

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h1 style="text-align: center;">2024</h1>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>PENSION PLAN FOR EMPLOYEES OF GIVAUDAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>002</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GIVAUDAN FRAGRANCES CORPORATION</u>  <u>300 WATERLOO VALLEY ROAD</u> <u>MOUNT OLIVE, NJ 07828</u>	<b>1c</b> Effective date of plan <u>12/01/1941</u>  <b>2b</b> Employer Identification Number (EIN) <u>31-1707845</u>  <b>2c</b> Plan Sponsor's telephone number <u>973-448-6500</u>  <b>2d</b> Business code (see instructions) <u>325900</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	DAVID WEST
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1354
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	414
	<b>6a(2)</b>	319
	<b>6b</b>	366
	<b>6c</b>	331
	<b>6d</b>	1016
	<b>6e</b>	45
	<b>6f</b>	1061
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		8
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>A</b> Name of plan <u>PENSION PLAN FOR EMPLOYEES OF GIVAUDAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GIVAUDAN FRAGRANCES CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>31-1707845</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>259632971</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>285596268</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>313</u>	<u>136488735</u>
	<b>b</b> For terminated vested participants .....	<u>627</u>	<u>53667962</u>
	<b>c</b> For active participants .....	<u>414</u>	<u>75350353</u>
	<b>d</b> Total .....	<u>1354</u>	<u>265507050</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.15 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>199906</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>1450000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>1649906</u>

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

<b>SIGN HERE</b>  <u>WENDY W. HOM</u> Signature of actuary  <u>AON CONSULTING, INC.</u> Firm name  <u>MSC# 17741 P.O. BOX 6718</u> <u>SOMERSET, NJ 08875</u> Address of the firm	<u>10/01/2025</u> Date  <u>23-05926</u> Most recent enrollment number  <u>973-463-6139</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	42402612
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	42402612
<b>10</b>	Interest on line 9 using prior year's actual return of <u>8.72</u> % .....	0	3697508
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		739859
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.06</u> % .....		37437
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		777296
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	46100120

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	89.33 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	106.52 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	85.40 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
08/05/2025	4000000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	4000000	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 3692703
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

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

**21** Discount rate:

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

**22** Weighted average retirement age ..... **22** 60

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

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

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

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

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

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	1649906
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	28595229	2794267
<b>b</b> Waiver amortization installment.....	0	0

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

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	4444173
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	4444173
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	3692703

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

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	3692703
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	3692703

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0

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

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

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

<b>A</b> Name of plan <b>PENSION PLAN FOR EMPLOYEES OF GIVAUDAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GIVAUDAN FRAGRANCES CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>31-1707845</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

<b>ADVANCED TECHNOLOGY VENTURES VII</b>	<b>BOYLSTON STREET SUITE 1380 BOSTON, MA 02116</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>AON TRUST COMPANY LLC</b>	<b>37-6543784</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>CHL MEDICAL PARTNERS</b>	<b>WASHINGTON BLVD 6TH FLOOR STAMFORD, CT 06901</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>SIGMA PARTNERS</b>	<b>20 CUSTOM HOUSE STREET SUITE 830 BOSTON, MA 02110</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

OAKTREE

333 SOUTH GRANDE AVE  
28TH FLOOR  
LOS ANGELES, CA 90071

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

NISA COLLECTIVE INVESTMENT TRUST

88-6547562

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

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

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**(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)

AON CONSULTING INC

22-2232264

(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 14 15 16 17 38 50 64 70	NONE	659088	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON INVESTMENTS USA INC

36-3109431

(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?
21 24 28 50 51	NONE	426701	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(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?
18 50 62	NONE	67284	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"/>

**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)

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	10856	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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>PENSION PLAN FOR EMPLOYEES OF GIVAUDAN</u>	<b>B</b> Three-digit plan number (PN)	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GIVAUDAN FRAGRANCES CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>31-1707845</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AON HIGH YIELD PLUS FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-007</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>792863</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AON GLOBAL REAL ESTATE FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-006</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>188718</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AON US LONG GOVT. BOND INDEX FD</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-042</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>2605621</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AON US INT. GOVT. BOND INDEX FD</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-043</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>2255409</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AON CORE REAL ESTATE FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-037</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>10720039</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AON LONG CREDIT BOND FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-040</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>127576296</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AON 20+ YR U.S. TREASURY STRIPS FD</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-036</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>154632</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-ASSET CREDIT FUND		
<b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
<b>c</b> EIN-PN 37-6543784-041	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9167148

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: OAKTREE EMERGING MARKETS EQ FD		
<b>b</b> Name of sponsor of entity listed in (a): OAKTREE CAPITAL MANAGEMENT, LP		
<b>c</b> EIN-PN 98-1049544-001	<b>d</b> Entity code E	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4033797

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AON INTERMEDIATE CREDIT BOND FUND		
<b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
<b>c</b> EIN-PN 37-6543784-038	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3325513

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA LONG TREASURY CIF		
<b>b</b> Name of sponsor of entity listed in (a): NISA COLLECTIVE INVESTMENT TRUST		
<b>c</b> EIN-PN 88-6547562-002	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8810411

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA MID TREASURY CIF		
<b>b</b> Name of sponsor of entity listed in (a): NISA COLLECTIVE INVESTMENT TRUST		
<b>c</b> EIN-PN 88-6547562-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3386689

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSGA EAFE INDEX NL CL A ZVAO1		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
<b>c</b> EIN-PN 90-0337987-157	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10417216

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSGA U.S. TOTAL MARKET INDEX FUND		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
<b>c</b> EIN-PN 90-0337987-278	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24922274

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

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

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



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PENSION PLAN FOR EMPLOYEES OF GIVAUDAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GIVAUDAN FRAGRANCES CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>31-1707845</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	7000000	4000000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	3026781	17544
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	6101298	2207803
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	405269	520772
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	193978996	168983339
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	4976070	4033797
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	44568428	35339490
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	260056842	215102745
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	187225	327458
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	187225	327458
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	259869617	214775287

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	4000000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		4000000
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	1029101	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1029101
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	115503	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		-6670657
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		-27273
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		6815660
<b>c</b> Other income .....	<b>2c</b>		15376
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		5277710

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	48765857	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		48765857
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	566253	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	437557	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	67284	
(7) Actuarial fees .....	<b>2i(7)</b>	92835	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	442254	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1606183
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		50372040

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-45094330
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		15000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes    No    Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 555699.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PENSION PLAN FOR EMPLOYEES OF GIVAUDAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>GIVAUDAN FRAGRANCES CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>31-1707845</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	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): 25-1926855

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	305
--	---	-----

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

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

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

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

<b>Part III</b>	<b>Amendments</b>
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**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 18.7 % Private Equity: 0.2 % Investment-Grade Debt and Interest Rate Hedging Assets: 69.4 %  
 High-Yield Debt: 5.4 % Real Assets: 5.2 % Cash or Cash Equivalents: 1.1 % Other: 0.0 %

**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 \_\_\_\_\_.

# **Pension Plan for Employees of Givaudan**

Financial Statements and  
Supplementary Information

December 31, 2024 and 2023

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## Independent Auditors' Report

To the Plan Administrator of  
Pension Plan for Employees of Givaudan

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

We have performed audits of the financial statements of Pension Plan for Employees of Givaudan (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 December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Pension Plan for Employees of Givaudan's 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 6 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 Auditors' 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Pension Plan for Employees of Givaudan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

Management is responsible for the preparation and fair presentation of the 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 Pension Plan for Employees of Givaudan's ability to continue as a going concern for at least one year following the date that 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.

## **Auditors' 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 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 auditors' 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 Pension Plan for Employees of Givaudan'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 Pension Plan for Employees of Givaudan'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 certification, 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.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### **Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules 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).

*Baker Tilly US, LLP*

Iselin, New Jersey  
October 10, 2025

# Pension Plan for Employees of Givaudan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
<b>Assets</b>		
<b>Investments</b>		
<b>Investments at fair value</b>		
Limited partnerships	\$ 4,554,569	\$ 5,381,339
Common collective trust funds	168,983,339	193,978,996
Mutual funds	35,339,490	44,568,428
Money market fund	2,207,803	6,101,298
<b>Total investments at fair value</b>	<b>211,085,201</b>	<b>250,030,061</b>
<b>Receivables</b>		
Employer contribution	4,000,000	7,000,000
Other pending trade receivable	-	3,000,000
Interest and dividend income	17,544	26,781
<b>Total receivables</b>	<b>4,017,544</b>	<b>10,026,781</b>
<b>Total assets</b>	<b>215,102,745</b>	<b>260,056,842</b>
<b>Liabilities</b>		
<b>Payables</b>		
Payable for units redeemed	10,594	-
Accrued administrative expenses	316,864	187,225
<b>Total payables</b>	<b>327,458</b>	<b>187,225</b>
<b>Net assets available for benefits</b>	<b>\$ 214,775,287</b>	<b>\$ 259,869,617</b>

See notes to financial statements

## Pension Plan for Employees of Givaudan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	2024	2023
<b>Additions</b>		
<b>Investment income</b>		
Interest and dividends	\$ 1,029,101	\$ 201,905
Net appreciation in fair value of investments	248,609	20,482,634
<b>Total investment income</b>	<b>1,277,710</b>	<b>20,684,539</b>
<b>Contributions</b>		
Employer contributions	4,000,000	7,000,000
<b>Total additions</b>	<b>5,277,710</b>	<b>27,684,539</b>
<b>Deductions</b>		
Benefit payments to participants	48,765,857	13,995,610
Administrative expenses	1,606,183	1,779,510
(Refund) payment to Insurance Carrier	-	(622,000)
<b>Total deductions</b>	<b>50,372,040</b>	<b>15,153,120</b>
<b>Net (decrease) increase</b>	<b>(45,094,330)</b>	<b>12,531,419</b>
Net assets available for benefits		
Beginning of year	259,869,617	247,338,198
<b>End of year</b>	<b>\$ 214,775,287</b>	<b>\$ 259,869,617</b>

See notes to financial statements

## Pension Plan for Employees of Givaudan

### Statement of Accumulated Plan Benefits

December 31, 2023

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**Actuarial present value of accumulated plan benefits****Vested benefits**

Participants currently receiving payments	\$ 125,363,101
Other participants	112,003,924

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**Total vested benefits** 237,367,025

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Nonvested benefits 2,132,222

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**Total actuarial present value of accumulated plan benefits** \$ 239,499,247

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## Pension Plan for Employees of Givaudan

### Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2023

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Actuarial present value of accumulated plan benefits at beginning of year	\$ 234,490,339
<b>Increase (decrease) during the year attributable to:</b>	
Change in actuarial assumptions	(2,356)
Benefits accumulated	4,140,819
Increase for interest	14,244,055
Benefits paid	(13,373,610)
<b>Net increase</b>	<b>5,008,908</b>
<hr/>	
<b>Actuarial present value of accumulated plan benefits at end of year</b>	<b>\$ 239,499,247</b>

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See notes to financial statements

# Pension Plan for Employees of Givaudan

Notes to Financial Statements

December 31, 2024 and 2023

## 1. Description of Plan

The following description of the Pension Plan for Employees of Givaudan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

### General

The Plan is a noncontributory defined benefit plan established effective December 1, 1941, as restated January 1, 2016.

Effective December 31, 2016, the Plan was amended to cease benefit accruals for all eligible employees who are not included in a unit of employees covered by a collective bargaining agreement that provides for participation in the Plan.

Prior to the plan freeze, the Plan covered all employees of Givaudan Fragrances Corporation (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Benefits Committee is responsible for oversight of the Plan. The Plan's investment advisors determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Benefits Committee.

In October 2022, the Plan purchased a group annuity contract with Pacific Life Insurance Company to satisfy the payment obligations for approximately 629 retirees for \$85,987,780. As a result, effective December 1, 2022, these retirees were removed from the Plan, and their monthly annuity benefit payments were assumed by Pacific Life Insurance Company. In April 2023, there was a refund of premium in the amount of \$622,000 as a result of changes that were approved by the Company.

In October 2024, a Pension Lump Sum Window was conducted by AON for eligible participants over the age of 59.5 and Terminated Vested pensioners. On December 2, 2024, approximately \$34,900,000 in lump sum payments were completed and paid out.

### Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2024.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

### Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon completion of at least five years of service or attainment of the normal retirement age (65), although the Plan does allow for early retirement at the age of 55. If employees terminate before rendering the required years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. Upon becoming vested, participants are entitled to an annual pension in the form of an annuity. Alternative forms of benefits may be elected. The Plan also provides benefits for participants who retire prior to their normal retirement date. Upon termination of employment, pension payments are normally paid in the form of a monthly annuity payable for their lifetime or, if married, in the form of a qualified joint or survivor annuity.

# Pension Plan for Employees of Givaudan

Notes to Financial Statements

December 31, 2024 and 2023

## Death and Disability Benefits

If a vested participant or a vested former participant who is married at the time of death and dies prior to the earlier of the commencement of annuity payments or his normal retirement date, which is the first day of the month on or next following the later of their 65th birthday or fifth anniversary of participation in the Plan, the surviving spouse shall receive, for the remainder of such spouse's lifetime, a monthly benefit equal to 50% of the reduced amount which the participant would have received had the employee's date of death been their date of termination and payments commenced on the participant's early or normal retirement date, whichever is applicable.

The Plan does not provide for disability benefits. However, service under the Plan continues to accrue for benefits while a person is on a leave of absence due to disability.

## 2. Summary of Accounting Policies

### Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

### Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and 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. Actual results could differ from those estimates.

### Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price 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 Plan's Benefits Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### Payment of Benefits

Benefits payments to participants are recorded upon distribution.

### Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments in the Statements of Changes in Net assets Available for Benefits.

# Pension Plan for Employees of Givaudan

Notes to Financial Statements

December 31, 2024 and 2023

## Recent Regulatory Updates

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the year ended December 31, 2024, and continues to evaluate the impact of the adoption and implementation of this legislation on the Plan. The application of SECURE 2.0 Act did not have a material effect on the Plan's financial statements.

## Subsequent Events

Subsequent events were evaluated through October 10, 2025, the date the financial statements were available to be issued.

Effective June 30, 2025, the Local 703, a unit of employees covered by a collective bargaining agreement that provides for participation in the Plan, was frozen and will be terminated in 2025. In its place, all eligible employees will receive a 2% non-matching employer contribution to their 401(k) account.

## 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. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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 for death, withdrawal or retirement) between the valuation date and the expected date of payment.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuation been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuation were: (a) interest rate of 6.25%; (b) assumed rate of turnover based on published statistical data as presented in the tables included in the actuarial report; (c) retirement age range of 50 - 70 years; (d) assumed mortality rate based upon the Pri-2012 mortality table using Scale MP-2021; (e) 2024 generational mortality tables for annuitants and nonannuitants; and (f) the actuarial method used is the unit credit for 2024.

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

# Pension Plan for Employees of Givaudan

Notes to Financial Statements

December 31, 2024 and 2023

## 4. Fair Value Measurements

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 authoritative guidance 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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 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 maximize the use of relevant observables and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

*Money market fund:* Valued at the quoted net asset value (NAV) of shares held by the Plan at year-end.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Common collective trusts:* Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the common-collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

## Pension Plan for Employees of Givaudan

Notes to Financial Statements

December 31, 2024 and 2023

*Limited partnerships:* Valued using NAV of shares held by the Plan at year-end as derived from audited financial statements. The NAV is used as a practical expedient to estimate fair value. The financial statements of the limited partnerships have been audited in conformity with accounting principles generally accepted in the United States of America. Further, no redemption restrictions outside of the partnership agreements were in place as of December 31, 2024 and 2023. The Plan invested in the following limited partnerships as of December 31, 2024, and 2023:

Sigma Partners VI, LP - The limited partnership's investment objective is to engage in the venture capital business by investing principally in equity-oriented financings of privately-held companies. The partnership invests in common and preferred stock, warrants and notes receivable. The partnership agreement requires an annual distribution of net investment income allocated to each partner based upon their respective partnership percentage. The Plan has no unfunded commitments relating to this limited partnership as of December 31, 2024.

Advanced Technology Ventures VII, LP - The limited partnership's investment objective is capital growth through investing in above-average risk to form or develop companies with new ideas, products or processes principally in technology focused enterprises. The partnership invests in preferred equities, common equities, escrow and loans. Distributions are made in accordance with the partnership agreement in proportion to adjusted capital contributions. The Plan has no unfunded commitments relating to this limited partnership as of December 31, 2024.

CHL Medical Partners II, LP - The limited partnership's primary objective is to generate long-term capital gains through equity investments in companies operating in the healthcare field. The partnership invests in common stock, preferred stock, warrants, convertible promissory notes and subordinated notes. The Plan has no unfunded commitments relating to this limited partnership as of December 31, 2024.

Oaktree Emerging Markets Equity Fund (Cayman), L.P - The limited partnership is a Cayman Islands exempted limited partnership which operates solely as a feeder fund and invests all of its assets in Oaktree Emerging Markets Equity Fund, L.P. The investment objective of Oaktree Emerging Markets Equity Fund, L.P is to seek attractive risk-adjusted returns by investing primarily in equities listed in emerging markets in Asia, Latin America, Eastern Europe, the Middle East and Africa. The Fund focuses primarily on listed equities but, in some instances, may also invest in private or unlisted equity interests, debt securities and derivative products. The Plan has no unfunded commitments relating to this limited partnership as of December 31, 2024.

## Pension Plan for Employees of Givaudan

Notes to Financial Statements

December 31, 2024 and 2023

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

<b>Assets at Fair Value as of December 31, 2024</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Money market fund	\$ 2,207,803	\$ -	\$ -	\$ 2,207,803
Mutual funds	35,339,490	-	-	35,339,490
<b>Total assets in the fair value hierarchy</b>	<b>37,547,293</b>	<b>-</b>	<b>-</b>	<b>37,547,293</b>
Investments measured at net asset value (a)	-	-	-	173,537,908
<b>Total investments at fair value</b>	<b>\$ 37,547,293</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 211,085,201</b>

<b>Assets at Fair Value as of December 31, 2023</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Money market fund	\$ 6,101,298	\$ -	\$ -	\$ 6,101,298
Mutual funds	44,568,428	-	-	44,568,428
<b>Total assets in the fair value hierarchy</b>	<b>50,669,726</b>	<b>-</b>	<b>-</b>	<b>50,669,726</b>
Investments measured at net asset value (a)	-	-	-	199,360,335
<b>Total investments at fair value</b>	<b>\$ 50,669,726</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 250,030,061</b>

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

## Pension Plan for Employees of Givaudan

Notes to Financial Statements

December 31, 2024 and 2023

### Investments Measured Using NAV per Share Practical Expedient

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023, respectively.

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common collective trust funds	\$ 168,983,339	\$ -	Daily	5 days
Limited partnerships	4,554,569	-	No restrictions outside of partnership agreement	N/A
<b>Total</b>	<b>\$ 173,537,908</b>	<b>\$ -</b>		

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common collective trust funds	\$ 193,978,996	\$ -	Daily	5 days
Limited partnerships	5,381,339	-	No restrictions outside of partnership agreement	N/A
<b>Total</b>	<b>\$ 199,360,335</b>	<b>\$ -</b>		

### 5. Concentrations

As of December 31, 2024 and 2023, the Plan had investments of \$152,498,570 and \$ 158,800,184, respectively, that were concentrated in two funds in 2024 and 2023.

# Pension Plan for Employees of Givaudan

Notes to Financial Statements

December 31, 2024 and 2023

## 6. Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, Bank of New York Mellon/BNY Mellon, the Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023 and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

## 7. Related-Party and Party in Interest Transactions

The Plan's investments are administered under a contract with Bank of New York Mellon/BNY Mellon, the Trustee of the Plan. Contributions are held and managed by Bank of New York Mellon/BNY Mellon, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

## 8. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

# Pension Plan for Employees of Givaudan

Notes to Financial Statements

December 31, 2024 and 2023

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

## 9. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated January 30, 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, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require 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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## 10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market 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 are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

## Pension Plan for Employees of Givaudan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 31-1707845 Plan Number: 002

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Money Market Fund				
	JP Morgan	U.S. Government Money Market	\$ 2,207,803	\$ 2,207,803
Mutual Funds				
	State Street Global Advisors	International Index Non Lending Fund	6,276,434	10,417,216
	State Street Global Advisors	U.S. Total Market Index Fund	10,255,470	24,922,274
Total mutual funds			16,531,904	35,339,490
Investments Valued at NAV				
	Aon Trust Company LLC	20+ Year U.S. Treasury Strips Fund	191,854	154,632
	Aon Trust Company LLC	Long Credit Bond Fund	138,577,017	127,576,296
	Aon Trust Company LLC	U.S. Long Government Bond Index Fund	2,656,235	2,605,621
	Aon Trust Company LLC	U.S. Intermediate Government Bond Index	2,186,810	2,255,409
	Aon Trust Company LLC	High Yield Plus Fund	793,067	792,863
	Aon Trust Company LLC	Multi Asset Credit Fund	7,765,826	9,167,148
	Aon Trust Company LLC	Global Real Estate Fund	171,824	188,718
	Aon Trust Company LLC	Core Real Estate Fund	8,256,209	10,720,039
	Aon Trust Company LLC	Intermediate Credit Bond	3,166,505	3,325,513
	NISA	Ultra Mid Treasury CIF	3,292,668	3,386,689
	NISA	Ultra Long Treasury CIF	9,871,196	8,810,411
	Oaktree Emerging Market Equity Fund (Cayman) LP	Shares: 4,033,797	3,554,175	4,033,797
	Sigma Partners VI, LP	Shares: 481,629	1,397,225	481,629
	CHL Medical Partners II, LP	Shares: 21,083	1,605,277	21,083
	Advanced Technology VenturesVII, LP	Shares: 18,060	1,451,993	18,060
Total investments valued at NAV			184,937,881	173,537,908
			\$ 203,677,588	\$ 211,085,201

\*A party in interest as defined by ERISA.

## Pension Plan for Employees of Givaudan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 31-1707845 Plan Number: 002

Year Ended December 31, 2024

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
<b>Single Transactions</b>									
	JP Morgan	US Government Money Market	\$ 23,800,000	\$ -	\$ -	-	\$ 23,800,000	\$ 23,800,000	-
	JP Morgan	US Government Money Market	-	36,040,016	-	-	36,040,016	36,040,016	-
<b>Total Single Transactions</b>			<b>\$ 23,800,000</b>	<b>\$ 36,040,016</b>	<b>\$ -</b>	<b>-</b>	<b>\$ 59,840,016</b>	<b>\$ 59,840,016</b>	<b>\$ -</b>
<b>Series Transactions</b>									
42	JP Morgan	US Government Money Market	\$ 53,536,768	\$ -	\$ -	-	\$ 53,536,768	\$ 53,536,768	-
42	JP Morgan	US Government Money Market	-	57,430,263	-	-	57,430,263	57,430,263	-
3	NISA	NISA Ultra Long Treasury	6,860,000	-	-	-	6,860,000	6,860,000	-
5	NISA	NISA Ultra Long Treasury	-	15,300,000	-	-	14,488,804	15,300,000	811,196
2	Aon Trust Company LLC	Intermediate Credit Bond	9,550,000	-	-	-	9,550,000	9,550,000	-
1	Aon Trust Company LLC	Intermediate Credit Bond	-	9,500,000	-	-	9,383,495	9,500,000	116,505
7	BNY Mellon	BNY Mellon Cash Reserve	8,375,554	-	-	-	8,375,554	8,375,554	-
7	BNY Mellon	BNY Mellon Cash Reserve	-	8,375,554	-	-	8,375,554	8,375,554	-
<b>Total Series Transactions</b>			<b>\$ 78,322,322</b>	<b>\$ 90,605,817</b>	<b>\$ -</b>	<b>-</b>	<b>\$ 168,000,438</b>	<b>\$ 168,928,139</b>	<b>\$ 927,701</b>

\*A party in interest as defined by ERISA.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for Employees of Givaudan  
EIN: 31-1707845 PN: 002

Schedule SB, line 26a – Schedule of Active Participant Data  
as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		7	1							
25-29		6	2							
30-34			1							
35-39		4	1	1	3					
40-44		6	5	1	8	5				
45-49		3	1	3	5	32	11			
50-54		4	3	3	5	36	26	9		
55-59		3	1	1	10	45	26	14	8	
60-64		2		1	8	15	15	21	9	3
65-69				2	4	10	3	8	3	1
70+			1			1	3			4

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Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for Employees of Givaudan  
EIN: 31-1707845 PN: 002

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

**Interest Rates for Minimum Funding and  
Maximum Deductible Purposes**

Based on the full yield curve with no lookback (as of  
December 2023) (to which the interest rate stabilization  
does not apply), with sample rates as shown below.

- Duration 0.5–5.46%
- Duration 5.5–4.81%
- Duration 10.5–5.13%
- Duration 15.5–5.24%
- Duration 20.5–5.22%
- Duration 25.5–5.18%
- Duration 30.5–5.17%

**Salary Increases**

Minimum Funding Target Normal Cost Not Applicable

Maximum Tax Expected Benefit Increase Not Applicable

**Social Security Wage Base Increases** Not Applicable

**Optional Payment Form Election Percentage**

For Givaudan and Local 703 employees

- 35% life annuity
- 35% joint and 50% survivor annuity
- 30% joint and 100% survivor annuity

For Quest Salaried employees

- 25% life annuity
- 75% lump sum

For Quest Hourly employees

- 35% life annuity
- 35% joint and 50% survivor annuity
- 30% joint and 100% survivor annuity

**Optional Payment Form Conversion Interest  
Rate**

Same as funding interest rates above for lump sums

**Optional Payment Form Conversion Mortality**

Current IRC section 417(e) table for lump sums

**Retirement Age**

Active Participants See Table 1

Terminated Vested Participants Age 64

**Mortality Rates**

Healthy 2024 generational mortality tables for annuitants and  
non-annuitants per §1.430(h)(3)-1(b)

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for Employees of Givaudan  
EIN: 31-1707845 PN: 002

Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994
<b>Withdrawal Rates</b>	See Table 2
<b>Disability Rates</b>	See Table 3
<b>Decrement Timing</b>	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
<b>Surviving Spouse Benefit</b>	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
<b>Valuation Compensation</b>	For Givaudan employees and Quest Salaried employees: Not applicable  For Quest Hourly employees and Local 703 employees: Benefits are not salary related
<b>Benefit Limits</b>	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000.
<b>Valuation of Plan Assets</b>	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.  A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
<b>Expected Return on Assets</b>	
2022 Plan Year	6.25%, limited to 5.92%
2023 Plan Year	6.25%, limited to 5.74%
2024 Plan Year	6.25%, limited to 5.59%
<b>Trust Expenses Included in Target Normal Cost</b>	The prior year's administrative and investment expenses, adjusted for expected deviation in fees and PBGC premiums for the current year and rounded up to the next \$1,000
<b>Actuarial Method</b>	Standard unit credit cost method
<b>Valuation Date</b>	January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Pension Plan for Employees of Givaudan  
 EIN: 31-1707845 PN: 002

Table 1

**Retirement Rates**

<b>Age</b>	<b>Rate</b>
50	5.00%
51	5.00%
52	5.00%
53	5.00%
54	5.00%
55	8.00%
56	8.00%
57	8.00%
58	8.00%
59	8.00%
60	10.00%
61	10.00%
62	20.00%
63	15.00%
64	15.00%
65	30.00%
66	30.00%
67	30.00%
68	20.00%
69	40.00%
70+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for Employees of Givaudan  
EIN: 31-1707845 PN: 002

Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	7.9384%	7.9384%	45	5.1633%	5.1633%
16	7.9384%	7.9384%	46	4.9291%	4.9291%
17	7.9384%	7.9384%	47	4.6643%	4.6643%
18	7.9384%	7.9384%	48	4.3606%	4.3606%
19	7.9384%	7.9384%	49	4.0117%	4.0117%
20	7.9384%	7.9384%	50	3.6161%	3.6161%
21	7.8989%	7.8989%	51	3.1803%	3.1803%
22	7.8587%	7.8587%	52	2.7184%	2.7184%
23	7.8169%	7.8169%	53	2.2489%	2.2489%
24	7.7723%	7.7723%	54	1.7932%	1.7932%
25	7.7242%	7.7242%	55	1.3713%	1.3713%
26	7.6714%	7.6714%	56	0.9995%	0.9995%
27	7.6132%	7.6132%	57	0.6880%	0.6880%
28	7.5484%	7.5484%	58	0.4414%	0.4414%
29	7.4766%	7.4766%	59	0.2580%	0.2580%
30	7.3966%	7.3966%	60	0.1315%	0.1315%
31	7.3077%	7.3077%	61	0.0535%	0.0535%
32	7.2098%	7.2098%	62	0.0137%	0.0137%
33	7.1022%	7.1022%	63+	0.0000%	0.0000%
34	6.9851%	6.9851%			
35	6.8583%	6.8583%			
36	6.7230%	6.7230%			
37	6.5800%	6.5800%			
38	6.4302%	6.4302%			
39	6.2743%	6.2743%			
40	6.1129%	6.1129%			
41	5.9439%	5.9439%			
42	5.7652%	5.7652%			
43	5.5766%	5.5766%			
44	5.3767%	5.3767%			

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for Employees of Givaudan  
EIN: 31-1707845 PN: 002

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

**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)

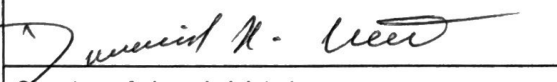
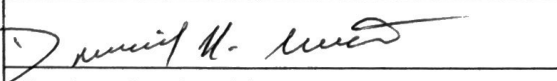
**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here: ..... ▶

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan PENSION PLAN FOR EMPLOYEES OF GIVAUDAN	<b>1b</b> Three-digit plan number (PN) ▶	002
	<b>1c</b> Effective date of plan	12/01/1941
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  GIVAUDAN FRAGRANCES CORPORATION  300 WATERLOO VALLEY ROAD  MOUNT OLIVE NJ 07828	<b>2b</b> Employer Identification Number (EIN)	31-1707845
	<b>2c</b> Plan Sponsor's telephone number	973-448-6500
	<b>2d</b> Business code (see instructions)	325900

**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		10/14/25	DAVID WEST
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/25	
	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

## Pension Plan for Employees of Givaudan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 31-1707845 Plan Number: 002

Year Ended December 31, 2024

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
<b>Single Transactions</b>									
	JP Morgan	US Government Money Market	\$ 23,800,000	\$ -	\$ -	\$ -	\$ 23,800,000	\$ 23,800,000	\$ -
	JP Morgan	US Government Money Market	-	36,040,016	-	-	36,040,016	36,040,016	-
<b>Total Single Transactions</b>			<b>\$ 23,800,000</b>	<b>\$ 36,040,016</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 59,840,016</b>	<b>\$ 59,840,016</b>	<b>\$ -</b>
<b>Series Transactions</b>									
42	JP Morgan	US Government Money Market	\$ 53,536,768	\$ -	\$ -	\$ -	\$ 53,536,768	\$ 53,536,768	\$ -
42	JP Morgan	US Government Money Market	-	57,430,263	-	-	57,430,263	57,430,263	-
3	NISA	NISA Ultra Long Treasury	6,860,000	-	-	-	6,860,000	6,860,000	-
5	NISA	NISA Ultra Long Treasury	-	15,300,000	-	-	14,488,804	15,300,000	811,196
2	Aon Trust Company LLC	Intermediate Credit Bond	9,550,000	-	-	-	9,550,000	9,550,000	-
1	Aon Trust Company LLC	Intermediate Credit Bond	-	9,500,000	-	-	9,383,495	9,500,000	116,505
7	BNY Mellon	BNY Mellon Cash Reserve	8,375,554	-	-	-	8,375,554	8,375,554	-
7	BNY Mellon	BNY Mellon Cash Reserve	-	8,375,554	-	-	8,375,554	8,375,554	-
<b>Total Series Transactions</b>			<b>\$ 78,322,322</b>	<b>\$ 90,605,817</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 168,000,438</b>	<b>\$ 168,928,139</b>	<b>\$ 927,701</b>

\*A party in interest as defined by ERISA.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

▶ **Round off amounts to nearest dollar.**

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

<b>A</b> Name of plan PENSION PLAN FOR EMPLOYEES OF GIVAUDAN	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GIVAUDAN FRAGRANCES CORPORATION	<b>D</b> Employer Identification Number (EIN) 31-1707845	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information			
<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	259,632,971
	<b>b</b> Actuarial value .....	<b>2b</b>	285,596,268
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	313	136,488,735
	<b>b</b> For terminated vested participants .....	627	53,667,962
	<b>c</b> For active participants .....	414	77,934,680
	<b>d</b> Total .....	1,354	268,091,377
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.15%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	199,906
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	1,450,000
	<b>c</b> Target normal cost .....	<b>6c</b>	1,649,906

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

<b>SIGN HERE</b>	WENDY W. HOM		
	Signature of actuary		10/01/2025 Date
	WENDY W. HOM Type or print name of actuary		2305926 Most recent enrollment number
	AON CONSULTING, INC. Firm name		973-463-6139 Telephone number (including area code)
	MSC# 17741 P.O. BOX 6718 SOMERSET NJ 08875 Address of the firm		

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2024**  
v. 240311



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

**21** Discount rate:

**a** Segment rates:

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

**22** Weighted average retirement age ..... **22** 60

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

**Part VI Miscellaneous Items**

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

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

**26** 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** 1,649,906

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	28,595,229	2,794,267
<b>b</b> Waiver amortization installment .....	0	0

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

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 4,444,173

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	4,444,173	4,444,173

**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** 3,692,703

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

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 3,692,703

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 3,692,703

**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 SB Attachment (Form 5500) –2024 Plan Year  
 Pension Plan for Employees of Givaudan  
 EIN: 31-1707845 PN: 002

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

<b>Date</b>	<b>Amount</b>	<b>Days to Discount to 1/1/2024 at 5.15%</b>	<b>Interest Adjusted Contribution</b>
August 5, 2025	\$ 4,000,000	582	\$ 3,692,703
Total Contribution	\$ 4,000,000		\$ 3,692,703

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for Employees of Givaudan  
EIN: 31-1707845 PN: 002

## Schedule SB, line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
50.5	5.00%	1.0000	2.53
51.5	5.00%	0.9500	2.45
52.5	5.00%	0.9025	2.37
53.5	5.00%	0.8574	2.29
54.5	5.00%	0.8145	2.22
55.5	8.00%	0.7738	3.44
56.5	8.00%	0.7119	3.22
57.5	8.00%	0.6549	3.01
58.5	8.00%	0.6025	2.82
59.5	8.00%	0.5543	2.64
60.5	10.00%	0.5100	3.09
61.5	10.00%	0.4590	2.82
62.5	20.00%	0.4131	5.16
63.5	15.00%	0.3305	3.15
64.5	15.00%	0.2809	2.72
65.5	30.00%	0.2388	4.69
66.5	30.00%	0.1671	3.33
67.5	30.00%	0.1170	2.37
68.5	20.00%	0.0819	1.12
69.5	40.00%	0.0655	1.82
70	100.00%	0.0393	2.75
Weighted Average			60.01

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for Employees of Givaudan  
EIN: 31-1707845 PN: 002

Schedule SB, line 26b – Schedule of Projection of Expected  
Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,189,296	1,011,204	11,868,168	14,068,668
2025	1,878,763	1,064,305	11,655,285	14,598,353
2026	2,461,718	1,311,344	11,439,680	15,212,742
2027	2,950,585	1,722,392	11,214,428	15,887,405
2028	3,502,462	1,863,653	10,967,547	16,333,662
2029	3,981,073	2,307,190	10,715,382	17,003,645
2030	4,384,731	2,532,856	10,457,305	17,374,892
2031	4,781,748	2,988,320	10,181,793	17,951,861
2032	5,095,925	3,136,992	9,895,203	18,128,120
2033	5,382,410	3,435,478	9,595,883	18,413,771
2034	5,648,880	3,624,473	9,282,234	18,555,587
2035	5,838,066	3,850,125	8,954,301	18,642,492
2036	6,029,309	4,070,078	8,611,720	18,711,107
2037	6,182,004	4,378,926	8,255,045	18,815,975
2038	6,270,988	4,525,039	7,885,020	18,681,047
2039	6,351,703	4,720,695	7,502,593	18,574,991
2040	6,378,132	4,710,111	7,108,955	18,197,198
2041	6,371,066	4,716,925	6,705,671	17,793,662
2042	6,361,194	4,749,281	6,294,699	17,405,174
2043	6,301,116	4,714,547	5,878,409	16,894,072
2044	6,182,409	4,645,131	5,459,547	16,287,087
2045	6,057,295	4,561,211	5,041,075	15,659,581
2046	5,907,397	4,460,752	4,626,174	14,994,323
2047	5,746,858	4,343,542	4,218,110	14,308,510
2048	5,566,648	4,216,464	3,820,090	13,603,202
2049	5,358,221	4,080,350	3,435,249	12,873,820
2050	5,142,956	3,927,842	3,066,611	12,137,409
2051	4,915,563	3,770,424	2,716,958	11,402,945
2052	4,678,773	3,599,761	2,388,621	10,667,155
2053	4,429,574	3,420,320	2,083,396	9,933,290
2054	4,171,396	3,233,657	1,802,479	9,207,532
2055	3,906,422	3,038,943	1,546,524	8,491,889
2056	3,638,395	2,839,336	1,315,654	7,793,385
2057	3,365,747	2,639,164	1,109,466	7,114,377
2058	3,092,612	2,435,928	927,116	6,455,656

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for Employees of Givaudan  
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	2,824,987	2,233,955	767,481	5,826,423
2060	2,558,314	2,034,628	629,185	5,222,127
2061	2,298,724	1,839,908	510,666	4,649,298
2062	2,049,338	1,652,769	410,242	4,112,349
2063	1,815,523	1,471,906	326,097	3,613,526
2064	1,591,326	1,299,997	256,416	3,147,739
2065	1,383,752	1,138,222	199,417	2,721,391
2066	1,191,246	987,542	153,370	2,332,158
2067	1,016,246	848,706	116,653	1,981,605
2068	858,666	722,200	87,758	1,668,624
2069	718,669	608,300	65,324	1,392,293
2070	595,728	507,024	48,149	1,150,901
2071	489,122	418,108	35,183	942,413
2072	397,804	341,070	25,526	764,400
2073	320,553	275,207	18,427	614,187

Schedule SB Attachment (Form 5500) —2024 Plan Year  
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## Schedule SB, Part V — Summary of Plan Provisions

The following summary describes principal plan provisions used in calculating the cost of the plan.

### All Employees With the Exception of Quest Salaried, Quest Hourly, and Local Union 703

#### General Information

Original Effective Date	December 1, 1941
Effective Date of Last Amendment	October 30, 2024
Plan Year	January 1 to December 31
Employer Fiscal Year	January 1 to December 31
Employer ID Number	31-1707845
Plan Administrator's ID Number	31-1707845
Plan Number	002
Plan Administrator	Administrative Committee

#### Eligibility

Each eligible employee shall be eligible for coverage under the plan on the first of the month coincident with or following the date he or she reaches age 21 and completes one year of eligibility service.

The term eligible employee shall not include employees who are:

- (1) Included in a collective bargaining unit for which no specific written agreement on the time and the terms of participation in the plan has been reached;
- (2) Hired on a temporary basis with a limited term of employment;
- (3) Leased employees as defined in Section 414(n)(2) of the Code; and
- (4) Employed by a business acquired on or after the effective date unless authorized by resolution adopted by the Board.
- (5) Hired or rehired after September 1, 2004.

The plan was amended effective July 25, 2016 to include employees of Local Union No. 703 who were included in the acquisition of Spicetec effective July 25, 2016.

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Pension Plan for Employees of Givaudan  
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**Service**

Year of Service for Eligibility

A year of service for each consecutive 12-month period in which the employee performs at least one hour of service.

Service prior to age 18 is excluded.

Service as a leased employee is counted for vesting.

Credited Service

A year of service for each consecutive 12-month period in which the employee performs at least one hour of service. Measured from the first of the month coincident with or next following date of hire to the first of the month coincident with or next following date of termination.

**Compensation**

Basic rate of salary for a calendar year excluding bonuses, overtime pay, expenses, allowances, commissions, shift premiums, and any other form of special compensation. Effective January 1, 1991, performance bonuses earned and paid prior to termination of employment in 1991 and thereafter are included. If a determination period is less than 12 months, the 401(a)(17) salary cap will be prorated based on completed months.

For participants who became eligible employees after December 31, 2001, compensation will also include overtime pay and shift differentials.

**Average Compensation**

The highest consecutive 60 months of the last 120 months preceding date of determination.

**Accrued Benefit**

The accrued benefit at any time prior to participant's normal retirement date shall be the normal retirement benefit calculated using average compensation and credited service as of the accrual date.

**Normal Retirement Date**

Eligibility for retirement: The first day of the month coinciding with or immediately following the later of a member's sixty-fifth birthday or the fifth anniversary of participation.

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**Normal Retirement Benefit**

1.5% average earnings plus 0.3% in excess of covered compensation times service not in excess of 30 years effective January 1, 1992.

1.2% average earnings plus 0.3% in excess of covered compensation times service not in excess of 35 years for participants who became eligible employees after December 31, 2001.

In addition, the following benefits provide minimum accrued benefits:

- (1) Monthly accrued benefit as of December 31, 1988 minus the monthly benefit that could be provided by the value of the refund of the participant's employee contributions account.
- (2) Accrued benefit as of June 30, 1992 under the terms of the Roure Plan.
- (3) Accrued benefit as of December 31, 1993 plus the accrued benefit based on credited service after December 31, 1993.
- (4) Accrued benefit as of January 1, 1998 under the terms of the Tastemaker Retirement Plan.

The plan was amended to cease benefit accruals for Givaudan Salaried and Non-union Hourly employees at December 31, 2016.

**Early Retirement Date**

Eligibility for Retirement

The first day of the month coinciding with or immediately following the date on which a member attains age 55 and completes 10 years of service.

If employed by Givaudan-Roure between January 1, 1992 and July 1, 1995 – The first day of the month coinciding with or immediately following the date on which a member attains age 50, completes 10 years of service, and age last birthday plus service equals or exceeds 75.

If a participant of the Tastemaker Plan as of December 31, 1997 – The first day of the month coinciding with or immediately following the date on which a member attains age 55 and completes five years of service.

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**Early Retirement Benefit**

The amount of the early retirement benefit is based on average compensation and years of credited service to date of determination.

- (1) Early payment of retirement benefits for participants not eligible for early retirement at date of termination – Benefits are reduced actuarially.
- (2) Early payment of retirement benefits for participants eligible for early retirement at date of termination – Benefits are reduced as follows:

Age	Percentage	Age	Percentage
62–65	0%	56	24%
61	4%	55	28%
60	8%	54	32%
59	12%	53	36%
58	16%	52	39%
57	20%	51	42%
		50	45%

**Transferred Employee**

An employee of Fritzsche, Dodge & Olcott (FDO) at the close of business on December 31, 1990, who became an employee of Givaudan on January 1, 1991, receives vesting and eligibility service but not benefit service prior to January 1, 1991.

An employee of FIS Nestlé at the close of business on April 30, 2002, who became an employee of Givaudan on May 1, 2002, receives vesting and eligibility service but not benefit service prior to May 1, 2002.

**Death Benefit**

If a vested participant or a vested former participant who is married at the time of death and dies prior to the earlier of the commencement of annuity payments or his normal retirement date, his spouse shall receive, for the remainder of such spouse's lifetime, a monthly benefit equal to 50% of the reduced amount which the participant would have received had his date of death been his date of termination and payments commenced on his early or normal retirement date, whichever is applicable.

**Vested Benefit**

Benefits will vest 100% upon completion of five years of service (consecutive 12-month period) completed after age 18.

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**Normal Form of Payment**

The normal form of payment of a retirement benefit under the plan for a participant who has an eligible spouse on his benefit commencement date is an unreduced benefit provided under a 50% qualified joint and survivor annuity unless the participant elects in writing, with the written consent of his or her spouse, not to take such qualified joint and survivor annuity. Otherwise, the retirement benefit shall be paid in the form of a life annuity form.

**Optional Methods of Settlement**

In lieu of the normal form of pension, a participant may elect to receive an actuarially equivalent benefit payable under one of the options described below:

- (1) 50%, 66 $\frac{2}{3}$ %, 75% or 100% joint and survivor option with survivor benefit payable to either spouse or beneficiary.
- (2) 5, 10 or 15 year period certain and life option (but not exceeding the life expectancy of the participant).
- (3) Single life annuity payable for the lifetime of the participant only.

**Additional Information**

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

## Plan Changes Since Prior Year

The Plan was amended to provide for a one-time lump sum window during which certain active and terminated vested participants could elect to receive their full benefit in the form of a lump sum payment to be paid in December 2024. The lump sum window did not cover current and former employees of Local Union 703. The lump sum window amendment does not impact the funding and plan reporting valuations as of January 1, 2024.

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Pension Plan for Employees of Givaudan  
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## Quest Salaried Employees

### General Information

Prior Plan Original Effective Date	July 8, 1997
Effective Date of Last Amendment	December 31, 2016
Prior Plan Year	January 1 to December 31
Prior Employer Fiscal Year	January 1 to December 31
Prior Employer ID Number	14-1916513
Prior Plan Administrator's ID Number	14-1916513
Prior Plan Number	036
Prior Plan Administrator	Administrative Committee

### Eligibility

Eligible employee means either (i) an expatriate employee or (ii) a non-union employee who is employed at a location of a participating company to which this plan has been extended. Only employees hired prior to March 2, 2001 or rehired prior to April 1, 2002 are eligible to participate.

### Service

**Vesting Service** All periods of service from employment date to determination date including full and partial years.

**Credited Service** All years of service starting on the date of participation.

### Compensation

Amounts paid for services including wages, shift differential, overtime, commissions and bonus payments.

### Average Compensation

Highest consecutive 60 months of the last 120 months preceding date of determination.

### Normal Retirement Date

The first day of the month following the later of the sixty-fifth birthday or the fifth anniversary of participation.

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**Normal Retirement Benefit**

An annual benefit equal to the sum of (1) and (2), less (3):

- (1) 1.25% of average compensation up to and including covered compensation times credited service; and
- (2) 1.50% of average compensation in excess of covered compensation times credited service.
- (3) Any amount resulting from coverage under another plan maintained by ICI Americas Inc. or a company predecessor plan for a period during which the participant accrues benefits under this plan.

The plan was amended to cease benefit accruals for Quest Salaried and Non-Union Hourly employees at December 31, 2016.

**Early Retirement Date**

Eligibility for Retirement

The first day of the month following the date on which a member attains age 55 and five years of vesting service.

Early Retirement Benefit

The amount of the early retirement benefit is based on average compensation and years of credited service to date of determination.

- (1) Early payment of retirement benefits for participants not eligible for early retirement at date of termination—Benefits are reduced by 4% for each year by which his benefit commencement date precedes the first day of the month coinciding with or otherwise next following his sixtieth birthday.
- (2) Full benefits are available at age 60 or older with at least five years of vesting service, or if age plus years of vesting service total at least 85 where the participant is at least age 55.

**Death Benefit**

If a vested participant or a vested former participant who is married at the time of death and dies prior to the earlier of the commencement of annuity payments or his normal retirement date, his spouse shall receive, for the remainder of such spouse's lifetime, a monthly benefit equal to 50% of the reduced amount which the participant would have received had his date of death been his date of termination and payments commenced on his early or normal retirement date whichever is applicable.

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If such participant does not have a surviving spouse, then the participant's estate shall receive a lump sum which is the actuarial equivalent of a benefit otherwise payable to a surviving spouse who was the same age as the participant on his date of death.

**Vested Benefit**

Benefits will vest 100% upon completion of five years of service (consecutive 12-month period) completed after age 18.

**Normal Form of Payment**

The normal form of payment of a retirement benefit under the plan for a participant who has an eligible spouse on his benefit commencement date is a reduced benefit provided under a 50% qualified joint and survivor annuity unless the participant elects in writing, with the written consent of his or her spouse, not to take such qualified joint and survivor annuity. Otherwise, the retirement benefit shall be paid in the form of a life annuity form.

**Optional Methods of Settlement**

In lieu of the normal form of pension, a participant may elect to receive an actuarially equivalent benefit payment under one of the options described below:

- (1) 50%, 75% or 100% joint and survivor option with survivor benefit payable to either spouse or beneficiary.
- (2) 5 or 10 year period certain and life option (but not exceeding the life expectancy of the participant).
- (3) Single life annuity payable for the lifetime of the participant only.
- (4) Lump sum.

**Additional Information**

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

## Plan Changes Since the Prior Year

The Plan was amended to provide for a one-time lump sum window during which certain active and terminated vested participants could elect to receive their full benefit in the form of a lump sum payment to be paid in December 2024. The lump sum window did not cover current and former employees of Local Union 703. The lump sum window amendment does not impact the funding and plan reporting valuations as of January 1, 2024.

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Pension Plan for Employees of Givaudan  
EIN: 31-1707845 PN: 002

## Quest Hourly Employees

### General Information

Prior Plan Original Effective Date	September 1, 1968
Prior Plan Effective Date of Last Amendment	January 1, 2011
Prior Plan Year	January 1 to December 31
Prior Employer Fiscal Year	January 1 to December 31
Prior Employer ID Number	14-1916513
Prior Plan Administrator's ID Number	14-1916513
Prior Plan Number	036
Prior Plan Administrator	Administrative Committee

### Eligibility

Employees represented by the Union at the Quest International Itasca facility.

### Service

**Credited Service** One year is credited for each plan year in which an employee works at least 1,615 hours. A partial year is credited if an employee works less than 1,615 hours. In no event shall credited service exceed 30 years.

**Continuous Service** One year is credited for each plan year in which an employee works at least 1,000 hours.

### Accrued Benefit

The monthly amount equal to the normal retirement benefit payable at the normal retirement date. If the participant has satisfied the service requirement for early retirement, he may elect to receive the deferred vested benefit before the normal retirement date, but no earlier than the early retirement date, in which case the benefit payable is the actuarial equivalent of the accrued normal retirement benefit.

### Normal Retirement Date

Age 65.

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**Normal Retirement Benefit**

The monthly amount is the product of (i) the number of years of credited service and (ii) corresponding benefit rates.

Retirement on or after September 1, 1997 but prior to September 1, 1998:	\$22.00 per month;
Retirement on or after September 1, 1998 but prior to September 1, 1999:	\$24.00 per month
Retirement on or after September 1, 1999 but prior to September 1, 2000:	\$25.50 per month
Retirement on or after September 1, 2000 but prior to September 1, 2001:	\$26.50 per month
Retirement on or after September 1, 2001 but prior to September 1, 2002:	\$28.00 per month
Retirement on or after September 1, 2002 but prior to September 1, 2003:	\$30.00 per month
Retirement on or after September 1, 2003 but prior to September 1, 2004:	\$32.00 per month
Retirement on or after September 1, 2004 but prior to September 1, 2005:	\$34.00 per month
Retirement on or after September 1, 2005 but prior to September 1, 2006:	\$36.00 per month
Retirement on or after September 1, 2006 but prior to September 1, 2007:	\$37.00 per month
Retirement on or after September 1, 2007	\$38.00 per month

**Early Retirement Date**

Age 55 with at least 10 years of credited service.

**Early Retirement Benefit**

The monthly amount is the normal retirement benefit, reduced by 0.6% for each month by which the early retirement date precedes the normal retirement date.

**Postponed Retirement**

Any time after the normal retirement date.

**Postponed Retirement Benefit**

The monthly amount is the greater of (i) the normal retirement benefit determined using the benefit rate and credited service as of the retirement date, and (ii) the actuarial equivalent of the normal retirement benefit determined on the normal retirement date.

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**Death Benefit**

**Preretirement Death Benefits**

If the participant dies after having satisfied the service requirements for vesting, the surviving spouse receives 50% of the benefit that the participant would have been entitled to had he retired on the first day of the month of his death and had he not elected an optional form of benefit payment.

**Postretirement Death Benefits**

Only as provided for by the form of payment elected at retirement.

**Vested Benefit**

Benefits will vest 100% upon completion of five years of continuous service.

**Normal Form of Payment**

The normal form of payment of a retirement benefit under the plan for a participant who has an eligible spouse on his benefit commencement date is a reduced benefit provided under a 50% qualified joint and survivor annuity unless the participant elects in writing, with the written consent of his or her spouse, not to take such qualified joint and survivor annuity. Otherwise, the retirement benefit shall be paid in the form of a life annuity form.

**Optional Methods of Settlement**

In lieu of the normal form of pension, a participant may elect to receive an actuarially equivalent benefit payment under one of the options described below:

- (1) 50% or 100% joint and survivor option with survivor benefit payable to either spouse or beneficiary.
- (2) 5, 10 or 15 year period certain and life option (but not exceeding the life expectancy of the participant).
- (3) Single life annuity payable for the lifetime of the participant only.

**Additional Information**

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

## Plan Changes Since Prior Year

The Plan was amended to provide for a one-time lump sum window during which certain active and terminated vested participants could elect to receive their full benefit in the form of a lump sum payment to be paid in December 2024. The lump sum window did not cover current and former employees of Local Union 703. The lump sum window amendment does not impact the funding and plan reporting valuations as of January 1, 2024.

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## Local Union 703 Employees

### General Information

Effective Date of Amendment to Include Local Union 703 (Spicetec Employees) July 25, 2016

### Eligibility

Employees represented by the Union at the Carol Stream, Illinois facility (Teamster Local #703) as of July 25, 2016 or later.

Each eligible employee shall become a participant on the first day of the month coincident with or next following the date after (i) becoming an eligible employee, (ii) attaining age 21 and (iii) completing one year of service.

### Service

#### Credited Service

Credited service is generally equal to an employee's period of service during which he is a participant in the Plan (but not to exceed 30 years minus any Conagra credited service).

#### Vesting Service

One year of service is earned for each 365 days, beginning on the date you first complete an hour of service with Givaudan or related employer. Any years of service completed prior to age 18 will not be considered for vesting or early retirement purposes.

For employees of Conagra Foods Food Ingredient Company ("Conagra") who became employees of Givaudan on July 25, 2016 as a result of the Asset Purchase Agreement, their service with Conagra is included for eligibility and vesting purposes.

### Accrued Benefit

The monthly amount equal to the normal retirement benefit payable at the normal retirement date. If the participant has satisfied the service requirement for early retirement, he may elect to receive the deferred vested benefit before the normal retirement date, but no earlier than the early retirement date, in which case the benefit payable is the actuarial equivalent of the accrued normal retirement benefit.

### Normal Retirement Date

Age 65.

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**Normal Retirement Benefit**

The monthly retirement benefit is the product of (i) the number of years of credited service and (ii) the corresponding benefit rates.

Credited service earned from November 14, 2015 through November 13, 2016	\$31.00 per month
Credited service earned after November 13, 2016	\$32.00 per month
Credited service earned after November 17, 2022	\$33.00 per month

These increases reflect future years of service only (not retroactive to previous years).

**Early Retirement Date**

Age 55 with at least five years of credited service.

**Early Retirement Benefit**

The monthly amount is the normal retirement benefit, reduced by 3/10 of 1% for each of the first 60 months and 1/2 of 1% for each of the next 60 months by which the early retirement date precedes the normal retirement date.

**Late Retirement**

Any time after the normal retirement date.

**Late Retirement Benefit**

The monthly amount is the calculated in the same manner as for normal retirement but based on credited service through the late retirement date (but not to exceed 30 years minus any Conagra credited service).

**Disability Benefit**

If a participant becomes totally disabled after completing 10 years of service and is entitled to a disability benefit from the Social Security Administration, he is entitled to receive a disability retirement benefit based upon the benefit rate as of his date of disability and the credited service as of the date he stops working (but not to exceed 30 years minus any Conagra credited service). Disability benefits may commence on the earlier of normal retirement age or upon cessation of disability benefits under the Givaudan disability plan. There is no reduction for disability benefits payable prior to normal retirement age.

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**Death Benefit**

Preretirement Death Benefits

If the participant dies after having satisfied the service requirements for vesting, the surviving spouse receives 50% of the accrued benefit as of his date of death and reduced by  $\frac{1}{2}\%$  for each 12 months in excess of five years that the spouse's age at the date of the participant's death is less than the participant's age at date of death or increased by  $\frac{1}{2}\%$  for each 12 months in excess of five years that the spouse's age at the date of the participant's death is more than the participant's age at date of death.

Postretirement Death Benefits

Only as provided for by the form of payment elected at retirement.

**Vested Benefit**

Benefits will vest 100% upon completion of five years of service.

**Normal Form of Payment**

The normal form of payment of a retirement benefit under the plan for a participant who has an eligible spouse on his benefit commencement date is a reduced benefit provided under a 50% qualified joint and survivor annuity unless the participant elects in writing, with the written consent of his or her spouse, not to take such qualified joint and survivor annuity. Otherwise, the normal form of the retirement benefit is a single life annuity.

**Optional Methods of Settlement**

In lieu of the normal form of pension, a participant may elect to receive an actuarially equivalent benefit payment under one of the options described below:

- (1) 50%, 75% or 100% joint and survivor option with survivor benefit payable to either spouse or beneficiary.
- (2) Life annuity with 120 months period certain option.
- (3) Single life annuity payable for the lifetime of the participant only.

**Additional Information**

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

**Plan Changes Since the Prior Year**

The funding valuation does not reflect any plan changes.

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**Other Information to Fully and Fairly Disclose the Actuarial Position of  
the Plan**

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

## Pension Plan for Employees of Givaudan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 31-1707845 Plan Number: 002

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Money Market Fund				
	JP Morgan	U.S. Government Money Market	\$ 2,207,803	\$ 2,207,803
Mutual Funds				
	State Street Global Advisors	International Index Non Lending Fund	6,276,434	10,417,216
	State Street Global Advisors	U.S. Total Market Index Fund	10,255,470	24,922,274
		Total mutual funds	16,531,904	35,339,490
Investments Valued at NAV				
	Aon Trust Company LLC	20+ Year U.S. Treasury Strips Fund	191,854	154,632
	Aon Trust Company LLC	Long Credit Bond Fund	138,577,017	127,576,296
	Aon Trust Company LLC	U.S. Long Government Bond Index Fund	2,656,235	2,605,621
	Aon Trust Company LLC	U.S. Intermediate Government Bond Index	2,186,810	2,255,409
	Aon Trust Company LLC	High Yield Plus Fund	793,067	792,863
	Aon Trust Company LLC	Multi Asset Credit Fund	7,765,826	9,167,148
	Aon Trust Company LLC	Global Real Estate Fund	171,824	188,718
	Aon Trust Company LLC	Core Real Estate Fund	8,256,209	10,720,039
	Aon Trust Company LLC	Intermediate Credit Bond	3,166,505	3,325,513
	NISA	Ultra Mid Treasury CIF	3,292,668	3,386,689
	NISA	Ultra Long Treasury CIF	9,871,196	8,810,411
	Oaktree Emerging Market Equity Fund (Cayman) LP	Shares: 4,033,797	3,554,175	4,033,797
	Sigma Partners VI, LP	Shares: 481,629	1,397,225	481,629
	CHL Medical Partners II, LP	Shares: 21,083	1,605,277	21,083
	Advanced Technology VenturesVII, LP	Shares: 18,060	1,451,993	18,060
		Total investments valued at NAV	184,937,881	173,537,908
			\$ 203,677,588	\$ 211,085,201

\*A party in interest as defined by ERISA.

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Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 37,496,073	January 1, 2023	14	\$ 3,613,342
Shortfall	\$ (8,900,844)	January 1, 2024	15	\$ (819,075)