

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 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  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)

**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**

<p><b>1a</b> Name of plan <u>TATE &amp; LYLE SALARIED PENSION PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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>TATE &amp; LYLE AMERICAS, INC.</u></p> <p><u>2200 E. ELDORADO STREET</u> <u>DECATUR, IL 62521</u></p>	<p><b>1c</b> Effective date of plan <u>10/01/1998</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>36-4165865</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>217-421-2987</u></p> <p><b>2d</b> Business code (see instructions) <u>311900</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	05/20/2025	MELISA BYRD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3501
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	305
	<b>6a(2)</b>	270
	<b>6b</b>	2020
	<b>6c</b>	666
	<b>6d</b>	2956
	<b>6e</b>	447
	<b>6f</b>	3403
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 3H

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(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)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 1
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>TATE &amp; LYLE SALARIED PENSION PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TATE &amp; LYLE AMERICAS, INC.</b>		<b>D</b> Employer Identification Number (EIN) <b>36-4165865</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**PRINCIPAL LIFE INSURANCE CO**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>42-0127290</b>	<b>61271</b>	<b>386220</b>		<b>10/01/2023</b>	<b>09/30/2024</b>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	4622337
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	775844

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶ FLEXIBLE PENSION INVESTMENTS

**b** Balance at the end of the previous year ..... **7b** 4363081

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>		
	<b>7c(2)</b>		
	<b>7c(3)</b>	599829	
	<b>7c(4)</b>		
	<b>7c(5)</b>		

(6) Total additions ..... **7c(6)** 599829

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 4962910

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	339073	
(2) Administration charge made by carrier .....	<b>7e(2)</b>	1500	
(3) Transferred to separate account.....	<b>7e(3)</b>		
(4) Other (specify below) .....	<b>7e(4)</b>		

(5) Total deductions ..... **7e(5)** 340573

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 4622337

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)     
 **b**  Dental     
 **c**  Vision     
 **d**  Life insurance  
**e**  Temporary disability (accident and sickness)     
 **f**  Long-term disability     
 **g**  Supplemental unemployment     
 **h**  Prescription drug  
**i**  Stop loss (large deductible)     
 **j**  HMO contract     
 **k**  PPO contract     
 **l**  Indemnity contract  
**m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....		<b>9a(1)</b>	
(2) Increase (decrease) in amount due but unpaid.....		<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....		<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)).....			<b>9a(4)</b>
<b>b</b> Benefit charges (1) Claims paid.....		<b>9b(1)</b>	
(2) Increase (decrease) in claim reserves .....		<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)).....			<b>9b(3)</b>
(4) Claims charged .....			<b>9b(4)</b>
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....			<b>9c(1)(H)</b>
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....			<b>9c(2)</b>
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....			<b>9d(1)</b>
(2) Claim reserves .....			<b>9d(2)</b>
(3) Other reserves.....			<b>9d(3)</b>
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....			<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A?.....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>TATE &amp; LYLE SALARIED PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TATE &amp; LYLE AMERICAS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>36-4165865</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>382703387</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>420973725</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>2483</u>	<u>296780017</u>
	<b>b</b> For terminated vested participants .....	<u>713</u>	<u>52719717</u>
	<b>c</b> For active participants .....	<u>305</u>	<u>37061493</u>
	<b>d</b> Total .....	<u>3501</u>	<u>386561227</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.19 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>1000000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>1000000</u>

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

<b>SIGN HERE</b>		
	Signature of actuary	<u>02/28/2025</u>
	<u>MATTHEW C. BURLEY, A.S.A., E.A.</u>	Date
	Type or print name of actuary	<u>23-05956</u>
	<u>TRANSAMERICA</u>	Most recent enrollment number
	Firm name	<u>508-903-6015</u>
	<u>PO BOX 428</u> <u>CEDAR RAPIDS, IA 52406-0428</u>	Telephone number (including area code)
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	40104375
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	40104375
<b>10</b>	Interest on line 9 using prior year's actual return of <u>3.38</u> % .....	0	1355528
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.36</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	9939430
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	31520473

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	100.25 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	108.37 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	102.20 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV</b>		<b>Contributions and Liquidity Shortfalls</b>			
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (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
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b> 0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b> 0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 61

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

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

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

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

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	1000000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	1000000

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	0	0

**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**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0
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	Carryover balance	Prefunding balance	Total balance
<b>35</b> 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)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

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

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>TATE &amp; LYLE SALARIED PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TATE &amp; LYLE AMERICAS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>36-4165865</b>	

**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

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

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

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

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

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	696220	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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	CONTRACT ADMINISTRATOR	1500	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"/>

**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.

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>TATE &amp; LYLE SALARIED PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
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<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <b>TATE &amp; LYLE AMERICAS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>36-4165865</b>
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<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (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: **PRIN LIQUID ASSETS SEP ACCT-R6**

**b** Name of sponsor of entity listed in (a): **PRINCIPAL LIFE INSURANCE COMPANY**

<b>c</b> EIN-PN <b>42-0127290-024</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>775844</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **TATE & LYLE MASTER INVESTMENT TRUST**

**b** Name of sponsor of entity listed in (a): **TATE & LYLE AMERICAS, INC.**

<b>c</b> EIN-PN <b>36-4165865-055</b>	<b>d</b> Entity code <b>M</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>404245621</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>	
<b>A</b> Name of plan <b>TATE &amp; LYLE SALARIED PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TATE &amp; LYLE AMERICAS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>36-4165865</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	727273
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	377613033
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	4363081
<b>(15)</b> Other .....	<b>1c(15)</b>	775844
		404245621
		4622337

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	382703387	409643802
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	382703387	409643802

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>	599829	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		599829
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		48571
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		56239399
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		
<b>c</b> Other income.....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		56887799

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	30624568	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		30624568
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	1500	
(3) Recordkeeping fees.....	<b>2i(3)</b>	607220	
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>		
(7) Actuarial fees.....	<b>2i(7)</b>	89000	
(8) Legal fees.....	<b>2i(8)</b>		
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	336096	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1033816
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		31658384

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		25229415
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		1711000
(2) From this plan.....	<b>2l(2)</b>		

**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: KRUGGEL, LAWTON & COMPANY, LLC

(2) EIN: 35-1307701

**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
<b>a</b> 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>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		25000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 541041.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>TATE &amp; LYLE SALARIED PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TATE &amp; LYLE AMERICAS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>36-4165865</b>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<b>0</b>
---	----------	----------

**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): 13-3689044 42-0127290

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>4</b>
--	----------	----------

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>6b</b>	
<b>c</b> 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) .....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....	<b>16b</b>	

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

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

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: 94.6%  
 High-Yield Debt: 3.0% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: 2.4% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.



**TATE & LYLE**  
**SALARIED PENSION PLAN**

ANNUAL REPORT  
September 30, 2024



Knoxville, Tennessee

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# TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

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## ANNUAL REPORT

September 30, 2024

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## INDEPENDENT AUDITOR'S REPORT

To the Plan Participants and Plan Administrator of the  
Tate & Lyle Salaried Pension Plan  
Decatur, Illinois

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

We have performed audits of the financial statements of the Tate & Lyle Salaried Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements (Financial Statements).

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

Management has obtained certifications from qualified institutions as of and for the years ended September 30, 2024 and 2023, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

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

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

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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

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

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.

### **Other Matter - Supplemental Schedule**

The supplemental Schedule of Assets (Held at End of Year) as of September 30, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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

Respectfully submitted,



Certified Public Accountants

Knoxville, Tennessee  
April 22, 2025

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## TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

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### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value		
Principal Life Insurance Company Group Annuity Contract	5,398,181	5,090,354
Plan interest in the Tate & Lyle Master Investment Trust	404,245,620	377,613,033
Total investments	409,643,801	382,703,387
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>409,643,801</b>	<b>382,703,387</b>

*The Notes to Financial Statements are an integral part of this statement.*

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## TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

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### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended September 30, 2024 and September 30, 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS:		
Investment income		
Net depreciation in fair value of investments	(73,915)	(316,644)
Dividend and interest income	168,534	160,084
Change in plan interest in Tate & Lyle Master Investment Trust	56,235,049	12,535,959
Total investment income	56,329,668	12,379,399
Total additions	56,329,668	12,379,399
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	30,281,146	30,188,559
Benefit index adjustment to unallocated contracts	(214,708)	(659,057)
Administrative expenses	1,033,816	1,006,317
Total deductions	31,100,254	30,535,819
NET INCREASE (DECREASE) PRIOR TO PLAN TRANSFERS	25,229,414	(18,156,420)
Plan Transfers	1,711,000	0
NET INCREASE (DECREASE)	26,940,414	(18,156,420)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	382,703,387	400,859,807
End of year	409,643,801	382,703,387

*The Notes to Financial Statements are an integral part of this statement.*

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# TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

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## NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

### NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Tate & Lyle Salaried Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

#### GENERAL

The Plan is a defined benefit plan covering employees of Tate & Lyle Americas LLC (the "Company"), and any of its subsidiary or affiliated companies that, subject to the approval of the Company's Board of Directors, has by resolution of its own Board of Directors adopted the Plan. The Plan is administered by the Company and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Transamerica Trust Company ("TTC") is the Trustee of the Tate & Lyle Master Investment Trust ("Master Trust"), State Street Bank and Trust Company ("State Street") is the Plan's Trustee and Principal Life Insurance Company ("Principal") holds the group annuity contract.

The Tate & Lyle Salaried Pension Plan (the "Plan") was established effective October 1, 1998. The following plans (the "Merged Plans") were merged with and into the Plan effective June 30, 1999: the A.E. Staley Manufacturing Company Employees' Retirement Plan, the Domino Sugar Corporation Salaried Pension Plan, and the Retirement Plan for Salaried Employees of the Western Sugar Company. The Vigortone Ag Products Incorporated Service Related Pension Plan was merged with and into the Plan on September 30, 1999. The PM Ag Products Incorporated Pension Plan was merged with and into the Plan on September 30, 2000. Effective June 30, 1999, September 30, 1999, and September 30, 1999, respectively, the assets of the Merged Plans as well as the participants and related obligations were transferred to the Plan.

Effective April 1, 2009, the Plan was closed to all new hires. New hires on or after April 1, 2009 are eligible for the Tate & Lyle Salaried Comprehensive Retirement Plan, an enhanced defined contribution plan.

Effective January 1, 2011, service accruals in the Plan were frozen. As a result, all employees are eligible to participate in the Tate & Lyle Salaried Comprehensive Retirement Plan.

Effective January 1, 2022, the Plan was amended to not adjust a participant's covered compensation for periods after December 31, 2021, freezing compensation from the pension benefit calculation after this date.

Effective March 31, 2022, any participant employed by Tate & Lyle on March 30, 2022 who becomes employed by Primary Products Ingredients Americas, LLC or Primary Products Grain, LLC on or within ninety (90) days after March 31, 2022, the Participant shall not be considered retired for purposes of this Plan until his or her continued employment with Primary Products Ingredients Americas, LLC and Primary Products Grain, LLC is terminated. The Participant's continued employment with Primary Products Ingredients America, LLC or Primary Products Grain, LLC shall not constitute a one-year break in service and shall be counted under this Plan as hours of service. Also, the Participant's continued employment with Primary Products Ingredients Americas, LLC or Primary Products Grain, LLC shall be counted as credited service for purposes of determining eligibility for an early retirement benefit and a grandfathered early retirement benefit.

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# TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

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## NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

### PENSION BENEFITS

Except as described above, participants with five or more years of service with the Company are entitled to pension benefits beginning at normal retirement age (65) equal to the normal retirement benefit under a Merged Plan as of September 30, 1998, plus a benefit equal to a percentage of average final earnings multiplied by years of credited pension service.

A participant who has attained age 55 and completed 10 years of vesting service may elect to retire prior to age 65 and receive a retirement benefit equal to his/her accrued benefit as of the early retirement date, reduced by one-half of one percent (1/2%) for each month by which the early retirement date precedes attainment of age 62.

The normal form of benefit payment is a life annuity for unmarried participants and an actuarially equivalent joint and survivor annuity for married participants. A participant may, with his or her spouse's written consent, if necessary, waive the normal form of payment and elect an optional form as described in the Plan. Benefit payments are made to qualified participants on a monthly basis.

### TERMINATION OF EMPLOYMENT BEFORE RETIREMENT

A participant whose employment terminates other than by retirement after five or more years of service with the Company will be entitled to receive a pension benefit commencing at age 65. A participant who is terminated after 10 or more years of service may request that actuarially reduced benefits be commenced starting at age 55.

### TRANSFERS INTO THE PLAN

For the year ending September 30, 2024, Transamerica Retirement Solutions ("Transamerica"), the actuary, and the Plan Sponsor, performed extensive research and analysis to identify any pension payments being made from the incorrect pension plan. It was confirmed that eight hourly retirees and one salaried retiree were in the past misclassified and paid from the wrong pension plan. The transfer was made to this Plan, the Tate & Lyle Salaried Pension Plan, from the Tate & Lyle Hourly Pension Plan, to correct these errors in payments. The total amount paid in error by the Tate & Lyle Salaried Pension Plan was \$1,711,000 and the transfer noted in the financial statements relates to the repayment by the Tate & Lyle Hourly Pension Plan.

## NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

### BASIS OF ACCOUNTING

The financial statements of the Plan are prepared under the accrual method of accounting.

### ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Accordingly, actual results could differ from those estimates. The actuarial present value of accumulated plan benefits is particularly subject to change in the near term.

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# TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

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## NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

### INVESTMENT VALUATION AND INCOME RECOGNITION

The investments of the Master Trust and Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 11 for discussion of fair value measurements.

Purchases and sales of the investments within the Master Trust and Plan are reflected on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation/(depreciation) includes the Master Trust and Plan's gains and losses on investments bought and sold as well as held during the year.

### INVESTMENT IN GROUP ANNUITY CONTRACT

The Plan has a flexible pension investment group annuity contract with Principal. The contract contains both unallocated and allocated assets set aside to guarantee benefits for certain terminated participants formerly employed by Domino Sugar Corporation. The unallocated portion of the contract is invested in a pooled separate account and a general investment account and covers terminated vested participants entitled to future pension benefits. The allocated portion of the contract, referred to as the "Benefit Index", represents the total present value of the benefits to be paid adjusted to reflect the liquidity and volatility of the funds in which retirement funds are invested. This portion of the contract covers retirees currently receiving pension benefits and Principal has assumed the Plan's obligation to pay these benefits and maintains, through the flexibility of the contract, an amount in the Benefit Index sufficient to purchase annuities for these participants.

If total contract funds become equal to or less than the Benefit Index, annuities would be purchased. Because the purchase has not occurred, the present value calculation for the Benefit Index fluctuates due to changes in current purchase rates, mortality and the value of the underlying investment funds. This change is recorded as "Benefit index adjustment to unallocated contracts" in the accompanying statements of changes in net assets available for benefits.

In accordance with regulations of the Department of Labor ("DOL") and U.S. generally accepted accounting principles regarding allocated insurance contracts in which the obligation to pay benefits is the responsibility of the insurance carrier, the present value of the Benefit Index portion of the contract valued at \$3,072,861 and \$3,021,288 at September 30, 2024 and 2023, respectively, has been excluded from Plan assets and the associated benefits have been removed from accumulated Plan benefits.

### PAYMENT OF BENEFITS

Benefits are recorded when paid.

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# TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

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## NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

### NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on their accrued benefits as of the date of which the benefit information is presented (the valuation date). Benefits payable under all circumstances, such as retirement, death, and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in determining the actuarial present value of accumulated plan benefits at September 30, 2023 and 2022 are as follows:

A. Discount rate: 5.50% for 2023 and for 2022, respectively

B. Average retirement age:

As of September 30, 2023:

<u>Age</u>	<u>Rate</u>
55	10 % at each age
56-57	5 %
58-60	10 %
61	20 %
62	40 %
63-65	30 %
66	10 %
67-69	20 %
70 +	100 %

Terminated vested participants are assumed to retire at age 65



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# TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

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## NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

### NOTE 4 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Master Trust invested in a money market mutual fund issued by State Street. Additionally, as of and for the years ended September 30, 2024 and 2023, the Plan invested in a group annuity contract with Principal. Principal is the issuer of the group annuity contract and, as such, these transactions qualify as party-in-interest transactions. Amounts paid by the Plan to parties-in-interest included fees paid for audit services, investment management and actuarial services. The Plan is not charged for administrative services performed on its behalf by employees of the Company. Some fees paid by the Plan for the investment management services are included in net appreciation/(depreciation) in fair value of investments of the Plan and in interest income of the Master Trust.

### NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations there under and the plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (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 benefits. 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, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

### NOTE 6 - FUNDING POLICY

Contributions made must adhere to or exceed the minimum funding requirements under ERISA, as determined by the Plan's actuary. The Company's contributions to the Plan for the years ended September 30, 2024 and 2023 satisfied the minimum funding requirements of ERISA. No contributions were required for the years ended September 30, 2024 and 2023. Participant contributions are not permitted under the Plan.

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# TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

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## NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

### NOTE 7 - TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated July 21, 2017, that the Plan and related trust are designed in accordance with applicable sections 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 is being operated in compliance with the applicable requirements of the IRC. Therefore, Plan management believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2024, no uncertain positions are taken or are expected to be taken that would require recognition of a liability 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.

### NOTE 8 - CERTIFIED INVESTMENT INFORMATION

Certain information related to investments disclosed in the accompanying financial statements, including investments held at September 30, 2024 and 2023, and investment income for the years then ended was obtained by management and agreed to or derived from information certified as complete and accurate by Transamerica Trust Company, the current Trustee of the Tate & Lyle Master Investment Trust, as of and for the year ending September 30, 2024, Massachusetts Fidelity Trust Company, the prior Trustee of the Tate & Lyle Master Investment Trust, as of and for the year ending September 30, 2023, State Street Bank and Trust Company, the Trustee of the Plan, and Principal. The Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified information to the related information included in the financial statements.

### NOTE 9 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, liquidity, political uncertainty, pandemic, environmental, cybersecurity and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect amounts reported in the statements of net assets available for benefits.

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

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# TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

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## NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

### NOTE 10 - INTEREST IN MASTER TRUST (UNAUDITED)

The Master Trust was established for the investment of assets of the Plan and certain assets of one other Company-sponsored retirement plan. Each of the plans participating in the Master Trust has an undivided interest in the Master Trust. At September 30, 2024 and 2023, the Plan's interest in the net assets of the Master Trust was approximately 79.34 and 79.09 percent, respectively. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based on 1) whether it is related to a specific plan (100 percent allocated to that plan) or 2) balances invested by each plan.

The following presents the fair value of investments in the Master Trust at September 30, 2024 and 2023:

	<u>September 30, 2024</u>	
	Tate & Lyle Master Investment Trust	Plan Interest in Tate & Lyle Master Investment Trust
Investments, at Fair Value		
Asset backed securities	30,235,274	23,987,193
Collateralized mortgage obligations	25,365,666	20,123,884
Corporate bonds	372,040,728	295,158,998
Foreign government securities	3,034,470	2,407,401
Money market fund	11,908,318	9,447,479
U.S. government securities	66,957,306	53,120,665
<b>Total investment, at fair value</b>	<b>509,541,762</b>	<b>404,245,620</b>

	<u>September 30, 2023</u>	
	Tate & Lyle Master Investment Trust	Plan Interest in Tate & Lyle Master Investment Trust
Investments, at Fair Value		
Asset backed securities	34,485,117	27,273,078
Collateralized mortgage obligations	43,915,678	34,731,381
Corporate bonds	348,620,479	275,711,804
Foreign government securities	2,865,311	2,266,074
Money market fund	11,471,515	9,072,422
U.S. government securities	36,110,164	28,558,272
<b>Total investment, at fair value</b>	<b>477,468,264</b>	<b>377,613,031</b>

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# TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

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## NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

The following are net appreciation/(depreciation) in the fair value of investments and investment income for the Master Trust for the years ended September 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net appreciation/(depreciation) in fair value of investments	(49,144,435)	(5,845,812)
Interest	21,963,342	21,670,793

The Plan's overall investment strategy through its investment in the Master Trust is to generate competitive risk-adjusted returns while maintaining both a short-term focus on upcoming cash flow needs and a long-term perspective on investing based on projected cash flows. The investments of the Plan are based upon the target asset allocation of the Plan as detailed by the investment policy statement ("IPS").

### NOTE 11 - FAIR VALUE MEASUREMENTS OF ASSETS IN THE PLAN AND MASTER TRUST

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under FASB ASC 820-10 are described as follows:

Level 1 inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 inputs to the valuation methodology include the following:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2024 and 2023.

- *Money Market Mutual Fund*. Valued at the published daily net asset value ("NAV") of shares held by the Plan. The mutual funds held by the Plan are deemed to be actively traded.

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# TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

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## NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

- *Group Annuity Contract.* The unallocated portion of the contract is stated at fair value, and is invested in a pooled separate account ("PSA") and a general investment account. The PSA invests mainly in short term securities. The majority of the underlying securities have observable level 1 or 2 pricing inputs, including quoted prices for similar assets in active or non-active markets. The PSA is quoted at a NAV that is not publicly available but it can be redeemed on a daily basis. The fair value of the general investment account is determined by Principal, based on changes in interest rates, market values of its underlying investments, and is the amount that would be received if funds were withdrawn from the contract by the plan sponsor. It is calculated using a cash-out factor based on an associated pool of general account assets (Level 3).
- *Asset Backed Securities, Collateralized Mortgage Obligations, Corporate Bonds, Foreign Government Securities, and US Government Securities.* Valued based on prices obtained by third party pricing services using bid-side pricing and by similar security transactions.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

The following tables set forth by level within the fair value hierarchy the Plan's assets at fair value as of September 30, 2024 and 2023.

### Investment Assets at Fair Value as of September 30, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investment contract	0	0	4,622,337	4,622,337
Total assets in the fair value hierarchy	0	0	4,622,337	4,622,337
Investments measured at net asset value *				775,844
Total investment assets at fair value	0	0	4,622,337	5,398,181

### Investment Assets at Fair Value as of September 30, 2023

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investment contract	0	0	4,363,081	4,363,081
Total assets in the fair value hierarchy	0	0	4,363,081	4,363,081
Investments measured at net asset value *				727,273
Total investment assets at fair value	0	0	4,363,081	5,090,354

\*In accordance with FASB Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

# TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

## NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

### Changes in Fair Value of Level 3 Assets

The following table sets forth a summary of certain changes in the fair value of the Plan's level 3 investments in guaranteed investment contracts for the years ended September 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Purchases	203,449	594,823
Sales	(1,500)	(1,500)
Total	201,949	593,323

### Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of September 30, 2024 and 2023, and the significant unobservable inputs and the ranges of values for those inputs.

	Fair Value September 30, 2024	Fair Value September 30, 2023	Valuation Technique	Significant Unobservable Inputs
Principal Life Insurance Company Group Annuity Contract General Investment Account	4,622,337	4,363,081	Contract value as fair value	Risk-adjusted rate applied

### Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of September 30, 2024 and 2023, respectively. There are no participant redemption restrictions for these investments.

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
September 30, 2024:				
Pooled Separate Account	775,844	N/A	Daily	None
September 30, 2023:				
Pooled Separate Account	727,273	N/A	Daily	None

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# TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

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## NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

The following tables set forth by level within the fair value hierarchy the Master Trust's assets at fair value as of September 30, 2024 and 2023.

### Investment Assets at Fair Value as of September 30, 2024

	Level 1	Level 2	Level 3	Total
Money market mutual funds	11,908,318	0	0	11,908,318
Asset backed securities	0	30,235,274	0	30,235,274
Collateralized mortgage obligations	0	25,365,666	0	25,365,666
Corporate bonds	0	372,040,728	0	372,040,728
Foreign government securities	0	3,034,470	0	3,034,470
U.S. government securities	0	66,957,306	0	66,957,306
<b>Total investment assets at fair value</b>	<b>11,908,318</b>	<b>497,633,444</b>	<b>0</b>	<b>509,541,762</b>

### Investment Assets at Fair Value as of September 30, 2023

	Level 1	Level 2	Level 3	Total
Money market mutual funds	11,471,515	0	0	11,471,515
Asset backed securities	0	34,485,117	0	34,485,117
Collateralized mortgage obligations	0	43,915,678	0	43,915,678
Corporate bonds	0	348,620,479	0	348,620,479
Foreign government securities	0	2,865,311	0	2,865,311
US government securities	0	36,110,164	0	36,110,164
<b>Total investment assets at fair value</b>	<b>11,471,515</b>	<b>465,996,749</b>	<b>0</b>	<b>477,468,264</b>

## NOTE 12 - SUBSEQUENT EVENTS

The Company has evaluated subsequent events through the date the financial statements were available to be issued, no other events or transactions occurred through April 22, 2025 requiring recognition or disclosure in the financial statements.

In January 2025, the Company received an actuarial valuation report for the Plan year ended September 30, 2024. The actuarially determined present value of accumulated plan benefits under the Plan as of September 30, 2024 and for the year then ended is as follows (Unaudited):

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving benefits 291,579,831

Other participants 88,944,139

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Total vested benefits 380,523,970

Non-vested benefits 1,555,854

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Total actuarial present value of accumulated plan benefits 382,079,824

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## TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

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### NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

The change in actuarial present value of accumulated plan benefits for the year ended September 30, 2024 is as follows (Unaudited):

Actuarial present value of accumulated plan benefits as of September 30, 2023	375,860,689
Increase (decrease) during the year attributable to	
Increase for interest accumulated	19,896,857
Benefits paid	(30,281,146)
Benefits accumulated and actuarial gain/losses	(55,540)
Change in actuarial assumptions	16,658,964
Net increase	6,219,135
Actuarial present value of accumulated plan benefits as of September 30, 2024	382,079,824

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**Attachment to 2023 Form 5500 Schedule SB,  
Line 26a – Schedule of Active Participant Data**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

<u>Age</u>	.....Completed Years of Credited Service .....										<u>Total</u>
	<u>0</u> to <u>1</u>	<u>1</u> to <u>4</u>	<u>5</u> to <u>9</u>	<u>10</u> to <u>14</u>	<u>15</u> to <u>19</u>	<u>20</u> to <u>24</u>	<u>25</u> to <u>29</u>	<u>30</u> to <u>34</u>	<u>35</u> to <u>39</u>	<u>40</u> +	
0 – 24	0	0	0	0	0	0	0	0	0	0	0
25 – 29	0	0	0	0	0	0	0	0	0	0	0
30 – 34	0	0	0	0	0	0	0	0	0	0	0
35 – 39	0	16	2	0	0	0	0	0	0	0	18
40 – 44	0	27	17	2	0	0	0	0	0	0	46
45 – 49	0	18	21	15	2	0	0	0	0	0	56
50 – 54	0	18	20	17	8	0	0	0	0	0	63
55 – 59	0	14	20	12	3	10	1	0	0	0	60
60 – 64	0	12	8	6	5	8	12	2	0	0	53
65 – 69	0	2	2	0	2	1	1	0	0	0	8
70 & Up	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>
Totals	0	107	90	52	21	19	14	2	0	0	305

**Attachment to 2023 Form 5500 Schedule SB,  
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

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**A ACTUARIAL COST METHOD**

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

**B ASSET VALUATION METHOD**

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;
2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year). However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

**Attachment to 2023 Form 5500 Schedule SB,  
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

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**C INTEREST RATE METHODS**

Target Liability Interest Rates

Segment rates for June prior to the valuation date as adjusted in accordance with Code Section 430(h)(2)(C)(iv).

PBGC Interest Rates

Based on the standard premium funding target (elected 2017) and the PBGC segment interest rates in accordance with ERISA Section 4006.4(b)(2).

1 <sup>st</sup> Segment	5.58%
2 <sup>nd</sup> Segment	5.66%
3 <sup>rd</sup> Segment	5.56%

Effective Rate 5.62%

Previously: 4.48%, 5.26%, & 5.07%.

Expected Investment Return/  
ASC 960-20 Interest Rate

5.50% (unchanged).

**D ACTUARIAL ASSUMPTIONS**

Pre- and Post-Retirement Mortality

Static mortality table in accordance with IRS Regulation 1.430(h)(3)-1 for the valuation year for funding purposes. PRI-2012 Employee Tables with the Retiree and Contingent Survivor Tables for annuitants projected forward with Scale MP-2021 for all years for ASC 960-20 purposes. Contingent Survivor Tables are applied following the death of the participant. (unchanged).

Salary Increases

Not applicable.

Social Security Wage Base

Not applicable.

Inflation (CPI)

Not applicable.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

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**D ACTUARIAL ASSUMPTIONS (cont'd)**

IRC Maximum Benefit and  
Compensation Limitations

*Benefit Limit* \$265,000 for 2023 (previously, \$245,000).

*Compensation Limit* Not Applicable.

Withdrawal Rates

Rates of termination for sample ages are as follows:

<u>Age(s)</u>	<u>Rate of Termination</u>
25	0.091
40	0.039
50	0.032

Retirement Rates

Active participants are assumed to retire according to the following rates:

<u>Age(s)</u>	<u>Retirement Rate</u>
55	10% at each age
56 – 57	5%
58 – 60	10%
61	20%
62	40%
64 – 65	30%
66	10%
67 – 69	20%
70+	100%

Form of Payment

All retiring participants are assumed to receive their payment in the form of a single life annuity. Available (not assumed) optional forms of payment are the 5, 10, 15 or 20-year certain and continuous annuity forms, and 50%, 66 2/3%, 75% or 100% joint & survivor annuity forms. A lump sum distribution is available if the present value of the pension benefit is less than \$10,000. Actuarial equivalence for optional forms of payment is given in the tabular factors shown in Appendix A of the plan document, and also using the UP-1984 Mortality Table (+1) and an interest rate of 7.00%.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

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D ACTUARIAL ASSUMPTIONS *(cont'd)*

Marital Assumption

It has been assumed that 80% of the males and 75% of the females are married. Husbands are assumed to be 3-years older than their wives.

Plan Expenses

\$1,000,000 (previously, \$1,060,000).

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan TATE & LYLE SALARIED PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TATE & LYLE AMERICAS, INC.	<b>D</b> Employer Identification Number (EIN) 36-4165865	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value.....	<b>2a</b>	382703387
	<b>b</b> Actuarial value.....	<b>2b</b>	420973725
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment.....	2483	296780017
	<b>b</b> For terminated vested participants .....	713	52719717
	<b>c</b> For active participants.....	305	37061493
	<b>d</b> Total.....	3501	386561227
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate.....	<b>5</b>	5.19 %
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	1000000
	<b>c</b> Target normal cost .....	<b>6c</b>	1000000

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

<b>SIGN HERE</b>	<i>Matthew C Burley</i> Signature of actuary MATTHEW C. BURLEY, A.S.A., E.A. Type or print name of actuary TRANSAMERICA Firm name PO Box 428 Cedar Rapids, IA 52406-0428 Address of the firm	<b>February 28, 2025</b> Date 23-05956 Most recent enrollment number (508) 903-6015 Telephone number (including area code)
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<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	40104375
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	40104375
<b>10</b>	Interest on line 9 using prior year's actual return of <u>3.38</u> % .....	0	1355528
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.36</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	9939430
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	31520473

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	100.25 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	108.37 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	102.20 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>						
<b>18</b> 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	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	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. ....	<b>19a</b>	0
b Contributions made to avoid restrictions adjusted to valuation date.....	<b>19b</b>	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	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	(4) 4th

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 61
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....		<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....		<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....		<b>30</b>	0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....		<b>31a</b>	1000000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....		<b>31b</b>	1000000
<b>32</b> Amortization installments:		Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....		0	0
<b>b</b> Waiver amortization installment .....		0	0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount .....		<b>33</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		<b>34</b>	0
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....		<b>36</b>	0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		<b>37</b>	0
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)		<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....		<b>38b</b>	0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....		<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....		<b>40</b>	0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

**Attachment to 2023 Form 5500 Schedule SB,  
Line 22 – Weighted Average Retirement Age**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

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Development of Weighted Average Retirement Age

<u>Age</u>	<u>Rate of Retirement</u>	<u>% Retiring at Age</u>	<u>Weighted Age</u>
55	.10	10.00%	5.50
56	.05	4.50%	2.52
57	.05	4.28%	2.44
58	.10	8.12%	4.71
59	.10	7.31%	4.31
60	.10	6.58%	3.95
61	.20	11.84%	7.22
62	.40	18.95%	11.75
63	.30	8.53%	5.37
64	.30	5.97%	3.82
65	.30	4.18%	2.72
66	.10	0.97%	0.64
67	.20	1.75%	1.18
68	.20	1.40%	0.95
69	.20	1.12%	0.77
70	1.00	4.49%	3.14
			61.00

**Attachment to 2023 Form 5500 Schedule SB,  
Line 26b - Schedule of Projection of Expected Benefit Payments**

**Plan Name: Tate & Lyle Hourly Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2023	503,936	1,164,663	29,620,840	31,289,439
2024	909,757	1,549,307	28,836,133	31,295,197
2025	1,256,028	1,895,139	28,017,446	31,168,613
2026	1,548,441	2,123,674	27,165,315	30,837,430
2027	1,848,809	2,437,849	26,276,204	30,562,862
2028	2,138,494	2,630,268	25,357,672	30,126,434
2029	2,380,869	2,882,088	24,400,171	29,663,128
2030	2,570,964	3,133,513	23,406,912	29,111,389
2031	2,728,628	3,343,660	22,373,429	28,445,717
2032	2,848,655	3,500,293	21,305,342	27,654,290
2033	2,941,052	3,711,704	20,212,284	26,865,040
2034	3,036,932	3,876,889	19,093,786	26,007,607
2035	3,101,504	4,042,562	17,942,324	25,086,390
2036	3,158,161	4,136,611	16,767,751	24,062,523
2037	3,192,238	4,202,431	15,590,734	22,985,403
2038	3,216,539	4,356,120	14,397,815	21,970,474
2039	3,236,794	4,403,138	13,210,910	20,850,842
2040	3,227,446	4,449,615	12,030,878	19,707,939
2041	3,227,029	4,440,051	10,880,457	18,547,537
2042	3,206,717	4,413,188	9,760,301	17,380,206
2043	3,167,313	4,372,270	8,685,663	16,225,246
2044	3,114,959	4,299,098	7,661,659	15,075,716
2045	3,038,722	4,233,767	6,692,916	13,965,405
2046	2,962,931	4,123,604	5,786,724	12,873,259
2047	2,860,031	4,031,011	4,949,211	11,840,253
2048	2,756,703	3,871,095	4,184,934	10,812,732
2049	2,628,526	3,709,407	3,496,743	9,834,676
2050	2,491,011	3,554,517	2,885,790	8,931,318
2051	2,346,938	3,383,596	2,351,417	8,081,951
2052	2,193,013	3,194,624	1,891,208	7,278,845
2053	2,039,488	2,976,700	1,501,107	6,517,295
2054	1,885,843	2,763,318	1,175,735	5,824,896
2055	1,734,945	2,549,275	908,788	5,193,008
2056	1,588,204	2,340,518	693,400	4,622,122
2057	1,446,674	2,134,399	522,524	4,103,597
2058	1,311,710	1,935,956	389,242	3,636,908
2059	1,183,964	1,746,913	287,016	3,217,893
2060	1,063,830	1,567,880	209,885	2,841,595
2061	951,478	1,399,358	152,593	2,503,429
2062	846,909	1,241,727	110,655	2,199,291
2063	750,007	1,095,237	80,354	1,925,598
2064	660,595	959,954	58,696	1,679,245
2065	578,445	835,795	43,339	1,457,579
2066	503,291	722,575	32,499	1,258,365
2067	434,862	620,007	24,848	1,079,717
2068	372,888	527,726	19,421	920,035
2069	317,106	445,296	15,533	777,935
2070	267,259	372,218	12,699	652,176
2071	223,079	307,962	10,588	541,629
2072	184,279	251,986	8,975	445,240

**Attachment to 2023 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

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Plan: Tate & Lyle Salaried Pension Plan

<u>Effective Date</u>	October 1, 1998; most recent amendment effective December 31, 2021.
<u>Plan Status</u>	Frozen with respect to Credited Service, Compensation and Participation.
<u>Covered Employees</u>	All full-time salaried employees. Employees covered under a collective bargaining agreement are excluded unless the agreement provides for coverage under this plan.  Effective April 1, 2009, the Plan is closed to any new employees hired on or after April 1, 2009.
<u>Participation Date</u>	Employees become plan participants after completing one year of service, working at least 1,000 hours.
<i>Definitions</i>	
<u>Vesting Service</u>	A participant is credited with one year of vesting service for each 1,000 hours of service during each year of employment beginning on his date of hire, but not before age 18.
<u>Credited Service</u>	A participant is credited with years and ¼ years of credited service between the later of October 1, 1998 and date he becomes a participants, and the date he ceases to be an employee.  Credited Service is frozen, effective December 31, 2010.
<u>Pensionable Pay</u>	Total compensation including overtime, bonuses, commissions, vacation pay, shift differential, sick pay, and worker's compensation, limited by the pay cap requirements of the Tax Reform Act of 1986. Equity based compensation received after September 30, 2007 is excluded. Compensation after December 31, 2021 is not included.
<u>Average Monthly Compensation</u>	The monthly average pensionable pay of the highest sixty consecutive months of pay within the last 120 months of credited service ending on the earliest of termination, early retirement or normal retirement.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

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Plan: Tate & Lyle Salaried Pension Plan

<u>Covered Compensation</u>	One-twelfth of the 35-year average of the Social Security wage bases ending in the year Social Security retirement age is attained.
<u>Normal Retirement Date (NRD)</u>	First of month following the attainment of age 65 and 5 years of participation.
<u>Monthly Pension Benefit</u>	As of any date, 1.2% of average monthly compensation which is not in excess of covered compensation times credited service up to 35 years, plus 1.5% of average monthly compensation in excess of covered compensation times credited service up to 35 years, plus 1.2% of average monthly compensation times credited service in excess of 35 years plus prior plan benefit, if applicable.
<u>Preretirement Spouse Benefit</u>	50% of the monthly pension benefit reduced for payment as early as the employee's earliest retirement date and further reduced to reflect election of a 50% joint and survivor annuity form.
<i>Eligibility for Benefits</i>	
<u>Normal Retirement</u>	Attainment of NRD.
<u>Early Retirement</u>	Retire before NRD and on or after both attaining age 55 and completing 10 years of credited service.
<u>Postponed Retirement</u>	Retire after NRD.
<u>Deferred Vested</u>	Terminate for reasons other than death or retirement after completing five years of vesting service.
<u>Preretirement Spouse Benefit (vested)</u>	Die while eligible for deferred vested benefits with a surviving spouse.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

---

Plan: Tate & Lyle Salaried Pension Plan

*Monthly benefits Paid Upon the Following Events*

<u>Normal Retirement</u>	Monthly Pension Benefit determined as of NRD.
<u>Early Retirement</u>	Monthly Pension Benefit determined as of early retirement date, reduced 6% for each year from age 62 back to age 55.
<u>Postponed Retirement</u>	Monthly Pension Benefit determined as of actual retirement date.
<u>Termination with Deferred Vested Benefit</u>	Monthly Pension Benefit determined as of termination date, reduced by early payment factors if payments commence before NRD.
<u>Death with Preretirement</u>	Monthly full or vested preretirement spouse benefit is payable. In-service death and death after termination is company-paid.
<u>Forms of Payment</u>	The normal form of payment is a life annuity. However, if the participant is married, monthly pension benefits will be paid in the form of a reduced 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent (per Appendix A of the plan document) optional form offered by the plan.
<u>Maximum on Benefits and Pay</u>	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.
<u>Changes in Plan Provisions since the Prior Valuation</u>	None.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

---

Plan: Tate & Lyle Salaried Pension Plan  
(formerly A.E. Staley Employees' Retirement Plan)

Covered Employees

All A.E. Staley employees who were participants in the A.E. Staley Employees' Retirement Plan prior to October 1, 1998.

*Definitions*

Vesting Service

The period of continuous service determined under the Predecessor Plan as of September 30, 1985, plus the number of calendar years after 1985 in which 870 Hours of Service are completed.

Pension Service

The period of continuous service determined under the Predecessor Plan as of September 30, 1985, plus the sum of Working Months and Credit Months, as defined in the Plan, for all service after 1985. Pension service is frozen effective October 1, 1998.

Average Earnings

The average of the highest 60 consecutive months of pay during the 120 month period ending on the earlier of the participant's termination date or retirement date, or December 31, 2021. Equity based compensation received after September 30, 2007 is excluded from pay.

Social Security Benefit

The projected amount of the employee's Primary Social Security benefit according to the law in effect at the date of termination of employment assuming no future earnings.

Normal Retirement Date (NRD)

The later of the date that the participant attains age 65 and the fifth anniversary of the date the participant commences participation in the plan.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

---

Plan: Tate & Lyle Salaried Pension Plan  
(formerly A.E. Staley Employees' Retirement Plan)

Annual Pension Benefit

The greater of (i) plus (ii), or (iii) or (iv) below:

- (i) 46.5% of Average Annual Earnings, proportionately reduced for less than 25 years of Pension Service, less 50% of Social Security Benefit prorated on service as of October 1, 1998 over ERP service plus TLNA service, plus
- (ii) The greater of (1) or (2):
  - (1) 0.8% of Average Annual Earnings for each year of Pension service in excess of 25, or
  - (2) \$264 for each year of Pension Service in excess of 25.
- (iii) \$264 for each year of Continuous Service.
- (iv) For a participant whose sum of age and Pension Service equal or exceed 85, 1% of Average Annual Earnings for each year of Pension Service.

Annual Preretirement Spouse Benefit

50% of the Annual Pension Benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's Earliest Retirement Date.

*Eligibility for Benefits*

Normal Retirement

Attainment of NRD.

Early Retirement

Retirement before NRD and on or after both attaining age 55 and completing 10 years of vesting service.

Postponed Retirement

Retire after NRD.

Deferred Vested

Terminate for reasons other than death or retirement after completing five years of Vesting Service.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

---

Plan: Tate & Lyle Salaried Pension Plan  
(formerly A.E. Staley Employees' Retirement Plan)

Preretirement Spouse Benefit

Die while eligible for deferred vested, early, normal, or postponed retirement benefits, with a surviving spouse.

*Annual Benefits Paid Upon the Following Events*

Normal Retirement

Annual Pension Benefit determined as of NRD.

Early Retirement

The greater of (i) or (ii) below:

- (i) Annual Pension Benefit determined as of early retirement date, reduced 4.0% for each year that commencement of payment precedes age 62.
- (ii) For a participant whose combined age and Pension Service equal or exceed 85 on his Early Retirement Date, the greatest of:
  - (1) \$264 for each year of Pension Service
  - (2) 1% of Average Annual Earnings for each year of Pension Service
  - (3) The Annual Pension Benefit calculated using (i) and (ii) reduced by 4.0% for each year that commencement of payment precedes age 62.

Postponed Retirement

Annual Pension Benefit determined as of actual retirement date.

Termination with Deferred Vested Benefit

Annual Pension Benefit determined as of termination date.

Death with Preretirement Spouse Benefits

Annual Preretirement Spouse Benefit payable for remaining lifetime of eligible spouse.

Maximum on Benefits and Pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

---

Plan: Tate & Lyle Salaried Pension Plan  
(formerly PM Ag Salaried Pension Plan)

<u>Covered Employees</u>	All PM Ag employees who were participants in the PM Ag Pension Plan prior to October 1, 1998.
<i>Definitions</i>	
<u>Vesting Service</u>	Continuous employment with PM Ag Products.
<u>Pension Service</u>	Vesting service, on or before September 30, 1998. Prior service with certain groups is excluded.
<u>Pensionable Pay</u>	<p>Prior to January 1, 1989: Base pay plus commission. Equity based compensation received after September 30, 2007 is excluded.</p> <p>On/after January 1, 1989 and before December 31, 2021: Total compensation.</p>
<u>Average Earnings</u>	The average of the highest 60 consecutive months of pensionable pay during the 120 month period ending on the earlier of the participant's termination date or retirement date.
<u>Social Security Benefit</u>	Projected amount of Primary Social Security benefits at date of retirement assuming level future earnings.
<u>Normal Retirement Date (NRD)</u>	The later of the date that the participant attains age 65 and the fifth anniversary of the date the participant commences participation in the Plan.
<u>Pension Benefit</u>	<p>The greater of (i) or (ii):</p> <ul style="list-style-type: none"><li>(i) 1.86% of Final Average Earnings less 2.0% of Social Security Benefit for each year of Pension Service up to 25 years, plus .8% of Final Average Earnings for each year of Pension Service in excess of 25.</li><li>(ii) \$192 multiplied by each year of Pension Service.</li></ul>

**Attachment to 2023 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

---

Plan: Tate & Lyle Salaried Pension Plan  
(formerly PM Ag Salaried Pension Plan)

Grandfathered Benefits

- (A) Certain non-highly compensated employees retain the right to benefits under a prior plan formula, a final pay excess plan.
- (B) All participants as of December 31, 1988 are entitled to the greater of the accrued benefit at that time or the above benefits.

Preretirement Spouse Benefit

Pension benefit reduced for a 100% Joint and Survivor Option as of the date of death, reduced for payment as early as the participant's Earliest Retirement Date.

*Eligibility for Benefits*

Normal Retirement

Attainment of NRD.

Early Retirement

Retirement before NRD and after attainment of age 55 and completion of ten years of Vesting Service, or any age and 30 years of Vesting Service.

Postponed Retirement

Retirement after NRD.

Deferred Vested

Termination for reasons other than death or retirement after completing five years of Vesting Service.

Preretirement Spouse Benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Disability Benefit

Disabled while an active employee.

*Benefits Paid Upon the Following Events*

Normal Retirement

Pension Benefit determined as of NRD.

Early Retirement

The amount of the Pension Benefit based upon Benefit Service to early retirement date, reduced by 2% for each year that commencement of payment precedes age 65 and 6% for each year commencement precedes age 62.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

---

Plan: Tate & Lyle Salaried Pension Plan  
(formerly PM Ag Salaried Pension Plan)

Postponed Retirement

The greater of (i) and (ii):

- (i) Pension benefit based on Benefit Service and Final Average Earnings to Actual Retirement
- (ii) Pension benefit based on Benefit Service and Final Average Earnings to Normal Retirement, increased 1% for each month actual retirement is later than Normal Retirement.

Termination with Deferred Vested Benefit

Pension Benefit determined as of termination date, reduced using the same reduction factors used for early retirement if eligible for benefit commencement prior to NRD.

Disability Benefit

Pension benefit determined as of date of disablement, except Pension Service is credited for period of disability. Payments are deferred to NRD.

Forms of Payment

The normal form of payment is a life annuity. However, if the participant is married, payment will be in the form of a reduced 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

Maximum on Benefits and Pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

---

Plan: Tate & Lyle Salaried Pension Plan  
(formerly Domino Sugar Salaried Pension Plan)

<u>Covered Employees</u>	All Domino employees who were participants in the Domino Salaried Pension Plan prior to October 1, 1998.
<i>Definitions</i>	
<u>Vesting Service</u>	A participant is credited with one year of vesting service for each 1,000 hours of service during each year of employment beginning on his date of hire, but not before age 18.
<u>Credited Service</u>	A participant is credited with years and quarter years of credited service for each full calendar month which elapses between the date he becomes a participant, and the date he ceases to be an employee. Credited service accruals end under this plan effective October 1, 1998. Credited service cannot be greater than 43 years.
<u>Pensionable Pay</u>	Total compensation including overtime, bonuses, vacation pay, shift differential, sick pay and worker's compensation, limited by the pay cap requirements of the Tax Reform Act of 1986.
<u>Average Monthly Compensation</u>	The monthly average pensionable pay of the highest three consecutive years of pay within the last 10 years of credited service ending on the earliest of termination, early retirement, normal retirement, or December 31, 2021.
<u>Covered Compensation</u>	One-twelfth of the 35-year average of the Social Security wage bases ending in the year Social Security retirement age is attained.
<u>Normal Retirement Date (NRD)</u>	First of month following the later of attainment of age 65 and the fifth anniversary of the date the participant commences participation in the Plan.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

---

Plan: Tate & Lyle Salaried Pension Plan  
(formerly Domino Sugar Salaried Pension Plan)

Monthly Pension Benefit

As of any date, 1.2% of average monthly compensation which is not in excess of covered compensation times credited service up to 35 years, plus 1.5% of average monthly compensation in excess of covered compensation times credited service up to 35 years, plus 1.2% of average monthly compensation times credited service in excess of 35 years. This benefit will never be less than the accrued benefit as of June 30, 1989 under the previous benefit formula.

The \$150,000 pay cap effective July 1, 1994 has been implemented using the greater of (1) or (2):

- (1) frozen accrued retirement benefit on June 30, 1994 plus future accruals based on the \$150,000 pay cap (indexed) after July 1, 1994, or
- (2) accrued retirement benefit based on the \$150,000 pay cap (indexed) for all years of service.

Monthly Minimum Benefit

\$350.00 per month less \$1.00 for each quarter year of credited service less than 25 years. A participant must be age 62 with 20 years of credited service to be eligible for the minimum benefit.

Monthly Full Preretirement Spouse Benefit

50% of the greater of the monthly pension or the monthly minimum benefit (if eligible) reduced for payment as early as the employee's earliest retirement date. If the age difference between the employee and the spouse was greater than five years, the benefit is further reduced.

Monthly Vested Preretirement Spouse Benefit

50% of the monthly pension benefit reduced for payment as early as the employee's earliest retirement date and further reduced to reflect the employee's election of a 50% joint and survivor annuity form.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

---

Plan: Tate & Lyle Salaried Pension Plan  
(formerly Domino Sugar Salaried Pension Plan)

*Eligibility for Benefits*

Normal Retirement

Attainment of NRD.

Early Retirement

Retirement before NRD and on or after both attaining age 55 and completing 15 years of credited service.

Alternate Early Retirement

Any age after age 48, if age plus credited service totals 75.

Postponed Retirement

Retire after NRD.

Deferred Vested

Terminate for reasons other than death or retirement after completing five years of Vesting Service.

Preretirement Spouse Benefit (full)

Die after completion of 15 years of credited service and the sum of age plus service equal to or greater than 70, with a surviving spouse.

Preretirement Spouse Benefit (vested)

Die while eligible for deferred vested benefits with a surviving spouse.

*Monthly Benefits Paid Upon the Following Events*

Normal Retirement

Greater of the monthly pension benefit or the monthly minimum benefit (if eligible) determined as of NRD.

Early Retirement

Greater of the monthly pension benefit or the monthly minimum benefit (if eligible) determined as of early retirement date, reduced 4% for each year from age 60 back to age 58 plus 6% per year from age 58 back to age 55.

Alternate Early Retirement

Greater of the monthly pension benefit or the monthly minimum benefit (if eligible) determined as of alternate retirement date, reduced 33.3% for retirement at ages 52 and later, 40% at age 51, 45% at age 50, 50% at age 49, 55% at age 48.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

---

Plan: Tate & Lyle Salaried Pension Plan  
(formerly Domino Sugar Salaried Pension Plan)

Postponed Retirement

Monthly Pension Benefit determined as of actual retirement date.

Termination with Deferred Vested Benefit

Monthly Pension Benefit determined as of termination date, reduced by early payment factors if payments commence before NRD. Participants terminating with 15 years of credited service are eligible for early retirement factors.

Death with Preretirement Spouse Benefits

Monthly full or vested preretirement spouse benefit is payable. In-service death and death after termination is company-paid.

Death with Preretirement Forms of Payment

The normal form of payment is a life annuity. However, if the participant is married, monthly pension benefits will be paid in the form of a reduced 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

Maximum on Benefits and Pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Transfers

Amstar transfer-ins receive prior service credits under this plan and their Domino Sugar pension plan benefits are reduced by the benefits earned under their prior plan.

Brooklyn Lab transfer-outs receive service credits under this plan accrued to their date of transfer. Their benefits under the Domino Sugar pension plan reflect future increases in salary.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

---

Plan: Tate & Lyle Salaried Pension Plan  
(formerly Western Sugar Pension Plan)

<u>Covered Employees</u>	All Western Sugar employees who were participants in the Western Sugar Pension Plan prior to October 1, 1998.
<i>Definitions</i>	
<u>Vesting Service</u>	Continuous employment with Western Sugar.
<u>Pension Service</u>	Years and months (to the nearest month) of service as a covered employee through October 1, 1998.
<u>Pensionable Pay</u>	Total compensation, including 401(k) deferrals.
<u>Average Earnings</u>	The average of the highest five calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date, retirement date, or December 31, 2021.
<u>Covered Compensation</u>	The average of Social Security taxable wage bases in effect for the 35-year period ending with the year an individual attains Social Security retirement age.
<u>Normal Retirement Date (NRD)</u>	First of month coinciding with or next following the attainment of age 65.
<u>Monthly Pension Benefit</u>	As of any date, one-twelfth of the larger of (i) the sum of 1.05% of average earnings and 0.5% of average earnings in excess of Covered Compensation multiplied by pension service up to 30 years and (ii) \$150 multiplied by pension service up to 30 years.
<u>Monthly Preretirement Spouse Benefit</u>	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and further reduced for payment as early as the participant's 55 <sup>th</sup> birthday.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

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Plan: Tate & Lyle Salaried Pension Plan  
(formerly Western Sugar Pension Plan)

*Eligibility for Benefits*

Normal Retirement

Attainment of NRD.

Early Retirement

Retirement before NRD and on or after (i) both attaining age 55 and completing ten years of vesting service, (ii) completing 30 years of vesting service, or (iii) for employees on January 1, 1987, attaining age 62.

Postponed Retirement

Retirement after NRD.

Deferred Vested

Termination for reasons other than death or retirement after completing five years of vesting service.

Preretirement Spouse Benefit

Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse.

*Monthly benefits Paid Upon the Following Events*

Normal Retirement

Monthly Pension Benefit determined as of NRD.

Early Retirement

Monthly Pension Benefit determined as of early retirement date, reduced 2% for each year of payment before age 65 but on or after age 62 and reduced 6% for each year of payment before age 62. There is no reduction if the minimum benefit (\$150 per year of pension service) applies.

Postponed Retirement

Monthly Pension Benefit determined as of actual retirement date.

Termination with Deferred  
Vested Benefits

Monthly Pension benefit determined as of termination date, reduced using the same reduction factors used for early retirement if eligible for benefit commencement prior to NRD.

**Attachment to 2023 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

---

Plan: Tate & Lyle Salaried Pension Plan  
(formerly Western Sugar Pension Plan)

Death with Preretirement  
Spouse Benefits

Monthly preretirement spouse benefit is payable. The in-service benefit for death after the participant is eligible for early retirement is company-paid; otherwise, the death benefit is paid by the employee's beneficiary through actuarial reduction of benefits.

Forms of Payment

The normal form of payment is a life annuity. However, if the participant is married, payment will be paid in the form of a reduced 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

Maximum in Benefits and Pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

**ATTACHMENT TO THE 2023 SCHEDULE H OF FORM 5500  
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Plan Sponsor: Tate & Lyle Americas, Inc.

Plan Name: Tate & Lyle Salaried Pension Plan

Plan Year: October 1, 2023 to September 30, 2024

EIN: 36-4165865

Plan No.: 001

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**Item 4i- Schedule of Assets Held at End of Year**

Page 19 of the attached auditor's report of the Plan for the plan year ending September 30, 2024 provides the schedule of assets information.

**Attachment to 2023 Form 5500 Schedule SB,  
Line 24 – Change in Actuarial Assumptions**

**Plan Name: Tate & Lyle Salaried Pension Plan  
EIN/PN 36-4165865 Plan No.: 001**

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For 2023, the expense load was changed to \$1,000,000 (previously, \$1,060,000).