

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) M
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: TATE & LYLE MASTER INVESTMENT TRUST
1b Three-digit plan number (PN): 055
1c Effective date of plan: 07/31/2019
2a Plan sponsor's name (employer, if for a single-employer plan): TATE & LYLE AMERICAS, INC.
2b Employer Identification Number (EIN): 36-4165865
2c Plan Sponsor's telephone number: 217-421-2987
2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 05/20/2025, MELISA BYRD; 2. Signature of plan administrator; 3. Signature of employer/plan sponsor; 4. Filed with authorized/valid electronic signature, 05/20/2025, MELISA BYRD; 5. Signature of DFE.

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

Form 5500 (2024) v. 240311

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

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
---	--

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

For calendar plan year 2024 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan TATE & LYLE MASTER INVESTMENT TRUST	B Three-digit plan number (PN) ▶	055
C Plan sponsor's name as shown on line 2a of Form 5500 TATE & LYLE AMERICAS, INC.	D Employer Identification Number (EIN) 36-4165865	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

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

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

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

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

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

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

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

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

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

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

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

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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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 12 15 28 38 50 59 61 62 63 64	RECORD KEEPER	944001	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>TATE & LYLE MASTER INVESTMENT TRUST</u>	B Three-digit plan number (PN)	<u>055</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TATE & LYLE AMERICAS, INC.</u>	D Employer Identification Number (EIN) <u>36-4165865</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)
---------------	--

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name TATE & LYLE SALARIED PENSION PLAN		
b Name of plan sponsor	TATE & LYLE AMERICAS, INC.	c EIN-PN 36-4165865-001

a Plan name TATE & LYLE HOURLY PENSION PLAN		
b Name of plan sponsor	TATE & LYLE AMERICAS, INC.	c EIN-PN 36-4165865-035

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan TATE & LYLE MASTER INVESTMENT TRUST	B Three-digit plan number (PN) ▶ 055
C Plan sponsor's name as shown on line 2a of Form 5500 TATE & LYLE AMERICAS, INC.	D Employer Identification Number (EIN) 36-4165865

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	5322261
		5457307
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11471515
(2) U.S. Government securities	1c(2)	38975475
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	343369270
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	78555468
		55765577

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	477693989	509793591
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	227612	252687
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	227612	252687
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	477466377	509540904

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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	493858	
(B) U.S. Government securities.....	2b(1)(B)	2455907	
(C) Corporate debt instruments.....	2b(1)(C)	17371894	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	2585683	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		22907342
(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)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	64084605	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-14940292
d Total income. Add all income amounts in column (b) and enter total	2d		72051655

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	944001	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		944001
j Total expenses. Add all expense amounts in column (b) and enter total	2j		944001

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		71107654
l Transfers of assets:			
(1) To this plan	2l(1)		2077242
(2) From this plan	2l(2)		41110369

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

TATE & LYLE SALARIED PENSION PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended September 30, 2024

Category (iii) A series of transactions in excess of 5% of the current value of Plan Assets:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expense Included w/transaction</u>	<u>Cost of Asset</u>	<u>Current Value on Transaction Date</u>	<u>Net Gain (Loss)</u>
SSGA Funds Management Inc.	State Street Institutional Government Money Market Fund	76,115,663.62	-	-	-	76,115,663.62	76,115,663.62	-
		-	75,678,859.89	-	-	75,678,859.89	75,678,859.89	-

Tate & Lyle Master Investment Trust
EIN No.: 36-4165865, Plan No. 055
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 9/30/2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) CURRENT VALUE
	SSC GOVERNMENT MM GVMXX	SSC GOVERNMENT MM GVMXX	\$ 11,908,318
		Interest Bearing Cash Total	\$ 11,908,318
	7 ELEVEN INC	7 ELEVEN INC	\$ 453,137
	ABBVIE INC	ABBVIE INC	\$ 3,065,625
	ABBVIE INC	ABBVIE INC	\$ 1,101,937
	ABU DHABI CRUDE OIL	ABU DHABI CRUDE OIL	\$ 281,869
	ADVANCED MICRO DEVICES	ADVANCED MICRO DEVICES	\$ 1,984,072
	AEP TRANSMISSION CO LLC	AEP TRANSMISSION CO LLC	\$ 1,282,414
	AERCAP IRELAND CAP/GLOBA	AERCAP IRELAND CAP/GLOBA	\$ 992,570
	AETNA INC	AETNA INC	\$ 2,784,434
	AIR LEASE CORP	AIR LEASE CORP	\$ 733,894
	ALABAMA POWER CO	ALABAMA POWER CO	\$ 332,477
	ALBERTSONS COS/SAFEWAY	ALBERTSONS COS/SAFEWAY	\$ 372,888
	ALCON FINANCE CORP	ALCON FINANCE CORP	\$ 2,071,085
	ALLEGHANY CORP	ALLEGHANY CORP	\$ 1,405,246
	ALLEGHANY CORP	ALLEGHANY CORP	\$ 1,977,046
	ALLSTATE CORP	ALLSTATE CORP	\$ 1,628,235
	ALSEA S.A.	ALSEA S.A.	\$ 203,272
	AMERICAN HOMES 4 RENT	AMERICAN HOMES 4 RENT	\$ 2,643,972
	AMERICAN INTL GROUP	AMERICAN INTL GROUP	\$ 1,853,283
	AMERICAN TOWER CORP	AMERICAN TOWER CORP	\$ 1,847,530
	AMGEN INC	AMGEN INC	\$ 3,714,165
	ANHEUSER BUSCH INBEV FIN	ANHEUSER BUSCH INBEV FIN	\$ 904,804
	ANHEUSER BUSCH INBEV WOR	ANHEUSER BUSCH INBEV WOR	\$ 1,656,434
	AON NORTH AMERICA INC	AON NORTH AMERICA INC	\$ 1,538,711
	APPLE INC	APPLE INC	\$ 1,151,459
	APPLE INC	APPLE INC	\$ 3,514,143
	APPLE INC	APPLE INC	\$ 860,230
	APTIV PLC / APTIV CORP	APTIV PLC / APTIV CORP	\$ 1,238,467
	ARROW ELECTRONICS INC	ARROW ELECTRONICS INC	\$ 2,016,774
	ASHTREAD CAPITAL INC	ASHTREAD CAPITAL INC	\$ 991,234
	AT+T INC	AT+T INC	\$ 1,098,989
	AT+T INC	AT+T INC	\$ 862,420
	AVIATION CAPITAL GROUP	AVIATION CAPITAL GROUP	\$ 2,159,136
	AVIATION CAPITAL GROUP	AVIATION CAPITAL GROUP	\$ 676,252
	AVOLON HOLDINGS FNDG LTD	AVOLON HOLDINGS FNDG LTD	\$ 1,962,783
	BAE SYSTEMS PLC	BAE SYSTEMS PLC	\$ 598,178
	BANCO SANTANDER SA	BANCO SANTANDER SA	\$ 955,702
	BANGKOK BANK PCL/HK	BANGKOK BANK PCL/HK	\$ 296,248
	BANK OF AMERICA CORP	BANK OF AMERICA CORP	\$ 2,698,013
	BANK OF AMERICA CORP	BANK OF AMERICA CORP	\$ 5,310,449
	BANK OF NY MELLON CORP	BANK OF NY MELLON CORP	\$ 391,078
	BARCLAYS PLC	BARCLAYS PLC	\$ 2,540,541
	BARCLAYS PLC	BARCLAYS PLC	\$ 465,562
	BAT CAPITAL CORP	BAT CAPITAL CORP	\$ 1,722,370
	BAYER US FINANCE II LLC	BAYER US FINANCE II LLC	\$ 2,781,806
	BLACK HILLS CORP	BLACK HILLS CORP	\$ 2,349,670
	BLACK HILLS CORP	BLACK HILLS CORP	\$ 1,916,409
	BOARDWALK PIPELINES LP	BOARDWALK PIPELINES LP	\$ 624,998
	BOEING CO	BOEING CO	\$ 3,922,842
	BPCE SA	BPCE SA	\$ 662,709
	BRISTOL MYERS SQUIBB CO	BRISTOL MYERS SQUIBB CO	\$ 2,408,039

Tate & Lyle Master Investment Trust
EIN No.: 36-4165865, Plan No. 055
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 9/30/2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) CURRENT VALUE
	BROADCOM INC	BROADCOM INC	\$ 2,341,239
	BROADSTONE NET LEASE LLC	BROADSTONE NET LEASE LLC	\$ 2,121,836
	BROOKFIELD FINANCE INC	BROOKFIELD FINANCE INC	\$ 1,525,942
	BURLINGTN NORTH SANTA FE	BURLINGTN NORTH SANTA FE	\$ 552,748
	BURLINGTN NORTH SANTA FE	BURLINGTN NORTH SANTA FE	\$ 2,174,697
	CALPINE CORP	CALPINE CORP	\$ 417,147
	CAMERON LNG LLC	CAMERON LNG LLC	\$ 3,146,143
	CANADIAN NATL RESOURCES	CANADIAN NATL RESOURCES	\$ 1,633,040
	CANADIAN NATL RESOURCES	CANADIAN NATL RESOURCES	\$ 1,287,385
	CARRIER GLOBAL CORP	CARRIER GLOBAL CORP	\$ 450,292
	CCO HLDGS LLC/CAP CORP	CCO HLDGS LLC/CAP CORP	\$ 237,741
	CELANESE US HOLDINGS LLC	CELANESE US HOLDINGS LLC	\$ 803,431
	CENTURY COMMUNITIES	CENTURY COMMUNITIES	\$ 403,874
	CHARLES SCHWAB CORP	CHARLES SCHWAB CORP	\$ 1,844,625
	CHARTER COMM OPT LLC/CAP	CHARTER COMM OPT LLC/CAP	\$ 1,728,766
	CIGNA GROUP/THE	CIGNA GROUP/THE	\$ 2,861,392
	CITIGROUP INC	CITIGROUP INC	\$ 3,022,062
	CITIGROUP INC	CITIGROUP INC	\$ 1,609,700
	COMCAST CORP	COMCAST CORP	\$ 3,059,874
	CONOCOPHILLIPS COMPANY	CONOCOPHILLIPS COMPANY	\$ 2,735,850
	CONSTELLATION BRANDS INC	CONSTELLATION BRANDS INC	\$ 2,220,260
	CONSTELLATION INSURC INC	CONSTELLATION INSURC INC	\$ 2,027,818
	CORNING INC	CORNING INC	\$ 1,609,387
	CSX CORP	CSX CORP	\$ 1,279,928
	CVS HEALTH CORP	CVS HEALTH CORP	\$ 3,778,873
	DELL INT LLC / EMC CORP	DELL INT LLC / EMC CORP	\$ 1,746,428
	DIAMONDBACK ENERGY INC	DIAMONDBACK ENERGY INC	\$ 1,996,055
	DOMINION ENERGY INC	DOMINION ENERGY INC	\$ 647,848
	DOMINION ENERGY SOUTH	DOMINION ENERGY SOUTH	\$ 2,249,134
	DP WORLD CRESCENT LTD	DP WORLD CRESCENT LTD	\$ 678,808
	DUKE ENERGY CAROLINAS	DUKE ENERGY CAROLINAS	\$ 1,692,573
	EDISON INTERNATIONAL	EDISON INTERNATIONAL	\$ 1,878,410
	ELECTRICITE DE FRANCE SA	ELECTRICITE DE FRANCE SA	\$ 941,396
	ELECTRICITE DE FRANCE SA	ELECTRICITE DE FRANCE SA	\$ 1,001,048
	ELEVANCE HEALTH INC	ELEVANCE HEALTH INC	\$ 864,921
	EMERSON ELECTRIC CO	EMERSON ELECTRIC CO	\$ 1,372,024
	EMPRESA DE TRANSMISION	EMPRESA DE TRANSMISION	\$ 314,350
	ENBRIDGE ENERGY PARTNERS	ENBRIDGE ENERGY PARTNERS	\$ 2,778,647
	ENCOMPASS HEALTH CORP	ENCOMPASS HEALTH CORP	\$ 343,456
	ENI SPA	ENI SPA	\$ 1,013,768
	EQUIFAX INC	EQUIFAX INC	\$ 1,516,883
	EQUINIX INC	EQUINIX INC	\$ 898,943
	EQUINOR ASA	EQUINOR ASA	\$ 3,059,168
	EQUINOR ASA	EQUINOR ASA	\$ 1,686,820
	ERAC USA FINANCE LLC	ERAC USA FINANCE LLC	\$ 2,314,522
	EXPERIAN FINANCE PLC	EXPERIAN FINANCE PLC	\$ 2,486,518
	FIDELITY NATL INFO SERV	FIDELITY NATL INFO SERV	\$ 1,077,289
	FOX CORP	FOX CORP	\$ 3,937,447
	FREEPORT MCMORAN INC	FREEPORT MCMORAN INC	\$ 352,189
	GENERAL MOTORS CO	GENERAL MOTORS CO	\$ 3,485,106
	GENERAL MOTORS CO	GENERAL MOTORS CO	\$ 377,304
	GENERAL MOTORS FINL CO	GENERAL MOTORS FINL CO	\$ 415,819
	GEORGIA POWER CO	GEORGIA POWER CO	\$ 2,432,675

Tate & Lyle Master Investment Trust
EIN No.: 36-4165865, Plan No. 055
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 9/30/2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) CURRENT VALUE
	GILEAD SCIENCES INC	GILEAD SCIENCES INC	\$ 2,799,340
	GLENCORE FUNDING LLC	GLENCORE FUNDING LLC	\$ 1,915,419
	GOLDMAN SACHS GROUP INC	GOLDMAN SACHS GROUP INC	\$ 2,709,504
	GOLDMAN SACHS GROUP INC	GOLDMAN SACHS GROUP INC	\$ 2,106,205
	GXO LOGISTICS INC	GXO LOGISTICS INC	\$ 1,743,757
	GXO LOGISTICS INC	GXO LOGISTICS INC	\$ 610,176
	HALLIBURTON CO	HALLIBURTON CO	\$ 2,235,295
	HALLIBURTON CO	HALLIBURTON CO	\$ 1,147,272
	HALLIBURTON CO	HALLIBURTON CO	\$ 997,309
	HCA INC	HCA INC	\$ 3,099,274
	HCA INC	HCA INC	\$ 376,581
	HEALTHPEAK OP LLC	HEALTHPEAK OP LLC	\$ 1,532,982
	HERSHEY COMPANY	HERSHEY COMPANY	\$ 1,483,216
	HILL CITY FUNDING TRUST	HILL CITY FUNDING TRUST	\$ 1,691,275
	HOST HOTELS + RESORTS LP	HOST HOTELS + RESORTS LP	\$ 747,541
	HP ENTERPRISE CO	HP ENTERPRISE CO	\$ 500,000
	HP ENTERPRISE CO	HP ENTERPRISE CO	\$ 990,452
	INDIANA MICHIGAN POWER	INDIANA MICHIGAN POWER	\$ 545,915
	ING GROEP NV	ING GROEP NV	\$ 1,619,346
	INGERSOLL RAND INC	INGERSOLL RAND INC	\$ 1,440,511
	INRETAIL SHOPPIN	INRETAIL SHOPPIN	\$ 201,437
	INTESA SANPAOLO SPA	INTESA SANPAOLO SPA	\$ 2,200,580
	INTUIT INC	INTUIT INC	\$ 507,695
	JM SMUCKER CO	JM SMUCKER CO	\$ 1,422,361
	JOHNSON + JOHNSON	JOHNSON + JOHNSON	\$ 619,518
	JOHNSON + JOHNSON	JOHNSON + JOHNSON	\$ 694,406
	JOHNSON + JOHNSON	JOHNSON + JOHNSON	\$ 4,172,630
	JPMORGAN CHASE + CO	JPMORGAN CHASE + CO	\$ 3,690,847
	JPMORGAN CHASE + CO	JPMORGAN CHASE + CO	\$ 1,076,732
	KASIKORNBANK PCL HK	KASIKORNBANK PCL HK	\$ 494,529
	KAZMUNAYGAS NATIONAL CO	KAZMUNAYGAS NATIONAL CO	\$ 906,840
	KIMCO REALTY OP LLC	KIMCO REALTY OP LLC	\$ 1,562,082
	KINDER MORGAN ENER PART	KINDER MORGAN ENER PART	\$ 1,923,757
	KINDER MORGAN ENER PART	KINDER MORGAN ENER PART	\$ 876,437
	KLA CORP	KLA CORP	\$ 977,113
	KONINKLIJKE PHILIPS NV	KONINKLIJKE PHILIPS NV	\$ 2,429,752
	KROGER CO	KROGER CO	\$ 648,683
	LABORATORY CORP OF AMER	LABORATORY CORP OF AMER	\$ 598,438
	LEAR CORP	LEAR CORP	\$ 1,895,896
	LIMA METRO LINE 2 FIN LT	LIMA METRO LINE 2 FIN LT	\$ 495,595
	LLOYDS BANKING GROUP PLC	LLOYDS BANKING GROUP PLC	\$ 1,093,033
	LOWE S COS INC	LOWE S COS INC	\$ 2,387,252
	LYB INT FINANCE III	LYB INT FINANCE III	\$ 1,610,557
	MERCEDES BENZ FIN NA	MERCEDES BENZ FIN NA	\$ 1,796,190
	META PLATFORMS INC	META PLATFORMS INC	\$ 2,636,567
	MGM RESORTS INTL	MGM RESORTS INTL	\$ 330,085
	MICROSOFT CORP	MICROSOFT CORP	\$ 2,398,865
	MICROSOFT CORP	MICROSOFT CORP	\$ 873,308
	MIDAMERICAN ENERGY CO	MIDAMERICAN ENERGY CO	\$ 3,853,397
	MIDAMERICAN ENERGY CO	MIDAMERICAN ENERGY CO	\$ 1,374,593
	MORGAN STANLEY	MORGAN STANLEY	\$ 2,729,563
	MORGAN STANLEY	MORGAN STANLEY	\$ 1,846,234
	MPLX LP	MPLX LP	\$ 1,711,204

Tate & Lyle Master Investment Trust
EIN No.: 36-4165865, Plan No. 055
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 9/30/2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) CURRENT VALUE
	MV24 CAPITAL BV	MV24 CAPITAL BV	\$ 154,178
	MX REMIT FUND FIDUC EST	MX REMIT FUND FIDUC EST	\$ 254,026
	MYLAN INC	MYLAN INC	\$ 1,566,332
	NCR VOYIX CORP	NCR VOYIX CORP	\$ 390,430
	NETWORK I2I LTD	NETWORK I2I LTD	\$ 299,327
	NORDEA BANK ABP	NORDEA BANK ABP	\$ 3,978,289
	NORFOLK SOUTHERN CORP	NORFOLK SOUTHERN CORP	\$ 1,023,708
	NVIDIA CORP	NVIDIA CORP	\$ 865,853
	NXP BV/NXP FDG/NXP USA	NXP BV/NXP FDG/NXP USA	\$ 446,571
	NXP BV/NXP FDG/NXP USA	NXP BV/NXP FDG/NXP USA	\$ 913,766
	OCCIDENTAL PETROLEUM COR	OCCIDENTAL PETROLEUM COR	\$ 691,299
	ONCOR ELECTRIC DELIVERY	ONCOR ELECTRIC DELIVERY	\$ 1,404,295
	ONEOK INC	ONEOK INC	\$ 1,176,188
	ONEOK PARTNERS LP	ONEOK PARTNERS LP	\$ 896,539
	ORACLE CORP	ORACLE CORP	\$ 1,579,414
	ORBIA ADVANCE CORP SAB	ORBIA ADVANCE CORP SAB	\$ 338,449
	OVINTIV INC	OVINTIV INC	\$ 2,130,585
	PACIFIC GAS + ELECTRIC	PACIFIC GAS + ELECTRIC	\$ 912,282
	PECO ENERGY CO	PECO ENERGY CO	\$ 1,065,159
	PETROLEOS DEL PERU SA	PETROLEOS DEL PERU SA	\$ 550,834
	PETROLEOS MEXICANOS	PETROLEOS MEXICANOS	\$ 516,030
	PFIZER INVESTMENT ENTER	PFIZER INVESTMENT ENTER	\$ 1,883,843
	PG+E WILDFIRE RECOVERY	PG+E WILDFIRE RECOVERY	\$ 2,529,781
	PHILIP MORRIS INTL INC	PHILIP MORRIS INTL INC	\$ 1,574,186
	PHILLIPS 66	PHILLIPS 66	\$ 2,047,678
	PIEDMONT NATURAL GAS CO	PIEDMONT NATURAL GAS CO	\$ 700,448
	PINE STREET TRUST III	PINE STREET TRUST III	\$ 1,685,521
	PLAINS ALL AMER PIPELINE	PLAINS ALL AMER PIPELINE	\$ 2,043,830
	PNC FINANCIAL SERVICES	PNC FINANCIAL SERVICES	\$ 1,064,332
	POST HOLDINGS INC	POST HOLDINGS INC	\$ 147,238
	POST HOLDINGS INC	POST HOLDINGS INC	\$ 110,195
	PUBLIC SERVICE ELECTRIC	PUBLIC SERVICE ELECTRIC	\$ 688,419
	QUALCOMM INC	QUALCOMM INC	\$ 4,461,029
	REINSURANCE GRP OF AMER	REINSURANCE GRP OF AMER	\$ 1,728,439
	ROYAL BANK OF CANADA	ROYAL BANK OF CANADA	\$ 1,684,089
	ROYALTY PHARMA PLC	ROYALTY PHARMA PLC	\$ 1,011,022
	RTX CORP	RTX CORP	\$ 1,819,242
	SHELL INTERNATIONAL FIN	SHELL INTERNATIONAL FIN	\$ 5,039,428
	SIEMENS FINANCIERINGSMAT	SIEMENS FINANCIERINGSMAT	\$ 3,747,057
	SIMON PROPERTY GROUP LP	SIMON PROPERTY GROUP LP	\$ 1,530,850
	SOUTHERN CAL EDISON	SOUTHERN CAL EDISON	\$ 1,399,823
	SOUTHWESTERN PUBLIC SERV	SOUTHWESTERN PUBLIC SERV	\$ 834,276
	STELLANTIS FIN US INC	STELLANTIS FIN US INC	\$ 1,407,787
	SUNCOR ENERGY INC	SUNCOR ENERGY INC	\$ 1,117,682
	SWEDBANK AB	SWEDBANK AB	\$ 1,087,113
	SYSCO CORPORATION	SYSCO CORPORATION	\$ 626,455
	SYSCO CORPORATION	SYSCO CORPORATION	\$ 169,550
	T MOBILE USA INC	T MOBILE USA INC	\$ 1,313,029
	TEACHERS INSUR + ANNUITY	TEACHERS INSUR + ANNUITY	\$ 1,105,348
	TELEFONICA EMISIONES SAU	TELEFONICA EMISIONES SAU	\$ 1,895,111
	TELEFONICA EUROPE BV	TELEFONICA EUROPE BV	\$ 2,117,435
	TEXAS ELECTRIC MKT STABL	TEXAS ELECTRIC MKT STABL	\$ 1,528,399
	TIME WARNER CABLE ENTRMN	TIME WARNER CABLE ENTRMN	\$ 1,150,454

Tate & Lyle Master Investment Trust
EIN No.: 36-4165865, Plan No. 055
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 9/30/2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) CURRENT VALUE
	TOTALENERGIES CAP INTL	TOTALENERGIES CAP INTL	\$ 996,389
	TRANSCANADA PIPELINES	TRANSCANADA PIPELINES	\$ 1,862,748
	TRITON CONTAINER/TAL INT	TRITON CONTAINER/TAL INT	\$ 1,763,301
	TRUIST FINANCIAL CORP	TRUIST FINANCIAL CORP	\$ 254,646
	TRUIST FINANCIAL CORP	TRUIST FINANCIAL CORP	\$ 1,808,979
	TRUIST FINANCIAL CORP	TRUIST FINANCIAL CORP	\$ 559,681
	TRUIST FINANCIAL CORP	TRUIST FINANCIAL CORP	\$ 518,898
	UBER TECHNOLOGIES INC	UBER TECHNOLOGIES INC	\$ 2,633,310
	UBS GROUP AG	UBS GROUP AG	\$ 1,020,987
	UDR INC	UDR INC	\$ 1,489,379
	VERIZON COMMUNICATIONS	VERIZON COMMUNICATIONS	\$ 3,324,254
	VERIZON COMMUNICATIONS	VERIZON COMMUNICATIONS	\$ 1,435,060
	VICI PROPERTIES LP	VICI PROPERTIES LP	\$ 1,718,244
	VODAFONE GROUP PLC	VODAFONE GROUP PLC	\$ 333,215
	VOLKSWAGEN GROUP AMERICA	VOLKSWAGEN GROUP AMERICA	\$ 677,417
	WALT DISNEY COMPANY/THE	WALT DISNEY COMPANY/THE	\$ 3,045,147
	WARNERMEDIA HOLDINGS INC	WARNERMEDIA HOLDINGS INC	\$ 234,388
	WARNERMEDIA HOLDINGS INC	WARNERMEDIA HOLDINGS INC	\$ 1,155,498
	WELLS FARGO + COMPANY	WELLS FARGO + COMPANY	\$ 8,375,552
	WEYERHAEUSER CO	WEYERHAEUSER CO	\$ 1,028,150
	WILLIAMS COMPANIES INC	WILLIAMS COMPANIES INC	\$ 2,812,267
	WRKCO INC	WRKCO INC	\$ 3,020,021
	WYETH LLC	WYETH LLC	\$ 2,433,846
		Government Debt Instruments Total	\$ 366,670,762
	DOMINICAN REPUBLIC	DOMINICAN REPUBLIC	\$ 665,334
	REPUBLIC OF ANGOLA	REPUBLIC OF ANGOLA	\$ 474,824
	REPUBLIC OF CHILE	REPUBLIC OF CHILE	\$ 794,308
	REPUBLIC OF GUATEMALA	REPUBLIC OF GUATEMALA	\$ 595,454
	REPUBLIC OF SOUTH AFRICA	REPUBLIC OF SOUTH AFRICA	\$ 504,401
	STRIP PRINC	STRIP PRINC	\$ 836,785
	STRIP PRINC	STRIP PRINC	\$ 2,779,915
	STRIP PRINC	STRIP PRINC	\$ 3,262,310
	STRIP PRINC	STRIP PRINC	\$ 14,027,344
	STRIPS	STRIPS	\$ 2,245,786
	TENN VALLEY AUTHORITY	TENN VALLEY AUTHORITY	\$ 3,205,690
	US TREASURY N/B	US TREASURY N/B	\$ 369,394
	US TREASURY N/B	US TREASURY N/B	\$ 1,180,897
	US TREASURY N/B	US TREASURY N/B	\$ 1,805,240
	US TREASURY N/B	US TREASURY N/B	\$ 1,725,042
	US TREASURY N/B	US TREASURY N/B	\$ 658,221
	US TREASURY N/B	US TREASURY N/B	\$ 900,070
	US TREASURY N/B	US TREASURY N/B	\$ 2,151,011
	US TREASURY N/B	US TREASURY N/B	\$ 3,222,625
	US TREASURY N/B	US TREASURY N/B	\$ 4,262,887
	US TREASURY N/B	US TREASURY N/B	\$ 5,413,266
	US TREASURY N/B	US TREASURY N/B	\$ 1,777,148
	US TREASURY N/B	US TREASURY N/B	\$ 4,436,981
	US TREASURY N/B	US TREASURY N/B	\$ 5,141,594
	US TREASURY N/B	US TREASURY N/B	\$ 444,590
	US TREASURY N/B	US TREASURY N/B	\$ 999,460
	US TREASURY N/B	US TREASURY N/B	\$ 4,264,148

Tate & Lyle Master Investment Trust
EIN No.: 36-4165865, Plan No. 055
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 9/30/2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) CURRENT VALUE
	US TREASURY N/B	US TREASURY N/B	\$ 1,846,901
		Government Securities Total	\$ 69,991,627
	ACCELERATED ASSETS	ACCELERATED ASSETS	\$ 745,124
	ALIGNED DATA CENTERS ISSUER LL	ALIGNED DATA CENTERS ISSUER LL	\$ 2,843,107
	ANCHORAGE CAPITAL CLO LTD	ANCHORAGE CAPITAL CLO LTD	\$ 1,552,908
	BANC OF AMERICA MERRILL LYNCH	BANC OF AMERICA MERRILL LYNCH	\$ 3,009,365
	BATTALION CLO LTD	BATTALION CLO LTD	\$ 4,500,369
	CAPITAL AUTOMOTIVE LP	CAPITAL AUTOMOTIVE LP	\$ 1,760,507
	CIM TRUST	CIM TRUST	\$ 645,010
	CITIBANK CREDIT CARD ISSUANCE	CITIBANK CREDIT CARD ISSUANCE	\$ 164,489
	CITIGROUP COMMERCIAL MORTGAGE	CITIGROUP COMMERCIAL MORTGAGE	\$ 2,110,520
	CREDIT SUISSE MORTGAGE TRUST	CREDIT SUISSE MORTGAGE TRUST	\$ 943,347
	CREDIT SUISSE MORTGAGE TRUST	CREDIT SUISSE MORTGAGE TRUST	\$ 1,457,059
	EURO CURRENCY	EURO CURRENCY	\$ 149
	FONTAINEBLEAU MIAMI BEACH TRUS	FONTAINEBLEAU MIAMI BEACH TRUS	\$ 4,943,729
	GOODLEAP SUSTAINABLE HOME IMPR	GOODLEAP SUSTAINABLE HOME IMPR	\$ 627,035
	GOODLEAP SUSTAINABLE HOME IMPR	GOODLEAP SUSTAINABLE HOME IMPR	\$ 1,204,861
	GS MORTGAGE SECURITIES TRUST	GS MORTGAGE SECURITIES TRUST	\$ 1,572,970
	HARDEE S FUNDING LLC AND CARLS	HARDEE S FUNDING LLC AND CARLS	\$ 723,401
	HILTON GRAND VACATIONS TRUST	HILTON GRAND VACATIONS TRUST	\$ 429,152
	HILTON GRAND VACATIONS TRUST	HILTON GRAND VACATIONS TRUST	\$ 412,845
	NEW ECONOMY ASSETS PHASE 1 ISS	NEW ECONOMY ASSETS PHASE 1 ISS	\$ 1,799,340
	NEW RESIDENTIAL MORTGAGE LOAN	NEW RESIDENTIAL MORTGAGE LOAN	\$ 1,120,784
	OCTAGON INVESTMENT PARTNERS 54	OCTAGON INVESTMENT PARTNERS 54	\$ 4,502,484
	ONE BRYANT PARK TRUST	ONE BRYANT PARK TRUST	\$ 3,208,696
	PALMER SQUARE CLO LTD	PALMER SQUARE CLO LTD	\$ 189,961
	PENNANTPARK CLO	PENNANTPARK CLO	\$ 2,700,608
	SERVICEMASTER BRANDS	SERVICEMASTER BRANDS	\$ 1,392,819
	SIERRA RECEIVABLES FUNDING CO	SIERRA RECEIVABLES FUNDING CO	\$ 183,029
	SLG OFFICE TRUST	SLG OFFICE TRUST	\$ 2,602,988
	TOWD POINT MORTGAGE TRUST	TOWD POINT MORTGAGE TRUST	\$ 1,627,020
	VANTAGE DATA CENTERS LLC	VANTAGE DATA CENTERS LLC	\$ 967,209
	VANTAGE DATA CENTERS LLC	VANTAGE DATA CENTERS LLC	\$ 1,897,308
	VENTURE CDO LTD	VENTURE CDO LTD	\$ 1,803,208
	WELLS FARGO COMMERCIAL MORTGAG	WELLS FARGO COMMERCIAL MORTGAG	\$ 2,124,178
		Other Assets Total	\$ 55,765,577
TOTAL PLAN ASSETS			\$ 504,336,284

* Indicates Party-In-Interest to the Plan