

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</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>1a Name of plan <u>TATE & LYLE HOURLY PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>035</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TATE & LYLE AMERICAS, INC.</u></p> <p><u>2200 E. ELDORADO STREET</u> <u>DECATUR, IL 62521</u></p>	<p>1c Effective date of plan <u>10/01/1998</u></p> <p>2b Employer Identification Number (EIN) <u>36-4165865</u></p> <p>2c Plan Sponsor's telephone number <u>217-421-2987</u></p> <p>2d 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.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1576
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	267
	6a(2)	250
	6b	850
	6c	189
	6d	1289
	6e	254
	6f	1543
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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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.

A Name of plan <u>TATE & LYLE HOURLY PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>035</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TATE & LYLE AMERICAS, INC.</u>	D Employer Identification Number (EIN) <u>36-4165865</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>99855233</u>
	b Actuarial value	2b	<u>109840756</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1105</u>	<u>67565940</u>
	b For terminated vested participants	<u>204</u>	<u>10004740</u>
	c For active participants	<u>267</u>	<u>17756316</u>
	d Total	<u>1576</u>	<u>95326996</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.21 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>450000</u>
	c Target normal cost	6c	<u>450000</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.

SIGN HERE		
	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>	Telephone number (including area code)
	<u>CEDAR RAPIDS, IA 52406-0428</u>	
	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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	12231430
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	12231430
10	Interest on line 9 using prior year's actual return of <u>3.26</u> %	0	398745
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.38</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	312229
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	12317946

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.46 %
15	Adjusted funding target attainment percentage	15	113.15 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.97 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a 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

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	450000
b Excess assets, if applicable, but not greater than line 31a	31b	450000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

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

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

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

Part IX Pension Funding Relief Under 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

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

A Name of plan TATE & LYLE HOURLY PENSION PLAN	B Three-digit plan number (PN) ▶	035
C Plan sponsor's name as shown on line 2a of Form 5500 TATE & LYLE AMERICAS, INC.	D Employer Identification Number (EIN) 36-4165865	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

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

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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	386709	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>TATE & LYLE HOURLY PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>035</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TATE & LYLE AMERICAS, INC.</u>	D Employer Identification Number (EIN) <u>36-4165865</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: TATE & LYLE MASTER INVESTMENT TRUST

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

c EIN-PN <u>36-4165865-055</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>105296142</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan TATE & LYLE HOURLY PENSION PLAN	B Three-digit plan number (PN) ▶ 035
C Plan sponsor's name as shown on line 2a of Form 5500 TATE & LYLE AMERICAS, INC.	D Employer Identification Number (EIN) 36-4165865

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	99855233	105296142
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	99855233	105296142
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	99855233	105296142

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		14872748
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		14872748

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7182834	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7182834
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	345709	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)	41000	
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	151296	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		538005
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7720839

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7151909
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		1711000

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
TATE & LYLE SALARIED PENSION PLAN	36-4165865	001

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 541042.

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

A Name of plan TATE & LYLE HOURLY PENSION PLAN	B Three-digit plan number (PN)	035
C Plan sponsor's name as shown on line 2a of Form 5500 TATE & LYLE AMERICAS, INC.	D Employer Identification Number (EIN) 36-4165865	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3689044</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? 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:

a 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)	14a	
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)	14b	
c 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).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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
HOURLY PENSION PLAN**

ANNUAL REPORT
September 30, 2024



Knoxville, Tennessee

TATE & LYLE HOURLY PENSION PLAN

Decatur, Illinois

ANNUAL REPORT

September 30, 2024

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INDEPENDENT AUDITOR'S REPORT

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

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

We have performed an audit of the financial statements of the Tate & Lyle Hourly 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 note 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.

Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting

As discussed in Notes 1 and 2 to the Financial Statements, the Company elected to terminate the Plan on September 30, 2024. Management determined liquidation was imminent. As a result, the Plan changed its basis of accounting from the going concern basis used in presenting the September 30, 2023 financial statements to the liquidation basis in presenting the September 30, 2024 financial statements. Our opinion is not modified with respect to this matter.

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.

Respectfully submitted,



Certified Public Accountants

Knoxville, Tennessee
April 30, 2025

TATE & LYLE HOURLY PENSION PLAN

Decatur, Illinois

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

September 30, 2024 and 2023

	<u>2024</u> (in liquidation)	<u>2023</u>
ASSETS		
Plan interest in the Tate & Lyle Master Investment Trust	105,296,142	99,855,233
Total investments	105,296,142	99,855,233
NET ASSETS AVAILABLE FOR BENEFITS	105,296,142	99,855,233

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

TATE & LYLE HOURLY PENSION PLAN

Decatur, Illinois

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended September 30, 2024 and 2023

	<u>2024</u> (in liquidation)	<u>2023</u>
ADDITIONS TO NET ASSETS:		
Investment income		
Change in plan interest in Tate & Lyle Master Investment Trust	14,872,748	3,288,417
Total additions	14,872,748	3,288,417
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	7,182,834	7,329,947
Administrative expenses	538,005	452,242
Total deductions	7,720,839	7,782,189
NET INCREASE (DECREASE)	7,151,909	(4,493,772)
Plan Transfers	(1,711,000)	0
NET INCREASE (DECREASE)	5,440,909	(4,493,772)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	99,855,233	104,349,005
End of year	105,296,142	99,855,233

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

TATE & LYLE HOURLY PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Tate & Lyle Hourly 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").

The Plan was established effective October 1, 1971, and was formerly known as the A.E. Staley Manufacturing Company Sagamore Hourly Pension Plan (the "Sagamore Plan"). The following plans (the "Merged Plans") were merged with and into the Plan effective December 31, 2000, the Tate & Lyle North America Sugars, Inc. Brooklyn Refinery Pension Plan (the "Brooklyn Plan"), the A.E. Staley Manufacturing Company Decatur Hourly Pension Plan (the "Decatur Plan"), the A.E. Staley Manufacturing Company Houlton Hourly Pension Plan (the "Houlton Plan"), and the A.E. Staley Manufacturing Company Dayton Hourly Pension Plan (the "Dayton Plan"). Effective December 31, 2000, the assets of the Merged Plans as well as the participants and related obligations were transferred to the Plan. The Provisions of the Plan, as amended and restated, apply only to employees who terminated employment on or after December 31, 2000. The rights and benefits, if any, of former employees shall be determined in accordance with the prior provisions of the merged plan in effect on the date employment terminated.

Effective with the 2009 closing of the McIntosh, Alabama Plant, no further employees of the McIntosh Plant are eligible to participate in the Plan and participants ceased to accrue additional benefits under the Plan.

Effective November 11, 2001, any participant of the Brooklyn Plant ceased to accrue any further pension service under the Plan.

Effective January 1, 2014, any participant of the Houlton and Dayton Plants ceased to accrue any further pension service under the Plan.

Effective June 31, 2015, any participant of the Decatur Plant ceased to accrue any further pension service under the Plan.

Effective October 1, 2016, all participants in the Plan from the Sagamore Plant ceased to accrue any further pension service under the Plan.

Effective March 31, 2022, if a Participant becomes employed by Primary Products Ingredients Americas, LLC or Primary Products Grain, LLC on or within ninety (90) days after March 31, 2022 and remains in the employ of Primary Products Ingredients Americas, LLC or Primary Products Grain, LLC after reaching his or her normal retirement date, he or she may elect to commence his or her monthly pension benefit as of the first day of any month after his or her normal retirement date or, if later, after he or she terminates employment. Also, this will not constitute a break in service and shall be counted as vesting service solely for the purpose of determining eligibility for an early retirement and unreduced early retirement benefit.

TATE & LYLE HOURLY PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

The Plan was terminated effective September 30, 2024. Accordingly, except as noted, the descriptions below are provisions of the Plan prior to termination.

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 a benefit factor multiplied by the years of credited pension service. A participant who has attained age 55 and attained certain years of vesting service may elect to retire prior to age 65 and receive an actuarially reduced benefit as of the early retirement date.

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.

DISABILITY BENEFITS

Participants in the former Decatur and Brooklyn Plans who become totally and permanently disabled, after attaining certain age and service requirements, have the option to retire prior to the normal retirement date and receive a disability retirement benefit equal to the appropriate benefit factor for normal retirement multiplied by his or her years of pension service.

DEATH BENEFITS

If an active or terminated vested participant dies before retirement and after attaining certain age and service requirements, a reduced benefit is paid to the participant's eligible spouse.

TERMINATION OF EMPLOYMENT BEFORE RETIREMENT

A participant whose employment is terminated before the attainment of the early retirement date, and after the completion of 5 years of vested service, shall become a terminated vested participant and shall be entitled to receive a vested pension at age 65 based on the number of years of pension service multiplied by the annual benefit factor. Actuarially reduced benefits may be commenced if the participant has reached age 55 and has attained certain service requirements.

TRANSFERS OUT OF 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 the Tate & Lyle Salaried Pension Plan from this Plan, 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.

TATE & LYLE HOURLY PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan changed from being prepared under the accrual method of accounting for the year ending September 30, 2023 to the liquidation method of accounting for the year ending September 30, 2024.

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.

INVESTMENT VALUATION AND INCOME RECOGNITION

The investments of the Tate & Lyle Master Investment Trust ("Master Trust") and the 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 10 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.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

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.

TATE & LYLE HOURLY PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

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 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.

As of September 30, 2022:

<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.

C. Mortality:

Pre- and post-retirement

2023:PRI-2012 Employee Tables with Scale MP-2021

2022:PRI-2012 Employee Tables with Scale MP-2022

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

TATE & LYLE HOURLY PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

The actuarial present value of accumulated plan benefits as of September 30, 2023, as determined by independent actuaries, is as follows:

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving benefits	63,085,834
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Other participants	26,599,345
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Total vested benefits	89,685,179
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Non-vested benefits	1,666,347
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Total actuarial present value of accumulated plan benefits	91,351,526
------------------------------------------------------------	------------

The change in actuarial present value of accumulated plan benefits for the year ended September 30, 2023, is as follows:

Actuarial present value of accumulated plan benefits as of September 30, 2022	95,408,250
-------------------------------------------------------------------------------	------------

Increase (decrease) during the year attributable to:

Increase for interest accumulated	5,048,548
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Benefits paid	(7,329,947)
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Benefits accumulated and actuarial gains/losses	(1,775,325)
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Net decrease	(4,056,724)
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Actuarial present value of accumulated plan benefits as of September 30, 2023	91,351,526
-------------------------------------------------------------------------------	------------

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. Amounts paid by the Plan to parties-in-interest included fees paid for investment management, recordkeeping 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 - 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. Participant contributions are not permitted under the Plan. No contributions were required for the years ended September 30, 2024 and 2023.

TATE & LYLE HOURLY PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

NOTE 6 - TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated June 14, 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 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 7 - 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, and State Street Bank and Trust Company, the Trustee of the Plan, as of and for the years ending September 30, 2024 and 2023, respectively. 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 8 - 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 the amounts reported in the statements of net assets available for benefits.

Plan contributions will be made in order to help facilitate the Plan termination as discussed in Note 1 to the financial statements above.

TATE & LYLE HOURLY PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

NOTE 9 - 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 20.66 percent and 20.91 percent, respectively. Investment income and administrative expenses relating to the Master Retirement 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	6,248,081
Collateralized mortgage obligations	25,365,666	5,241,782
Corporate bonds	372,040,728	76,881,730
Foreign government securities	3,034,470	627,069
Money market fund	11,908,318	2,460,839
U.S. government securities	66,957,306	13,836,641
Total investment, at fair value	509,541,762	105,296,142

	<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	7,212,039
Collateralized mortgage obligations	43,915,678	9,184,297
Corporate bonds	348,620,479	72,908,675
Foreign government securities	2,865,311	599,237
Money market fund	11,471,515	2,399,093
U.S. government securities	36,110,164	7,551,892
Total investment, at fair value	477,468,264	99,855,233

TATE & LYLE HOURLY PENSION PLAN

Decatur, Illinois

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	49,144,455	(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 10 - FAIR VALUE MEASUREMENTS OF ASSETS IN THE 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.

TATE & LYLE HOURLY PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

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 Funds.* Valued at the daily closing price as reported by the fund. The money market fund is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund is deemed to be actively traded.
- *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 of the Master Trust's assets at fair value as of September 30, 2024 and 2023.

Master Trust 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	30,237,274	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
US government securities	0	66,957,306	0	66,957,306
Total investment assets at fair value	11,908,318	497,635,444	0	509,541,762

Master Trust 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
Total investment assets at fair value	11,471,515	465,996,749	0	477,468,264

TATE & LYLE HOURLY PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

NOTE 11 - SUBSEQUENT EVENTS

The Company has evaluated subsequent events through the date the financial statements were available to be issued, other than the item discussed below, no events or transactions occurred through April 30, 2025 requiring recognition or disclosure in the financial statements.

As discussed in Note 1 to the financial statements above, the Plan was terminated effective September 30, 2024. As part of the termination process, the Plan Sponsor, during the second quarter of calendar year 2025, is offering the opportunity to the participants to elect to receive their benefit as a lump-sum, monthly annuity, or to defer their benefit to be paid at a later date in accordance with the terms of the Plan document and the new insurer's administrative process.

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

**Plan Name: Tate & Lyle Hourly Pension Plan
EIN/PN 36-4165865 Plan No.: 035**

.....Completed Years of Credited Service

<u>Age</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> <u>+</u>	<u>Total</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	0	6	1	0	0	0	0	0	0	7
40 – 44	0	1	10	14	3	0	0	0	0	0	28
45 – 49	0	0	13	17	13	3	0	0	0	0	46
50 – 54	0	0	17	19	20	9	2	0	0	0	67
55 – 59	0	0	11	15	12	16	4	3	0	0	61
60 – 64	0	1	8	9	7	10	3	3	1	0	42
65 – 69	0	1	3	1	3	2	1	1	1	0	13
70 & Up	<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>0</u>	<u>2</u>	<u>3</u>
Totals	0	3	69	76	58	40	10	7	2	2	267

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

**Plan Name: Tate & Lyle Hourly Pension Plan
EIN/PN 36-4165865 Plan No.: 035**

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 Hourly Pension Plan
EIN/PN 36-4165865 Plan No.: 035**

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 st Segment	5.58%
2 nd Segment	5.66%
3 rd 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 Blue Collar 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.

IRC Maximum Benefit and
Compensation Limitations

Benefit Limit

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

Compensation Limit

Not applicable.

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

**Plan Name: Tate & Lyle Hourly Pension Plan
EIN/PN 36-4165865 Plan No.: 035**

D ACTUARIAL ASSUMPTIONS (cont'd)

Withdrawal Rates

Rates of termination for sample ages are as follows:

<u>Age(s)</u>	<u>Rate of Termination</u>
25	0.116
40	0.035
50	0.028

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%

Disability

None assumed.

Form of Payment

Participants are assumed to receive their payment in the form of a single life annuity. Optional forms of payment include 5, 10, 15, 20 Years Certain and Continuous Annuity, and 50%, 66 2/3%, 75%, and 100% Joint & Survivor Annuity. Actuarial equivalence is defined in the applicable Appendix of the plan document, and is the UP-1984 Mortality Table and an interest rate of 8.50%.

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

\$450,000 (previously, \$470,000).

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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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.

A Name of plan TATE & LYLE HOURLY PENSION PLAN	B Three-digit plan number (PN) ▶	035
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TATE & LYLE AMERICAS, INC.	D Employer Identification Number (EIN) 36-4165865	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	99855233
	b Actuarial value	2b	109840756
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1105	67565940
	b For terminated vested participants	204	10004740
	c For active participants	267	17756316
	d Total	1576	95326996
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.21 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	450000
	c Target normal cost	6c	450000

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

SIGN HERE	<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	February 28, 2025 Date 23-05956 Most recent enrollment number (508) 903-6015 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	12231430
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	12231430
10	Interest on line 9 using prior year's actual return of <u>3.26</u> %	0	398745
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.38</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	312229
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	12317946

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	100.46 %
15	Adjusted funding target attainment percentage	15	113.15 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.97 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 61
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 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			
26 Demographic and benefit information			
a 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 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			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....			31a 450000
b Excess assets, if applicable, but not greater than line 31a			31b 450000
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....			34 0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under 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. <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 Hourly Pension Plan
EIN/PN 36-4165865 Plan No.: 035**

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.: 035**

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2023	278,368	254,359	7,136,642	7,669,369
2024	450,538	288,392	6,895,833	7,634,763
2025	621,441	346,133	6,648,248	7,615,822
2026	767,989	425,847	6,394,324	7,588,160
2027	884,247	460,790	6,134,480	7,479,517
2028	1,009,119	534,425	5,869,254	7,412,798
2029	1,140,155	576,822	5,598,065	7,315,042
2030	1,241,673	603,774	5,321,535	7,166,982
2031	1,330,498	636,748	5,039,172	7,006,418
2032	1,413,577	682,622	4,755,630	6,851,829
2033	1,474,968	716,121	4,470,025	6,661,114
2034	1,525,831	732,227	4,184,183	6,442,241
2035	1,568,909	741,117	3,898,106	6,208,132
2036	1,600,026	753,561	3,613,060	5,966,647
2037	1,628,834	772,974	3,330,489	5,732,297
2038	1,650,980	787,910	3,052,016	5,490,906
2039	1,661,099	795,971	2,779,404	5,236,474
2040	1,662,134	795,829	2,514,486	4,972,449
2041	1,656,810	796,600	2,259,098	4,712,508
2042	1,635,223	799,458	2,014,983	4,449,664
2043	1,608,893	798,572	1,783,697	4,191,162
2044	1,578,531	795,980	1,566,571	3,941,082
2045	1,543,858	782,229	1,364,649	3,690,736
2046	1,496,908	765,292	1,178,665	3,440,865
2047	1,445,680	757,839	1,009,069	3,212,588
2048	1,385,268	745,158	856,047	2,986,473
2049	1,322,693	726,729	719,490	2,768,912
2050	1,255,654	693,936	599,001	2,548,591
2051	1,186,863	651,993	493,924	2,332,780
2052	1,115,186	612,914	403,370	2,131,470
2053	1,040,716	575,334	326,277	1,942,327
2054	966,165	536,873	261,445	1,764,483
2055	891,831	498,319	207,602	1,597,752
2056	818,701	459,385	163,443	1,441,529
2057	746,943	421,915	127,673	1,296,531
2058	677,144	387,261	99,053	1,163,458
2059	609,880	352,577	76,424	1,038,881
2060	545,572	319,520	58,737	923,829
2061	484,611	288,110	45,059	817,780
2062	427,347	258,361	34,582	720,290
2063	374,044	230,285	26,625	630,954
2064	324,874	203,896	20,623	549,393
2065	279,933	179,214	16,117	475,264
2066	239,232	156,260	12,746	408,238
2067	202,715	135,048	10,226	347,989
2068	170,267	115,587	8,338	294,192
2069	141,714	97,885	6,917	246,516
2070	116,825	81,949	5,833	204,607
2071	95,339	67,778	4,994	168,111
2072	76,979	55,350	4,326	136,655

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

**Plan Name: Tate & Lyle Hourly Pension Plan
EIN/PN 36-4165865 Plan No.: 035**

Plan: Tate & Lyle Hourly Pension Plan
(Sagamore Division)

<u>Effective Date</u>	Most recent amendment effective June 1, 2016.
<u>Plan Status</u>	Pension benefits have been frozen effective October 1, 2016.
<u>Covered Employees</u>	Employees who are members of Local 1070, Corn Products and Allied Grain Workers Union employed at the Lafayette, Indiana Corn Processing Plant of A.E. Staley Manufacturing Company. Effective October 1, 2010, the Sagamore Division is closed to any new employees hired on or after February 1, 2011.
<u>Participation Date</u>	Date of becoming a covered employee.
<i>Definitions</i>	
<u>Vesting Service</u>	One year of Vesting Service is credited to a participant who has completed at least 1,000 hours of service.
<u>Pension Service</u>	A participant is credited with one year of Pension Service for each calendar year in which he has completed 1,800 or more hours of service. Pro rata credit is granted for years in which at least 180 hours are completed, truncated at one decimal place. Notwithstanding the foregoing, covered employees of the Sagamore Division will cease accruing Pension Service after September 30, 2016.
<u>Normal Retirement Date (NRD)</u>	First of month coinciding with or next following the attainment of age 65.

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

**Plan Name: Tate & Lyle Hourly Pension Plan
EIN/PN 36-4165865 Plan No.: 035**

Plan: Tate & Lyle Hourly Pension Plan
(Sagamore Division)

Annual Pension Benefit

The monthly benefit multiplier is increased for each year of pension service as follows:

<u>Monthly Benefit Multiplier</u>	<u>Effective Date</u>
\$33.00	October 1, 2001
\$34.00	October 1, 2002
\$35.00	October 1, 2003
\$36.50	October 1, 2004
\$37.50	October 1, 2005
\$39.50	October 1, 2007
\$40.50	October 1, 2008
\$41.50	October 1, 2009
\$42.50	October 1, 2011
\$43.00	October 1, 2012
\$44.00	October 1, 2015
\$45.00	October 1, 2016

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 age 65.

Early Retirement

Retire before NRD and on or after both attaining age 55 and completing 15 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.

Preretirement Spouse Benefits

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

Monthly Benefits Paid Upon the Following Events

Normal Retirement

Annual Pension benefit determined as of NRD.

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

**Plan Name: Tate & Lyle Hourly Pension Plan
EIN/PN 36-4165865 Plan No.: 035**

Plan: Tate & Lyle Hourly Pension Plan
(Sagamore Division)

Early Retirement

Annual Pension Benefit determined as of early retirement date, reduced by 0.5% for each month that commencement of payments precedes attainment of age 62. However, the Annual Pension Benefit shall be unreduced if the participant's combined age and Vesting Service equals or exceeds 85.

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.

Forms of Payment

If married at retirement date, benefits are payable as a reduced 50% joint and survivor annuity. If not married, benefits are payable as a lifetime annuity. Optional forms of actuarially equivalent payments are available upon request by the participant.

Maximum on Benefits

All benefits 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.

Changes in Plan Provisions Since
Prior Year

None.

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

**Plan Name: Tate & Lyle Hourly Pension Plan
EIN/PN 36-4165865 Plan No.: 035**

Plan: Tate & Lyle Hourly Pension Plan
(Decatur, Dayton, and Sucralose Divisions)

<u>Effective Date</u>	Most recent amendment effective June 1, 2016.
<u>Plan Status</u>	Frozen.
<u>Covered Employees</u>	<p>All employees who are covered by the agreement entered into between the Company and union employees in the Decatur, Illinois plant, Dayton, Ohio plant and McIntosh, Alabama plant.</p> <p>McIntosh Process and Maintenance Employees and McIntosh Lab Employees unionized and entered the Hourly Plan on March 9, 2005 and May 22, 2005, respectively.</p> <p>Notwithstanding the foregoing, the Decatur Division is closed to any new employees hired on or after December 1, 2010. The Dayton Division is closed to any new employees hired on or after August 1, 2011. The Sucralose Division is closed to any new employees hired on or after February 1, 2010.</p>
<u>Participation Date</u>	Date of becoming a covered employee.
<i>Definitions</i>	
<u>Vesting Service</u>	The period of continuous service determined under the Predecessor Plan as of December 31, 1975, plus the number of calendar years after 1975 in which 870 Hours of Service are completed.
<u>Pension Service</u>	<p>The period of continuous service determine under the Predecessor Plan as of December 31, 1975, plus the number of calendar years after 1975 in which 1,628.4 Hours of Service are completed, reduced proportionally for each calendar year in which less than 1,628.4 Hours are completed.</p> <p>Notwithstanding the foregoing, covered employees of the Sucralose Division ceased accruing Pension Service after May 31, 2011. Covered employees of the Dayton Division ceased accruing Pension Service after January 1, 2014. Covered employees of the Decatur Division ceased accruing Pension Service after June 30, 2015.</p>

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

**Plan Name: Tate & Lyle Hourly Pension Plan
EIN/PN 36-4165865 Plan No.: 035**

Plan: Tate & Lyle Hourly Pension Plan
(Decatur, Dayton, and Sucralose Divisions)

Normal Retirement Date (NRD)

First of month coinciding with or next following the attainment of age 65.

Annual Pension Benefit

The monthly benefit multiplier is increased for each year of Pension Service as follows:

Dayton:

<u>Monthly Benefit Multiplier</u>	<u>Effective Date</u>
\$35.00	July 31, 2001
\$36.50	July 31, 2004
\$37.00	July 31, 2005
\$37.50	July 31, 2006
\$38.00	July 31, 2007
\$39.50	August 1, 2008
\$40.50	August 1, 2009
\$41.00	August 1, 2011

Decatur:

<u>Monthly Benefit Multiplier</u>	<u>Effective Date</u>
\$37.00	October 1, 2005
\$38.00	October 1, 2006
\$41.00	June 1, 2010
\$41.50	July 1, 2013
\$43.50	September 9, 2014
\$45.00	January 1, 2016

Sucralose:

<u>Monthly Benefit Multiplier</u>	<u>Effective Date</u>
\$44.00 (Process and Maintenance Employees)	March 9, 2005
\$44.00 (Lab Employees)	May 22, 2005
\$45.00	February 1, 2008
\$46.00	February 1, 2009
\$47.00	February 1, 2010

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

**Plan Name: Tate & Lyle Hourly Pension Plan
EIN/PN 36-4165865 Plan No.: 035**

Plan: Tate & Lyle Hourly Pension Plan
(Decatur, Dayton, and Sucralose Divisions)

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 age 65.

Early Retirement Retire before NRD and on or after both attaining age 55 and completing ten 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.

Preretirement Spouse Benefits 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 Annual Pension Benefit determined as of early retirement date, reduced according to a schedule for commencement of payment prior to age 62. However, the Annual Pension Benefit shall be unreduced if the participant's combined age and Pension Service equals or exceeds 85.

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

**Plan Name: Tate & Lyle Hourly Pension Plan
EIN/PN 36-4165865 Plan No.: 035**

Plan: Tate & Lyle Hourly Pension Plan
(Decatur, Dayton, and Sucralose Divisions)

<u>Postponed Retirement</u>	Annual Pension Benefit determined as of actual retirement date.
<u>Termination with Deferred Vested Benefit</u>	Annual Pension Benefit determined as of termination date.
<u>Death with Preretirement Spouse Benefits</u>	Annual Preretirement Spouse benefit payable for remaining lifetime of eligible spouse.
<u>Forms of Payment</u>	If married at retirement date, benefits are payable as a reduced 50% joint and survivor annuity. If not married, benefits are payable as a lifetime annuity. Optional forms of actuarially equivalent payments are available upon request by the participant.
<u>Maximum on Benefits</u>	All benefits 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 Prior Year</u>	None.

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

**Plan Name: Tate & Lyle Hourly Pension Plan
EIN/PN 36-4165865 Plan No.: 035**

Plan: Tate & Lyle Hourly Pension Plan
(Brooklyn Division)

<u>Effective Date</u>	Most recent amendment effective June 1, 2016.
<u>Plan Status</u>	Frozen.
<u>Covered Employees</u>	All hourly-rated collective bargaining unit employees (Local 1814, Local 3 and Lab) who were employed at the Brooklyn Refinery.
<u>Participation Date</u>	Age 21 with one year of vesting service.
<i>Definitions</i>	
<u>Vesting Service</u>	One year of service is credited for a service year in which a member earns 1,000 hours of service after attainment of age 18.
<u>Credited Service</u>	An employee is credited with one year of service for any calendar year during which he completes 1,000 hours of service. Credited Service excludes service prior to age 21 and is limited to a maximum of 40 years, if hired after October 1, 1955. Brooklyn LAB employees who transferred into Brooklyn Refinery during 1978 earn credited service from April 30, 1978.
<u>Normal Retirement Date (NRD)</u>	First of month coinciding with or next following the attainment of age 65.
<u>Monthly Pension Benefit</u>	An amount equal to \$42.00 for each year of credited service for active participants.
<u>Monthly Preretirement Spouse Benefit (immediate)</u>	50% of the Monthly Pension Benefit, unless the participant completed 28 years of credited service, in which case 75% is payable until the spouse reaches age 62 and 50% is payable thereafter. The benefit is further reduced if the spouse is more than 10 years younger than the participant.

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

**Plan Name: Tate & Lyle Hourly Pension Plan
EIN/PN 36-4165865 Plan No.: 035**

Plan: Tate & Lyle Hourly Pension Plan
(Brooklyn Division)

Monthly Preretirement Spouse
Benefit (deferred)

50% of the Monthly Pension Benefit reduced for the 50% joint and survivor form of payment. The benefit payments may commence when the employee would have been eligible to retire early, but early payment reduction factors applicable to vested terminations will be applied.

Eligibility for Benefits

Normal Retirement

Attainment of age 65.

Early Retirement

Brooklyn Refinery employees who attained age 55 and completed 15 years of service prior to November 11, 2001, may elect an Early Retirement benefit. Employees hired before October 1, 1955 may retire after 30 years of credited service.

Postponed Retirement

Retire after NRD.

Deferred Vested

Terminate for reasons other than death, disability or retirement after completing five years of vesting service.

Preretirement Spouse Benefits
(immediate)

Die with a surviving spouse after attaining age 55 with 15 years of credited service or 28 years of credited service.

Preretirement Spouse Benefits
(deferred)

Die with a surviving spouse while eligible for a vested benefit and not eligible for an immediate benefit.

Disability

Total and permanent disability after completion of 15 years of credited service or attainment of age 55.

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

**Plan Name: Tate & Lyle Hourly Pension Plan
EIN/PN 36-4165865 Plan No.: 035**

Plan: Tate & Lyle Hourly Pension Plan
(Brooklyn Division)

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.
<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 is payable as early as age 55 if the participant terminates with 15 years of credited service. Early payment reduction factors are 8% per year from age 65 through age 62 and 5% from age 62 through age 55.
<u>Death with Preretirement Spouse Benefits</u>	Monthly immediate or deferred spouse benefit is payable.
<u>Disability</u>	Monthly benefits, as defined in the applicable Appendix of the plan document, are paid when benefits payable from the collectively bargained accident and sickness plan expire. The monthly pension benefit accrues with continued credited service until the benefits are payable.
<u>Forms of Payment</u>	If married at retirement date, benefits are payable as a reduced 50% joint and survivor annuity. If not married, benefits are payable as a lifetime annuity. Optional forms of actuarially equivalent payments are available upon request by the participant.
<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 Prior Year</u>	None.

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

**Plan Name: Tate & Lyle Hourly Pension Plan
EIN/PN 36-4165865 Plan No.: 035**

Plan: Tate & Lyle Hourly Pension Plan
(Houlton Division)

Effective Date Most recent amendment effective June 1, 2016.

Plan Status Frozen.

Covered Employees All employees who are covered by a contract or agreement entered into between the Company and Local 234 of American Federation of Grain Millers Union.

Effective June 15, 2010, the Houlton Division is closed to any new employees hired on or after August 1, 2010.

Participation Date Date of becoming a covered employee.

Definitions

Vesting Service

- (i) Prior to January 1, 1976: Prior to October 15, 1969, Vesting Service shall be the employment period with the Company, and subsequent to June 15, 1969, one year for each calendar year in which 1,700 hours are worked, reduced proportionally for less than 1,700 hours.

- (ii) Beginning January 1, 1976: The number of calendar years in which 870 Hours of Service are credited.

Pension Service

- (i) Prior to January 1, 1976: Prior to October 15, 1969, Vesting Service shall be the employment period with the Company, and subsequent to June 15, 1969, one year for each calendar year in which 1,700 hours are worked, reduced proportionally for less than 1,700 hours.

- (ii) Beginning January 1, 1976: The number of calendar years during which 1,628.4 Hours of Service are credited, reduced each calendar year by schedule for less than 1,628.4 hours.

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

**Plan Name: Tate & Lyle Hourly Pension Plan
EIN/PN 36-4165865 Plan No.: 035**

Plan: Tate & Lyle Hourly Pension Plan
(Houlton Division)

Pension Service (cont.) Notwithstanding the foregoing, covered employees of the Houlton Division ceased accruing Pension Service after January 1, 2014.

Normal Retirement Date (NRD) First of month coinciding with or next following the attainment of age 65.

Annual Pension Benefit The monthly benefit multiplier is increased for each year of pension service as follows:

<u>Monthly Benefit Multiplier</u>	<u>Effective Date</u>
\$26.00	June 15, 2002
\$28.00	June 15, 2003
\$29.00	June 15, 2005
\$31.00	June 15, 2006
\$33.00	June 15, 2010

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 All participants who have attained age 65.

Early Retirement Retire before NRD and on or after both attaining age 55 and completing ten 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.

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

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

**Plan Name: Tate & Lyle Hourly Pension Plan
EIN/PN 36-4165865 Plan No.: 035**

Plan: Tate & Lyle Hourly Pension Plan
(Houlton Division)

Annual Benefits Paid Upon the Following Events

<u>Normal Retirement</u>	Annual Pension benefit determined as of NRD.
<u>Early Retirement</u>	Annual Pension Benefit determined as of early retirement date, reduced by 4.0% for each year that commencement of payment precedes age 62. However, the Annual Pension Benefit shall be unreduced if the participant's combined age and Pension Service equals or exceeds 85.
<u>Postponed Retirement</u>	Annual Pension Benefit determined as of actual retirement date.
<u>Termination with Deferred Vested Benefits</u>	Annual Pension Benefit determined as of termination date.
<u>Death with Preretirement Spouse Benefits</u>	Annual Preretirement Spouse Benefit payable for remaining lifetime of eligible spouse.
<u>Forms of Payment</u>	If married at retirement date, benefits are payable as a reduced 50% joint and survivor annuity. If not married, benefits are payable as a lifetime annuity. Optional forms of actuarially equivalent payments are available upon request by the participant.
<u>Maximum on Benefits</u>	All benefits 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 Prior Year</u>	None.

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

**Plan Name: Tate & Lyle Hourly Pension Plan
EIN/PN 36-4165865 Plan No.: 035**

For 2022, the expense load was changed to \$450,000 (previously, \$470,000).