\$180,431,269</u>

See accompanying notes to financial statements.

NATIONAL STARCH LLC PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
December 31, 2014

Accumulated plan benefits

Actuarial present value of vested benefits:

Participants currently receiving benefits	\$ 54,582,854
Other participants	64,079,470
	<u>118,662,324</u>

Actuarial present value of non-vested benefits	<u>12,303,909</u>
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Total actuarial present value of accumulated plan benefits	<u>\$ 130,966,233</u>
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See accompanying notes to financial statements.

NATIONAL STARCH LLC PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year Ended December 31, 2014

Actuarial present value of accumulated plan benefits as of December 31, 2013	\$ 122,582,534
Increase (decrease) during the plan year attributed to:	
Benefits accumulated and actuarial (gains) losses	(197,414)
Increase for interest due to decrease in discount period	8,478,890
Benefits paid	(10,398,138)
Change in assumptions	9,499,681
Change in plan provisions	1,000,680
Net increase	8,383,699
Actuarial present value of accumulated plan benefits as of December 31, 2014	<u>\$ 130,966,233</u>

See accompanying notes to financial statements.

NATIONAL STARCH LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the National Starch LLC Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General: The Plan, which became effective April 1, 2008, is a noncontributory defined benefit pension plan covering eligible employees of National Starch LLC (the "Company"), as defined by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Ingredion Incorporated is the plan sponsor. The Plan is closed to new participants and all benefit accruals under the Plan are frozen.

Pension, Death and Disability Benefits: A vested participant who retires at the normal retirement date (the first day of the month following his/her 65th birthday) and has completed 5 years of service is entitled to normal retirement benefits in the form of a joint and survivor annuity, or if the participant waives the joint and survivor annuity option, a single life annuity, or equal installments over the assumed life expectancy of the participant, or over the assumed joint life expectancy of the participant and his/her beneficiary with a certain period option. The monthly amount of the annuity is determined by a formula times years of credited service, as defined by the Plan. A lump-sum distribution is required for participants whose present value of benefits is less than \$1,000. Salaried and non-union hourly employees may elect, with spousal consent, to receive the actuarial equivalent of their benefit as a lump-sum following termination of employment.

A participant who has attained the age of 55 and has completed at least 5 years of eligible service may elect early retirement. The annual amount of early retirement benefits is determined as described above for normal benefits but is reduced by 4% for each month by which the date the retirement income commences precedes age 60. Certain groups are eligible for an unreduced retirement once they are over age 55 and their age plus years of vesting equals or exceeds 85.

The spouse of a vested participant, upon the death of the vested participant, is entitled to 50% of the benefits which would have been payable to the vested participant. For a participant who is not married, upon the death of the vested participant, a retirement benefit will be paid to the beneficiary in the form of monthly installments or a lump-sum. If there is no surviving spouse or named beneficiary, a benefit may be payable to the employee's estate.

Vesting: Participants of the Plan vest in the benefits of the Plan according to the specific vesting schedules by plant location.

Administrative Expenses: The Company generally pays administrative expenses of the Plan. However, the Company is not obligated to pay these administrative expenses and any expenses not paid by the Company will be paid from the assets of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the net appreciation in fair value of investments reported by the Plan.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation: The accompanying financial statements are prepared on the accrual basis of accounting in accordance with U.S. Generally Accepted Accounting Principles ("GAAP").

(Continued)

NATIONAL STARCH LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

New Accounting Standards: In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, which removes the requirement to present investments for which the practical expedient is used to measure fair value at net asset value within the fair value hierarchy table. Instead, an entity would be required to include those investments as a reconciling item so that the total fair value amount of investments in the disclosure is consistent with the fair value investment balance on the Statement of Net Assets Available for Benefits. The Plan elected to early adopt ASU 2015-07 as of December 31, 2015 and has applied ASU 2015-07 retrospectively, as required. The adoption of ASU 2015-07 had no effect on the net assets available for benefits.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*, which simplifies the required disclosures related to employee benefit plans. Part I eliminates the requirement to measure and disclose the fair value of fully benefit-responsive contracts. Contract value is the only required measure for fully benefit-responsive investment contracts. The ASU also clarifies that a Plan's investments in stable value common or collective trusts are not considered fully benefit-responsive contracts and should be measured and presented only at fair value. Part II eliminates the requirement to disclose individual investments which comprise 5 percent or more of total net assets available for benefits, as well as the net appreciation or depreciation of fair values by type. Part II also requires plans to continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Furthermore, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III allows plans to measure investments using values from the end of the calendar month closest to the plan's fiscal year end. The Plan elected to early adopt ASU 2015-12 Part II as of December 31, 2015 and has applied the provisions retrospectively. The Plan is not early adopting the provisions of ASU 2015-12 Parts I and III as they are not applicable to the Plan. The adoption of ASU 2015-12 had no effect on the net assets available for benefits.

Estimates: The preparation of financial statements in conformity with U.S. GAAP requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures and actual results may differ from those estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimates of the actuarial present value of accumulated plan benefits.

Risks and Uncertainties: Investments are exposed to various risks such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain Plan investments, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

(Continued)

NATIONAL STARCH LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition: The Plan's investments are reported at estimated fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits: Benefits are recorded when paid.

NOTE 3 - FUNDING POLICY

The Plan is funded in accordance with the contribution requirements of ERISA. Participants are not permitted to make contributions to the Plan. The Company contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits paid to the Plan participants. The minimum funding requirements of ERISA were met for 2015 and 2014.

NOTE 4 - CERTIFICATION BY TRUSTEE – UNAUDITED INFORMATION

The Northern Trust Company, the Trustee of the Plan, holds the Plan's investment assets and executes investment transactions therein and substantially all information pertaining to the Plan's investments included in the financial statements, including associated income (loss), has been certified by them. This information has not been audited by independent accountants.

NOTE 5 - FAIR VALUE MEASUREMENTS

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

(Continued)

NATIONAL STARCH LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

The following are descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments held directly by the Plan.

Collective Trust Funds: The fair values of investments in collective trusts are determined by the custodian based on their net asset values and supported by the value of underlying securities and by the unit prices of actual purchase and sale transactions occurring as of or close to the financial statement date.

Each collective trust provides for daily redemptions by the Plan with no advance notice requirements and has redemption prices that are determined by the fund's net asset value per share or per unit, as applicable.

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

Total investments as of December 31, 2015 and December 31, 2014 were \$168,128,384 and \$180,431,040, respectively. All investments are measured at fair value using net asset per share (or its equivalent) as a practical expedient. As such, the investments have not been classified in the fair value hierarchy.

NOTE 6 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated benefits are those future periodic payments, including lump sum distributions, attributable under the Plan's provisions to the services employees have rendered. Accumulated benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of the employees who have died and (c) present employees or their beneficiaries. All benefits payable are included to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated 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, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2014 are (a) the annual investment return on plan assets is 7.00% compounded annually (which is net of expenses paid from the Plan including an assumed 0.20% for administrative expenses), (b) the life expectancy of participants is based on the MRP2007 sex-distinct generational (healthy employee and annuitant) with no collar adjustment back projected using projection scale MMP2007 and (c) the retirement age assumptions are graded rates from age 55 to 70. Changes in actuarial assumptions increased the actuarial present value of accumulated benefits by \$9,499,681 for plan year 2014 as a result of (a) change in the lump sum interest rates from September 2013 417(e) segment interest rates (1.40% for the first 5 years, 4.66% for the next 15 years and 5.62% thereafter) to the September 2014 417(e) segment rates (1.40% for the first 5 years, 3.98% for the next 15 years and 5.04% thereafter), (b) mortality rates were updated from 2014 to 2015 in accordance with the Pension Protection Act, (c) the discount rate was changed from 7.25% to 7.00% and (d)) the mortality tables were updated from the 2014 PPA static mortality table to the MRP 2007 generational mortality with no collar back projected to 2007 using projection scale MMP2007.

(Continued)

NATIONAL STARCH LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 6 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

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

The actuarial valuation as of December 31, 2015 has not yet been completed.

NOTE 7 - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter issued February 3, 2014 that the Plan is qualified and the trust established under the Plan is tax exempt, under the appropriate section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, Plan management believes that the Plan is designed and currently is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes had been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions by the Plan and has concluded that as of December 31, 2015 and 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2012.

NOTE 8 - PLAN TERMINATION

Although it has not expressed any intention 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 set forth in ERISA.

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:

- a. Benefits of participants to whom retirement payments commenced or could have commenced had the participant retired at least three years preceding the date of termination, based on the Plan provisions in effect five years prior to termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All non-vested benefits.

(Continued)

NATIONAL STARCH LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 8 - PLAN TERMINATION (Continued)

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. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. 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 financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE 9 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined by the Department of Labor's regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. The Plan holds units in collective trust funds which are managed and trustee by an affiliate of The Northern Trust Company (Northern Trust), the custodian and trustee of the Plan. Northern Trust is also the custodian of the collective trusts; therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to parties-in-interest amounted to \$309,379 and \$226,526 for the years ended December 31, 2015 and 2014, respectively.

NOTE 10 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through October 14, 2016, which is the date the financial statements were available to be issued.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29	1	5									6
30–34		9	8								17
35–39		2	13	11							26 6,754
40–44		9	16	24 9,888	11	1					61 8,567
45–49		5	17	20 11,624	26 15,024	20 23,449	1				89 13,567
50–54	2	3	18	34 11,553	28 15,696	32 25,153	10				127 16,787
55–59	1	2	18	21 8,089	26 13,308	19	16	14			117 17,153
60–64			9	8	8	19	4	3	5		56 14,180
65–69			2	3	2	2		2	2		13
70 & up					1					1	2
Total	4	35 1,836	101 4,992	121 10,092	102 14,782	93 22,292	31 30,548	19	7	1	514 14,130

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average frozen accrued benefits.

Average frozen accrued benefits are not shown for plans cells with fewer than 20 participants

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions for January 1, 2015 Funding Valuation****Discount rate sponsor elections**

• Segment rates or full yield curve	Segment		
• Look-back months	4		
	<u>Stabilized</u>	<u>Non Stabilized</u>	
• First 5 years	4.72%	1.15%	
• Next 15 years	6.11%	4.06%	
	6.81%	5.15%	

Mortality sponsor elections

• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
• Pre-1995 disabilities	Revenue Ruling 96-7 table for participants who became disabled before 1995
• Post-1994 disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits

417(e) lump sums

Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and unisex generational mortality. Rationale: IRS regulations

Other economic assumptions

• Salary increases	N/A
• Flat-dollar benefit increases	N/A
• Social Security wage base	N/A
• Inflation	2.50% per year Rationale: This assumption is based on the inflation assumption periodically published by Mercer Investment Consulting's <i>Capital Markets Outlook</i> .
• Expected investment return	6.50% per year for 2013 and 2014; 6.05% per year for 2015 Rationale: The expected rate of return on plan assets is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's <i>Capital Markets Outlook</i> for the plan's December 31, 2014 asset mix, net of an adjustment of 20 bps for expenses assumed to be paid from plan assets.

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

- Expenses \$310,000 added to current year normal cost
Rationale: Prior year's actual administrative expenses adjusted for inflation and expected change in PBGC premium.

Demographic assumptions

• Withdrawal	See table of sample rates		
• Disability incidence	See table of sample rates		
• Retirement age		Percentage	
	Attained age	Eligible for Unreduced Pension	Not Eligible for Unreduced Pension
	Under 55	0%	0%
	55-59	20%	10%
	60	30%	15%
	61	30%	15%
	62	60%	30%
	63	60%	30%
	64	60%	30%
	65 and above	100%	100%
• Benefit commencement age for			
— Future vested deferred (lump sums):	Immediate		
— Future vested deferred (annuities):	65		
— Current vested deferred (annuities):	65		
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>	
— Percentage married	90%	90%	
— Spouse age difference	3 years younger	3 years older	

Form of payment

		<u>50% J&S</u>	
	<u>Lump sum</u>	<u>(Indianapolis</u>	<u>Single Life (All</u>
	<u>(Salaried)</u>	<u>Union)</u>	<u>other participants)</u>
• Active retirements	100%	100%	100%
• Future vested deferred	100%	100%	100%
• Future disabilities	100%	100%	100%
• Future deaths	100%	100%	100%
• Current vested deferred	100%	100%	100%

Unpredictable contingent event assumptions Not applicable

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Rationale for Demographic Assumptions**

- Mortality – Prescribed by regulations.
- Withdrawal – Based on periodic reviews of actual experience. Ingridion believes these results are appropriate for the future. Mercer monitors the results and has not detected significant actuarial gains or losses.
- Disability incidence – Based on periodic reviews of actual experience. Ingridion believes these results are appropriate for the future. Mercer monitors the results and has not detected significant actuarial gains or losses.
- Retirement rates – Based on periodic reviews of actual experience. Ingridion believes these results are appropriate for the future. Mercer monitors the results and has not detected significant actuarial gains or losses.
- Benefit commencement age for vested terminations – Based on periodic reviews of actual experience. Ingridion believes these results are appropriate for the future. Mercer monitors the results and has not detected significant actuarial gains or losses.
- Spouse assumptions – Based on periodic reviews of actual experience. Ingridion believes these results are appropriate for the future. Mercer monitors the results and has not detected significant actuarial gains or losses.
- Form of payment – Based on periodic reviews of actual experience. Ingridion believes these results are appropriate for the future. Mercer monitors the results and has not detected significant actuarial gains or losses.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Table of Sample Rates***

Withdrawal	
Attained age	Rate
20	12.50%
25	10.00
30	7.50
35	4.00
40	3.00
45	2.00
50+	0.00

Disability incidence	
Attained age	Rate
20	0.06%
25	0.06
30	0.06
35	0.07
40	0.11
45	0.22
50	0.46
55	1.02
60	1.61
65	0.00

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

Actuarial Methods for Funding

Asset Methods

The asset valuation method is an average of the adjusted market value for each month during the last 24 months preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

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

Participant Methods

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

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

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

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

NATIONAL STARCH LLC PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2015

Name of Plan Sponsor: Ingreion Incorporated
Employee Identification Number: 22-3514823
Three-Digit Plan Number: 006

(a) Identity of Party Involved	(b) Description of Investment Including, Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Purchase Price	(d) Selling Price	(e) Lease/ Rental	(f) Expenses Incurred	(g) Cost of Asset	(h) Value of Asset On Transaction Date	(i) Net Gain or (Loss)
Category (iii) – A series of transactions in the same security in excess of 5% of the current value of Plan assets:								
Northern Trust Company	COLTV Short Term Investment Fund	\$ 9,354,480	\$ —	\$ —	\$ —	\$ 9,354,480	\$ 9,354,480	\$ —
Northern Trust Company	COLTV Short Term Investment Fund	—	10,194,294	—	—	10,194,294	10,194,294	—

See Independent Auditor's Report.

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning	01/01/2015	and ending		12/31/2015
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► **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 NATIONAL STARCH LLC PENSION PLAN	B Three-digit plan number (PN) ►	006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INGREDION INCORPORATED	D Employer Identification Number (EIN) 22-3514823	

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
---	---

Part I Basic Information				
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>			
2	Assets:			
	a Market value	2a		180,431,269
	b Actuarial value	2b		171,141,206
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.....	493	55,959,099	55,959,099
	b For terminated vested participants.....	323	10,529,732	10,529,732
	c For active participants.....	514	47,685,224	60,167,163
	d Total.....	1,330	114,174,055	126,655,994
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		6.31%
6	Target normal cost.....	6		310,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		9-9-2016
	Signature of actuary	Date
	Gregory T. Trapp	1405207
	Type or print name of actuary	
	MERCER	Most recent enrollment number
	Firm name	612-642-8600
	333 South 7th street, SUITE 1400	Telephone number (including area code)
	Minneapolis MN 55402	
	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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2015 v. 150123**

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>10.00</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.51</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

14	Funding target attainment percentage	14	135.12%
15	Adjusted funding target attainment percentage	15	135.12%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	129.96%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ►	18(b)	0	18(c)	0

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0

C If line 20a is "Yes," see instructions and complete the following table as applicable:

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
---------	---------	---------	---------

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
---------	---------	---------	---------

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	310,000	
b Excess assets, if applicable, but not greater than line 31a	31b	310,000	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The weighted average retirement age is based on two retirement assumptions, one for participants eligible for an unreduced pension and one for participants not eligible for an unreduced pension. The weighted average retirement age for each eligibility group was developed and a total weighted average retirement age, as reported on the Schedule SB - Line 22 was calculated based on the number of participants in each eligibility group. The average retirement age is 60.

Not eligible for unreduced retirement benefit

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	10%	10,000	1,000	55,000
56	10%	9,000	900	50,400
57	10%	8,100	810	46,170
58	10%	7,290	729	42,282
59	10%	6,561	656	38,710
60	15%	5,905	886	53,144
61	15%	5,019	753	45,925
62	30%	4,266	1,280	79,353
63	30%	2,986	896	56,443
64	30%	2,090	627	40,137
65	100%	1,463	1,463	95,117
Total			10,000	602,682
Average				60.27

Schedule SB, line 22 — Description of Weighted Average Retirement Age**Eligible for unreduced retirement benefit**

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	20%	10,000	2,000	110,000
56	20%	8,000	1,600	89,600
57	20%	6,400	1,280	72,960
58	20%	5,120	1,024	59,392
59	20%	4,096	819	48,333
60	30%	3,277	983	58,982
61	30%	2,294	688	41,976
62	60%	1,606	963	59,730
63	60%	642	385	24,277
64	60%	257	154	9,865
65	100%	103	103	6,679
Total			10,000	581,794
Average				58.18

Schedule SB, Part V — Summary of Plan Provisions

Summary of Major Plan Provisions

National Starch & Chemical Salaried

Effective date and fiscal year	The plan was originally established effective April 1, 2008. The plan was last amended and restated on January 1, 2013. Plan year: The plan year is the 12-calendar month period beginning each January 1 and ending December 31.
Most recent amendment	On December 19, 2013, the plan adopted an amendment to provide late retirement benefit as follows: the larger of the benefit accrued as of the Normal Retirement Date, actuarially increased for delayed commencement, or the Normal Retirement Benefit based on Continuous Service at the postponed retirement date. As of December 31, 2010, the National Starch LLC Pension Plan was frozen to both new entrants and benefit accruals for Salaried employees.

Definitions

• Covered Employees	National Starch & Chemical Salaried and Group Services employees. Plan closed to new entrants on March 1, 2001 and rehires on April 1, 2002. Identified participants were spun-off into the National Starch LLC plan effective April 1, 2008.
• Participation	Upon completion of one year of vesting service
• Vesting service	Continuous service from date of hire. Part-time granted on year for each plan year of 1,000 hours.
• Credited service	Continuous service as a covered employee. Part-time granted one year for each plan year of 1,000 hours as a covered employee.
• Pensionable pay	All pay subject to income tax withholding (to include salary, wages, overtime, shift differential, short term disability, bonus and commissions) including any elective deferrals for the defined contribution plan and any cafeteria plan deferrals. Excludes deferred compensation.
• Covered Compensation	The average of the Social Security taxable wage bases for the 35-year period ending in the year participant attains Social Security retirement age.
• Normal Retirement Date	First day of the calendar month coincident with or next following a participant's 65th birthday with five years of vesting service.
• Accrued Benefit	Main Retirement Benefit equals: (i) One-twelfth of 1.25% of final average earnings up to and including covered compensation plus, (ii) 1.50% of average earnings in excess of covered compensation, all multiplied by credited service; offset by any applicable prior plan benefit. Group Services employees from Former ICI Americas Inc. are entitled to the greater of the Main Retirement Benefit described above and the sum of (i) the prior plan benefit as of December 31, 2004, plus (ii) the Main Retirement Benefit determined only with credited service from January 1, 2005.
• Monthly preretirement death benefit	50% of the monthly accrued benefit as of the date of death, reduced according to the 50% joint and survivor option unless otherwise noted.

Schedule SB, Part V — Summary of Plan Provisions

Normal retirement

- Eligibility Retirement on NRD.
 - Benefit Monthly Accrued Benefit determined as of NRD
-

Early retirement

- Eligibility An employee may retire early if he has attained age 55 and has completed 5 years of vesting service. Group Services employees from Former ICI Americas Inc. may retire early upon attainment of age 50 and age plus vesting service of 70 or more (70 points).
 - Benefit Monthly Accrued Benefit determined as of early retirement date, reduced 4% for each year of payment before age 60. Pension benefit will be unreduced if participant is at least age 55 with 85 points (age plus vesting service) at early retirement date.
-

Late retirement

- Eligibility Retirement after NRD.
 - Benefit The larger of the Accrued Benefit as of the Normal Retirement Date, actuarially increased for delayed commencement, or the Normal Retirement Benefit based on Continuous Service at the postponed retirement date.
-

Deferred vested

- Eligibility Termination for reasons other than death or retirement after completing five years of vesting service.
 - Benefit Monthly Accrued Benefit determined as of termination date payable at participant's NRD. In lieu of a benefit payable at NRD, the participant may elect to receive the actuarial equivalent of his Accrued Benefit as of the first day of any month coincident or next following thirty days after his termination date.
-

Disability

- Eligibility Eligibility for benefits under the Company's long term disability insurance plan prior to NRD.
 - Benefit Monthly Accrued Benefit determined as of date of NRD with average earnings and covered compensation determined as of date of disability. Deemed to continue to accrue credited service during disability until NRD or disability benefits cease.
-

Schedule SB, Part V — Summary of Plan Provisions

Pre-retirement death

- Eligibility Death after completing five years of vesting service prior to commencement of benefits.
- Benefit If participant attained age 55 as of date of death, monthly preretirement death benefit payable at ERD. In lieu of the reduction for the 50% joint and survivor option, the reduction is 2% for each full year the spouse is more than 10 years younger than the participant.
If participant had not attained age 55 as of date of death, monthly preretirement death benefit payable at NRD actuarially reduced for payments prior to NRD but no earlier than earliest retirement age.

Form of benefits

- Automatic form for unmarried participants The normal annuity form for single participants is a single life annuity.
- Automatic form for married participants The normal annuity form for married participants is a reduced 50% joint and survivor annuity.
- Optional forms Other available options are a 100% joint and survivor annuity, 75% joint and survivor annuity, a five year certain and life annuity, a ten year certain and life annuity, lump sum, level income annuity (for Group Services employees from Former ICI Americas Inc. eligible for early retirement under the 70 points provision) or (for married participants) a life annuity.
- Optional form conversion factors Lump Sum/Level Income Annuities: Applicable 417(e)(3) mortality table using the 417(e)(3) interest rates for the month of September of the plan year which immediately precedes the plan year of distribution
Certain and Life Annuities: GAR94 using 6% Interest
All others: GAR94 using 8% Interest

Miscellaneous

- Compensation Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. For 2015, this limit is \$265,000. The limit is indexed annually.
 - Benefits Annual benefits may not exceed the limits in IRC Section 415. For 2015, this limit is \$210,000. The limit is indexed annually.
-

Schedule SB, Part V — Summary of Plan Provisions
Indianapolis Union

Effective date and fiscal year	The plan was originally established effective April 1, 2008. The plan was last amended and restated on January 1, 2013. Plan year: The plan year is the 12-calendar month period beginning each January 1 and ending December 31.
Most recent amendment	On December 19, 2013, the plan adopted an amendment to provide late retirement benefit as follows: the larger of the benefit accrued as of the Normal Retirement Date, actuarially increased for delayed commencement, or the Normal Retirement Benefit based on Continuous Service at the postponed retirement date. As of December 31, 2011, the Indianapolis Union Plan was frozen to both new entrants and benefit accruals.
Definitions	
• Covered Employees	Indianapolis, Indiana participating members in United Steel, Paper and Forestry, Energy, Applied Industrial and Service Workers International Union, Local No. 7-706 (formerly the Paper, Allied-Industrial, Chemical and Energy Workers International Union, AFL-CIO, and it's affiliated Local No. 7-706)
• Participation	Upon attainment of age 21 and has completed 6 months of vesting service.
• Vesting service	One year for each 12-month period of 1,000 or more hours of service with the affiliated group plus any service allowed as credited service not already included.
• Credited service	One year for each 12-month period of 1,615 or more hours of service with the affiliated group. Partial service awarded for at least 85 and less than 1,615 hours of service at a rate of 0.10 for each 170 additional hours of service after 85 hours. No Credited Service is accrued after December 31, 2011
• Normal Retirement Date	First day of the calendar month coincident with or next following a participant's 65th birthday.
• Accrued Benefit	\$49.50 per month multiplied by credited service
• Monthly preretirement death benefit	50% of the monthly accrued benefit as of the date of death, reduced according to the 50% joint and survivor option.
Normal retirement	
• Eligibility	Retirement on NRD.
• Benefit	Monthly accrued benefit determined as of NRD

Schedule SB, Part V — Summary of Plan Provisions

Early retirement

- **Eligibility** An employee may retire early if he has attained age 60 and has completed 10 years of credited service or if he has attained age 55 and the rule of 85 is satisfied. The rule of 85 is satisfied if a participant's credited service plus age at retirement is greater than or equal to 85 years.
- **Benefit** Monthly Accrued Benefit determined as of early retirement date, reduced 6% for each year of payment before age 65. Pension benefit will be unreduced if participant is at least age 55 with 85 points (age plus credited service) at early retirement date. In addition to the pension benefit amount, a temporary supplemental benefit of \$400.00 per month will be paid until age 62; provided that if any portion of the pension benefit is reduced, no monthly supplemental benefit is payable.

Late retirement

- **Eligibility** Retirement after NRD.
- **Benefit** The larger of the Accrued Benefit as of the Normal Retirement Date, actuarially increased for delayed commencement, or the Normal Retirement Benefit based on Continuous Service at the postponed retirement date.

Deferred vested

- **Eligibility** Termination for reasons other than death or retirement after completing five years of vesting service.
- **Benefit** Monthly Accrued Benefit determined as of termination date payable at participant's NRD. Upon attainment of age 60 if termination occurred after 10 years of credited service or attainment of at least age 55 with 85 points (attained age plus credited service at termination) may elect reduced pension benefit. Pension benefit reduced 8% per year for the first five years and reduced by 4% per year for the next five years by which benefit commencement precedes the participant's NRD.

Disability

- **Eligibility** Total and permanent disability prior to NRD and after completing 10 years of credited service.
 - **Benefit** Monthly Accrued Benefit determined as of date of disability payable immediately with no early retirement reduction.
-

Schedule SB, Part V — Summary of Plan Provisions

Pre-retirement death	
• Eligibility	Death after completing five years of vesting service prior to commencement of benefits.
• Benefit	If participant was eligible for early retirement as of date of death, monthly preretirement death benefit payable at ERD. If participant was not eligible for early retirement as of date of death, monthly preretirement death benefit payable at NRD. Or reduced vested termination benefit but no earlier than earliest retirement age.
Adjustments of Benefit	
A deduction to any pension benefit is made for benefits paid to the participant for insurance, welfare, disability, sickness or accident plan (other than under Social Security or Workers' Compensation). Deductions are made on a monthly basis.	
Form of benefits	
• Automatic form for unmarried participants	The normal annuity form for single participants is a single life annuity.
• Automatic form for married participants	The normal annuity form for married participants is a reduced 50% joint and survivor annuity.
• Optional forms	Other available options are a 100% joint and survivor annuity, 75% joint and survivor annuity, a five year certain and life annuity, a ten year certain and life annuity, a fifteen year certain and life annuity, or (for married participants) a life annuity. Pop-up feature also available.
• Optional form conversion factors	Certain and Life Annuities: GAR94 Mortality using 6% Interest All others: GAR94 Mortality using 8% Interest
Miscellaneous	
• Maximum Benefits	Annual benefits may not exceed the limits in IRC Section 415. For 2015, this limit is \$210,000. The limit is indexed annually.

Schedule SB, Part V — Summary of Plan Provisions
Island Falls Union

Effective date and plan year	The plan was originally established effective April 1, 2008. The plan was last amended and restated on January 1, 2013. Effective August 2009, the Island Falls location closed. Plan year: The plan year is the 12-calendar month period beginning each January 1 and ending December 31.
Most recent amendment	On December 19, 2013, the plan adopted an amendment to provide late retirement benefit as follows: the larger of the benefit accrued as of the Normal Retirement Date, actuarially increased for delayed commencement, or the Normal Retirement Benefit based on Continuous Service at the postponed retirement date.
Definitions	
• Covered Employees	Island Falls, Maine participating members in American Federation of Grain Millers, AFL-CIO, Local No. 234
• Participation	January 1 or July 1 coincident with or next following the later of attainment of age 20 ½ and completion of 6 months of vesting service.
• Vesting service	One year for each 12-month period of 1,000 or more hours of service with the affiliated group plus any service allowed as credited service not already included.
• Credited service	One year for each 12-month period of 1,615 or more hours of service with the affiliated group. Partial service awarded for at least 85 and less than 1,615 hours of service at a rate of 0.10 for each 170 additional hours of service after 85 hours.
• Normal Retirement Date	First day of the calendar month coincident with or next following a participant's 65th birthday with five years of vesting service.
• Accrued Benefit	\$34.00 per month multiplied by credited service plus \$4.00 per month multiplied by credited service prior to January 1, 1976.
• Monthly preretirement death benefit	50% of the monthly accrued benefit as of the date of death, reduced according to the 50% joint and survivor option.
Normal retirement	
• Eligibility	Retirement on NRD.
• Benefit	Monthly Accrued Benefit determined as of NRD
Early retirement	
• Eligibility	An employee may retire early if he has attained age 62 and has completed 10 years of credited service or if the rule of 85 is satisfied. The rule of 85 is satisfied if a participant's credited service plus age at retirement is greater than or equal to 85 years.
• Benefit	Monthly accrued benefit determined as of early retirement date, reduced 4% for each year of payment before age 62. Pension benefit will be unreduced if participant is at least age 55 with 85 points (age plus credited service) at early retirement date.
Late retirement	
• Eligibility	Retirement after NRD.
• Benefit	The larger of the Accrued Benefit as of the Normal Retirement Date, actuarially increased for delayed commencement, or the Normal Retirement Benefit based on Continuous Service at the postponed retirement date.

Schedule SB, Part V — Summary of Plan Provisions

Deferred vested

- Eligibility Termination for reasons other than death or retirement after completing five years of vesting service.
 - Benefit Monthly Accrued Benefit determined as of termination date payable at participant's NRD. Upon attainment of age 60 if termination occurred after 10 years of credited service may elect pension benefit, reduced by 8% for each year or payment prior to age 65.
-

Disability

- Eligibility Total and permanent disability prior to NRD and after completing 10 years of credited service.
 - Benefit Monthly Accrued Benefit determined as of date of disability payable immediately with no early retirement reduction.
-

Pre-retirement death

- Eligibility Death after completing five years of vesting service prior to commencement of benefits.
 - Benefit If participant was eligible for early retirement as of date of death, monthly preretirement death benefit payable at ERD.
If participant was not eligible for early retirement as of date of death, monthly preretirement death benefit payable at NRD. Or reduced vested termination benefit but no earlier than earliest retirement age.
-

Form of benefits

- Automatic form for unmarried participants The normal annuity form for single participants is a single life annuity.
 - Automatic form for married participants The normal annuity form for married participants is a reduced 50% joint and survivor annuity.
 - Optional forms Other available options are a 100% joint and survivor annuity, 75% joint and survivor annuity, a five year certain and life annuity, a ten year certain and life annuity, a fifteen year certain and life annuity, or (for married participants) a life annuity.
 - Optional form conversion factors Certain and Life Annuities: GAR94 Mortality using 6% Interest
All others: GAR94 Mortality using 8% Interest
-

Miscellaneous

- Maximum Benefits Annual benefits may not exceed the limits in IRC Section 415. For 2015, this limit is \$210,000. The limit is indexed annually.
-

Schedule SB, Part V — Summary of Plan Provisions

North Kansas City Union

Effective date and plan year	<p>The plan was originally established effective April 1, 2008.</p> <p>The plan was last restated on January 1, 2013.</p> <p>The plan was last amended on March 28, 2013.</p> <p>Plan year: The plan year is the 12-calendar month period beginning each January 1 and ending December 31.</p>
Most recent amendment	<p>On December 19, 2013, the plan adopted an amendment to provide late retirement benefit as follows: the larger of the benefit accrued as of the Normal Retirement Date, actuarially increased for delayed commencement, or the Normal Retirement Benefit based on Continuous Service at the postponed retirement date.</p> <p>On March 28, 2013, the following amendment was adopted for North Kansas City participants: Effective March 7, 2013, the pre age 62 supplemental benefits to the unreduced early retirement benefit was increased from \$450 to \$550 per month through the month the participant attains age 62.</p> <p>Ingredion Incorporated elected under Code Section 412(d)(2) and ERISA Section 302(d)(2) to reflect this amendment in the actuarial valuation as of January 1, 2013 for minimum funding purposes.</p>
Definitions	
• Covered Employees	North Kansas City, Missouri participating members in United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union, Local No. 05-617
• Participation	Upon attainment of age 20 ½ and completion of 6 months of vesting service. Effective April 30, 2010, the North Kansas City Union negotiated a new contract that retroactively eliminated the 6 months of vesting service requirement for participants in the plan.
• Vesting service	One year for each 12-month period of 1,000 or more hours of service with the affiliated group plus any service allowed as credited service not already included.
• Credited service	<p>One year for each 12-month period of 1,615 or more hours of service with the affiliated group. Partial service awarded for at least 85 and less than 1,615 hours of service at a rate of 0.10 for each 170 additional hours of service after 85 hours. Does not include CPC service. No Credited Service is accrued after April 30, 2010.</p> <p>The credited service used for the North Kansas City Union Plan is from date of hire.</p>
• CPC Service	Credited service as of December 31, 1985 recognized for purposes of benefit accrual under the CPC International Inc. Hourly Pension Plan.
• Normal Retirement Date	First day of the calendar month coincident with or next following a participant's 65th birthday.
• Accrued Benefit	\$50.50 per month multiplied by credited service plus \$12.00 per month multiplied by CPC service.

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none"> Monthly preretirement death benefit 	<p>Death from active status, monthly Accrued Benefit as of the date of death, reduced according to the 100% joint and survivor option. All others, 50% of the monthly accrued benefit as of the date of death, reduced according to the 50% joint and survivor option. Former CPC Employees who die while in active service after eligibility for early retirement benefits will receive the maximum of the benefit described above and 33.33% of the monthly accrued pension benefit as of the date of death.</p>
Normal retirement	
<ul style="list-style-type: none"> Eligibility Benefit 	<p>Retirement on NRD.</p> <p>Monthly Accrued Benefit determined as of NRD</p>
Early retirement	
<ul style="list-style-type: none"> Eligibility Benefit 	<p>An employee may retire early if he has attained age 62 and has completed 10 years of credited service including any applicable CPC service or if the rule of 85 is satisfied. The rule of 85 is satisfied if a participant's credited service plus age at retirement is greater than or equal to 85 years.</p> <p>Monthly Accrued Benefit determined as of early retirement date, reduced 6% for each year of payment before age 65. Pension benefit will be unreduced if participant is at least age 55 with 85 points (age plus credited and CPC service) at early retirement date.</p> <p>In addition to the Accrued Benefit amount, Effective March 7, 2013, the pre age 62 supplemental benefits to the unreduced early retirement benefit was increased from \$450 to \$550 per month through the month the participant attains age 62; provided that if any portion of the pension benefit is reduced, no monthly supplemental benefit is payable.</p>
Late retirement	
<ul style="list-style-type: none"> Eligibility Benefit 	<p>Retirement after NRD.</p> <p>The larger of the Accrued Benefit as of the Normal Retirement Date, actuarially increased for delayed commencement, or the Normal Retirement Benefit based on Continuous Service at the postponed retirement date.</p>
Deferred vested	
<ul style="list-style-type: none"> Eligibility Benefit 	<p>Termination for reasons other than death or retirement after completing five years of vesting service.</p> <p>Monthly Accrued Benefit determined as of termination date payable at participant's NRD. Upon attainment of age 62 if termination occurred after 10 years of credited and CPC service or attainment of at least age 55 with 85 points (attained age plus credited and CPC service at termination) may elect reduced pension benefit. Pension benefit reduced 8% per year for the first five years and reduced by 4% per year for the next five years by which benefit commencement precedes the participant's NRD.</p>

Schedule SB, Part V — Summary of Plan Provisions

Disability	
• Eligibility	Total and permanent disability prior to NRD and after completing 10 years of credited service including any applicable CPC service.
• Benefit	Monthly Accrued Benefit determined as of date of disability payable immediately with no early retirement reduction.
Pre-retirement death	
• Eligibility	Death after completing five years of vesting service prior to commencement of benefits.
• Benefit	If participant was eligible for early retirement as of date of death, monthly preretirement death benefit payable at ERD. If participant was not eligible for early retirement as of date of death, monthly preretirement death benefit payable at NRD. Or reduced vested termination benefit but no earlier than earliest retirement age.
Adjustment of Benefit	
	A deduction to any pension benefit is made for benefits paid to the participant for insurance, welfare, disability, sickness or accident plan (other than under Social Security or Workers' Compensation). Deductions are made on a monthly basis.
Form of benefits	
• Automatic form for unmarried participants	The normal annuity form for single participants is a single life annuity.
• Automatic form for married participants	The normal annuity form for married participants is a reduced 50% joint and survivor annuity.
• Optional forms	Other available options are a 100% joint and survivor annuity, 75% joint and survivor annuity, a five year certain and life annuity, a ten year certain and life annuity, a fifteen year certain and life annuity, or (for married participants) a life annuity. Pop-up feature also available.
• Optional form conversion factors	Certain and Life Annuities: GAR94 Mortality using 6% Interest All others: GAR94 Mortality using 8% Interest
Miscellaneous	
• Maximum Benefits	Annual benefits may not exceed the limits in IRC Section 415. For 2015, this limit is \$210,000. The limit is indexed annually.

Schedule SB, Part V — Summary of Plan Provisions***Benefits Included or Excluded***

Unless noted below, all benefits provided by the plan, as restated and amended, are included in this valuation:

- **Most recent plan amendments included:** On March 28, 2013, the following amendment was adopted for North Kansas City participants: Effective March 7, 2013, the pre age 62 supplemental benefits to the unreduced early retirement benefit was increased from \$450 to \$550 per month through the month the participant attains age 62. Ingredion Incorporated elected under Code Section 412(d)(2) and ERISA Section 302(d)(2) to reflect this amendment in the actuarial valuation as of January 1, 2013 for minimum funding purposes.
- **Plan amendments excluded:** None
- **Late retirement increases:**
 - *Active participants:* The larger of the benefit accrued as of the Normal Retirement Date, actuarially increased for delayed commencement, or the Normal Retirement Benefit based on Continuous Service at the postponed retirement date.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan Provisions Specific to Funding***Additional Benefits Included or Excluded***

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* The plan does not have any unpredictable contingent event benefits.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

NATIONAL STARCH LLC PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

Name of Plan Sponsor: Ingredion Incorporated
Employee Identification Number: 22-3514823
Three-Digit Plan Number: 006

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par, or Maturity Value	(d) Cost	(e) Current Value
Collective Trust Funds				
*	Northern Trust Company	Collective Short Term Investment Fund – 1,687,686	\$ 1,687,686	\$ 1,687,686
*	Northern Trust Company	Collective Daily EAFE Index Fund Lending - 37,186 units	13,418,618	16,805,975
*	Northern Trust Company	Collective Daily Russell 1000 Equity Index Fund Lending - 273,246 units	74,208,658	87,550,709
*	Northern Trust Company	Collective Daily Long Term Credit Bond - Index Fund Lending - 561,657 units	23,398,443	26,015,944
*	Northern Trust Company	Collective Daily Aggregate Bond Index Fund Lending - 71,387 units	34,000,000	36,068,070
				<u>\$ 168,128,384</u>

* denotes party-in-interest

See Independent Auditor's Report

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expense component of normal cost increased/decreased from \$370,000 to \$310,000 to reflect our expectations for the current plan year.
- The expected investment return was changed from 6.50% to 6.05% based on updates to the Capital Markets Outlook.