

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
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	
1a	Name of plan TATE & LYLE SALARIED PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 10/01/1998
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TATE & LYLE AMERICAS, INC. 2200 E. ELDORADO STREET DECATUR, IL 62521	2b Employer Identification Number (EIN) 36-4165865 2c Plan Sponsor's telephone number 217-421-2987 2d Business code (see instructions) 311900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	06/25/2026	MELISA BYRD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3403
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 270 6a(2) 267 6b 1986 6c 641 6d 2894 6e 446 6f 3340 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1I 3H

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan TATE & LYLE SALARIED PENSION PLAN	B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 TATE & LYLE AMERICAS, INC.	D Employer Identification Number (EIN) 36-4165865	

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

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	386220		10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	4790064
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	836926

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

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

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

4622337

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

508033

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

7c(6)

508033

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

5130370

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

338806

(2) Administration charge made by carrier.....

7e(2)

1500

(3) Transferred to separate account

7e(3)

(4) Other (specify below).....

7e(4)

▶

(5) Total deductions

7e(5)

340306

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

4790064

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan TATE & LYLE SALARIED PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TATE & LYLE AMERICAS, INC.	D Employer Identification Number (EIN) 36-4165865
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 10 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	409643802	
b	Actuarial value	2b	388182009	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	2447	283175113	283175113
b	For terminated vested participants	686	51256079	51256079
c	For active participants	270	31327908	32808058
d	Total	3403	365759100	367239250
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.33 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	1015000	
c	Target normal cost	6c	1015000	

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary MATTHEW C. BURLEY, A.S.A., E.A. Type or print name of actuary TRANSAMERICA Firm name PO BOX 428 CEDAR RAPIDS, IA 52406-0428 Address of the firm	04/24/2026 Date 26-05956 Most recent enrollment number 508-903-6015 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	31520473
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	31520473
10 Interest on line 9 using prior year's actual return of <u>15.37</u> %	0	4844697
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.19</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	16437411
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	19927759

Part III Funding Percentages

14 Funding target attainment percentage	14	100.27 %
15 Adjusted funding target attainment percentage	15	105.70 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.25 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ 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	1015000	
b Excess assets, if applicable, but not greater than line 31a	31b	1015000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

X

YesNo
- b

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

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	
13-3689044	

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 12 15 28 38 50 59 61 62 63 64	RECORD KEEPER	683742	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	1500	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025					
A Name of plan TATE & LYLE SALARIED PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TATE & LYLE AMERICAS, INC.				D Employer Identification Number (EIN) 36-4165865	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIQUID ASSETS SEP ACCT-R6					
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY					
c EIN-PN 42-0127290-024		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 836926		
a Name of MTIA, CCT, PSA, or 103-12 IE: TATE & LYLE MASTER INVESTMENT TRUST					
b Name of sponsor of entity listed in (a): TATE & LYLE AMERICAS, INC.					
c EIN-PN 36-4165865-055		d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 383051277		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in					

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

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

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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

Part I

Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	775844	836926
(11) Value of interest in master trust investment accounts	1c(11)	404245621	383051277
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4622337	4790064
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	409643802	388678267
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	409643802	388678267

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	508033	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		508033
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		61082
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		10022310
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		10591425

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	30528015	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		30528015
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1500	
(3) Recordkeeping fees	2i(3)	594742	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	89000	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	343703	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1028945
j Total expenses. Add all expense amounts in column (b) and enter total	2j		31556960

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-20965535
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **KRUGGEL, LAWTON & COMPANY, LLC**

(2) EIN: **35-1307701**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 577368.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025					
A Name of plan TATE & LYLE SALARIED PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TATE & LYLE AMERICAS, INC.				D Employer Identification Number (EIN) 36-4165865	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3689044 42-0127290					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	2
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 95.2%

High-Yield Debt: 2.1% Real Assets: _____% Cash or Cash Equivalents: 2.7% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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



TATE & LYLE
SALARIED PENSION PLAN

ANNUAL REPORT
September 30, 2025

TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

ANNUAL REPORT

September 30, 2025

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INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the financial statements of the Tate & Lyle Salaried Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements (Financial Statements).

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

Management has obtained certifications from qualified institutions as of and for the years ended September 30, 2025 and 2024, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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.

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year), as of September 30, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Respectfully submitted,



Certified Public Accountants

Knoxville, Tennessee
June 23, 2026

TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

September 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments, at fair value		
Principal Life Insurance Company Group Annuity Contract	5,626,990	5,398,181
Plan interest in the Tate & Lyle Master Investment Trust	383,051,277	404,245,620
Total investments	388,678,267	409,643,801
NET ASSETS AVAILABLE FOR BENEFITS	388,678,267	409,643,801

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

TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended September 30, 2025 and September 30, 2024

	<u>2025</u>	<u>2024</u>
ADDITIONS TO NET ASSETS:		
Investment income		
Net depreciation in fair value of investments	(25,292)	(73,915)
Dividend and interest income	166,025	168,534
Change in plan interest in Tate & Lyle Master Investment Trust	10,026,361	56,235,049
Total investment income	10,167,094	56,329,668
Total additions	10,167,094	56,329,668
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	30,193,258	30,281,146
Benefit index adjustment to unallocated contracts	(89,575)	(214,708)
Administrative expenses	1,028,945	1,033,816
Total deductions	31,132,628	31,100,254
NET INCREASE (DECREASE) PRIOR TO PLAN TRANSFERS	(20,965,534)	25,229,414
Plan transfers	0	1,711,000
NET INCREASE (DECREASE)	(20,965,534)	26,940,414
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	409,643,801	382,703,387
End of year	388,678,267	409,643,801

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

TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

NOTE 1 - DESCRIPTION OF PLAN

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

GENERAL

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

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

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

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

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

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

TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

PENSION BENEFITS

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

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

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

TERMINATION OF EMPLOYMENT BEFORE RETIREMENT

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

TRANSFERS INTO THE PLAN

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

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

BASIS OF ACCOUNTING

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

ESTIMATES

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

TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

INVESTMENT VALUATION AND INCOME RECOGNITION

The investments of the Master Trust and Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 10 for discussion of fair value measurements.

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

INVESTMENT IN GROUP ANNUITY CONTRACT

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

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

In accordance with regulations of the Department of Labor ("DOL") and U.S. generally accepted accounting principles regarding allocated insurance contracts in which the obligation to pay benefits is the responsibility of the insurance carrier, the present value of the Benefit Index portion of the contract valued at \$2,891,336 and \$3,072,861 at September 30, 2025 and 2024, respectively, has been excluded from Plan assets and the associated benefits have been removed from accumulated Plan benefits.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

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

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

The significant actuarial assumptions used in determining the actuarial present value of accumulated plan benefits at September 30, 2024 and 2023 are as follows:

A. Discount rate: 5.00% for 2024 and 5.50% for 2023, respectively

B. Average retirement age:

As of September 30, 2024:

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

Terminated vested participants are assumed to retire at age 65

TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

As of September 30, 2023:

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

Terminated vested participants are assumed to retire at age 65

C. Mortality:

Pre- and post-retirement

2024: PRI-2012 Employee Tables with Scale MP-2021

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

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

The actuarial present value of accumulated plan benefits as of September 30, 2024, as determined by independent actuaries, is as follows:

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving benefits	291,579,831
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Other participants	88,944,139
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Total vested benefits	380,523,970
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Non-vested benefits	1,555,854
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Total actuarial present value of accumulated plan benefits	382,079,824
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The change in actuarial present value of accumulated plan benefits for the year ended September 30, 2024 is as follows:

Actuarial present value of accumulated plan benefits as of September 30, 2023	375,860,689
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Increase (decrease) during the year attributable to:

Increase for interest accumulated	19,896,857
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Benefits paid	(30,281,146)
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Benefits accumulated and actuarial gains/losses	(55,540)
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Change in actuarial assumptions	16,658,964
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Net increase	6,219,135
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Actuarial present value of accumulated plan benefits as of September 30, 2024	382,079,824
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TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

The increase in accumulated benefit obligations relating to changes in actuarial assumptions was due to changes in the assumed interest rate used by the Plan.

NOTE 4 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Master Trust invested in a money market mutual fund issued by State Street. Additionally, as of and for the years ended September 30, 2025 and 2024, the Plan invested in a group annuity contract with Principal. Principal is the issuer of the group annuity contract and, as such, these transactions qualify as party-in-interest transactions. Amounts paid by the Plan to parties-in-interest included fees paid for audit services, investment management and actuarial services. The Plan is not charged for administrative services performed on its behalf by employees of the Company. Some fees paid by the Plan for the investment management services are included in net appreciation/(depreciation) in fair value of investments of the Plan and in interest income of the Master Trust.

NOTE 5 - FUNDING POLICY

Contributions made must adhere to or exceed the minimum funding requirements under ERISA, as determined by the Plan's actuary. The Company's contributions to the Plan for the years ended September 30, 2025 and 2024 satisfied the minimum funding requirements of ERISA. No contributions were required for the years ended September 30, 2025 and 2024. Participant contributions are not permitted under the Plan.

NOTE 6 - TAX STATUS

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2025, no uncertain positions are taken or are expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

NOTE 7 - CERTIFIED INVESTMENT INFORMATION

Certain information related to investments disclosed in the accompanying financial statements, including investments held at September 30, 2025 and 2024, and investment income for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Transamerica Trust Company, the current Trustee of the Tate & Lyle Master Investment Trust, State Street Bank and Trust Company, the Trustee of the Plan, and Principal. The Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified information to the related information included in the financial statements.

NOTE 8 - RISKS AND UNCERTAINTIES

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

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

TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

NOTE 9 - INTEREST IN MASTER TRUST (UNAUDITED)

The Master Trust was established for the investment of assets of the Plan and certain assets of one other Company-sponsored retirement plan. Each of the plans participating in the Master Trust has an undivided interest in the Master Trust. At September 30, 2025 and 2024, the Plan's interest in the net assets of the Master Trust was approximately 100.00 and 79.34 percent, respectively. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based on 1) whether it is related to a specific plan (100 percent allocated to that plan) or 2) balances invested by each plan.

The following presents the fair value of investments in the Master Trust at September 30, 2025 and 2024:

	<u>September 30, 2025</u>	
	Tate & Lyle Master Investment Trust	Plan Interest in Tate & Lyle Master Investment Trust
Investments, at Fair Value		
Asset backed securities	10,431,389	10,431,389
Collateralized mortgage obligations	14,786,320	14,786,320
Corporate bonds	296,212,458	296,212,458
Foreign government securities	3,085,310	3,085,310
Money market fund	9,441,831	9,441,831
U.S. government securities	49,093,969	49,093,969
Total investment, at fair value	383,051,277	383,051,277

	<u>September 30, 2024</u>	
	Tate & Lyle Master Investment Trust	Plan Interest in Tate & Lyle Master Investment Trust
Investments, at Fair Value		
Asset backed securities	30,235,274	23,987,193
Collateralized mortgage obligations	25,365,666	20,123,884
Corporate bonds	372,040,728	295,158,998
Foreign government securities	3,034,470	2,407,401
Money market fund	11,908,318	9,447,479
Total investment, at fair value	442,584,456	351,124,955

TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

The following are net appreciation/(depreciation) in the fair value of investments and investment income for the Master Trust for the years ended September 30, 2025 and 2024:

	2025	2024
Net appreciation/(depreciation) in fair value of investments	(10,403,584)	49,144,455
Interest	20,742,578	21,963,342

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

NOTE 10 - FAIR VALUE MEASUREMENTS OF ASSETS IN THE PLAN AND MASTER TRUST

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

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

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

Level 2 inputs to the valuation methodology include the following:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2025 and 2024.

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

TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

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

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

The following tables set forth by level within the fair value hierarchy the Plan's assets at fair value as of September 30, 2025 and 2024.

Investment Assets at Fair Value as of September 30, 2025

	Level 1	Level 2	Level 3	Total
Investment contract	0	0	4,790,064	4,790,064
Total assets in the fair value hierarchy	0	0	4,790,064	4,790,064
Investments measured at net asset value *				836,926
Total investment assets at fair value	0	0	4,790,064	5,626,990

Investment Assets at Fair Value as of September 30, 2024

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

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

TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

Changes in Fair Value of Level 3 Assets

The following table sets forth a summary of certain changes in the fair value of the Plan's level 3 investments in guaranteed investment contracts for the years ended September 30, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Purchases	61,176	203,449
Sales	(1,500)	(1,500)
Total	59,676	201,949

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

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of September 30, 2025 and 2024, and the significant unobservable inputs and the ranges of values for those inputs.

	<u>Fair Value September 30, 2025</u>	<u>Fair Value September 30, 2024</u>	<u>Valuation Technique</u>	<u>Significant Unobservable Inputs</u>
Principal Life Insurance Company Group Annuity Contract General Investment Account	4,790,064	4,662,337	Contract value as fair value	Risk-adjusted rate applied

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of September 30, 2025 and 2024, respectively. There are no participant redemption restrictions for these investments.

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
September 30, 2025:				
Pooled Separate Account	836,926	N/A	Daily	None
September 30, 2024:				
Pooled Separate Account	775,844	N/A	Daily	None

TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

The following tables set forth by level within the fair value hierarchy the Master Trust's assets at fair value as of September 30, 2025 and 2024.

Investment Assets at Fair Value as of September 30, 2025				
	Level 1	Level 2	Level 3	Total
Money market mutual funds	9,441,831	0	0	9,441,831
Asset backed securities	0	10,431,389	0	10,431,389
Collateralized mortgage obligations	0	14,786,320	0	14,786,320
Corporate bonds	0	296,212,458	0	296,212,458
Foreign government securities	0	3,085,310	0	3,085,310
U.S. government securities	0	49,093,969	0	49,093,969
Total investment assets at fair value	9,441,831	373,609,446	0	383,051,277

Investment Assets at Fair Value as of September 30, 2024				
	Level 1	Level 2	Level 3	Total
Money market mutual funds	11,908,318	0	0	11,908,318
Asset backed securities	0	30,235,274	0	30,235,274
Collateralized mortgage obligations	0	25,365,666	0	25,365,666
Corporate bonds	0	372,040,728	0	372,040,728
Foreign government securities	0	3,034,470	0	3,034,470
US government securities	0	66,957,306	0	66,957,306
Total investment assets at fair value	11,908,318	497,633,444	0	509,541,762

NOTE 11 - SUBSEQUENT EVENTS

The Company has evaluated subsequent events through the date the financial statements were available to be issued, no other events or transactions occurred through June 23, 2026, requiring recognition or disclosure in the financial statements.

In February 2026, the Company received an actuarial valuation report for the Plan year ended September 30, 2025. The actuarially determined present value of accumulated plan benefits under the Plan as of September 30, 2025 and for the year then ended is as follows (Unaudited):

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving benefits	283,986,679
Other participants	82,185,808
Total vested benefits	366,172,487
Non-vested benefits	1,592,017
Total actuarial present value of accumulated plan benefits	367,764,504

TATE & LYLE SALARIED PENSION PLAN

Decatur, Illinois

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

The change in actuarial present value of accumulated plan benefits for the year ended September 30, 2025 is as follows (Unaudited):

Actuarial present value of accumulated plan benefits as of September 30, 2024	382,079,824
Increase (decrease) during the year attributable to	
Increase for interest accumulated	18,343,130
Benefits paid	(30,193,258)
Benefits accumulated and actuarial gain/losses	(1,235,236)
Change in actuarial assumptions	(1,229,956)
Net decrease	(14,315,320)
Actuarial present value of accumulated plan benefits as of September 30, 2025	367,764,504

TATE & LYLE SALARIED PENSION PLANDecatur, Illinois

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

September 30, 2025

EIN: 36-4165865 PLAN NUMBER: 001

Information in support of Form 5500, Schedule H, Part IV, item 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or <u>Similar Party</u>	Description of Investment - Including Maturity Date, Rate of Interest, Par or <u>Maturity Value</u>		Current <u>Market Value</u>
		<u>Investment Contracts:</u>		
*	Principal Life Insurance Co	Group Annuity Contract		
		General Investment Account	4,626,493	4,790,064
*	Principal Life Insurance Co	Group Annuity Contract		
		Money Market Separate Account	718,679	836,926
Total				5,626,990

* Denotes party-in-interest

**Attachment to 2024 Form 5500 Schedule SB,
Line 26a – Schedule of Active Participant Data**

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

.....Completed Years of Credited Service											
<u>Age</u>	0 to <u>1</u>	1 to <u>4</u>	5 to <u>9</u>	10 to <u>14</u>	15 to <u>19</u>	20 to <u>24</u>	25 to <u>29</u>	30 to <u>34</u>	35 to <u>39</u>	40 <u>+</u>	<u>Total</u>
0 – 24	0	0	0	0	0	0	0	0	0	0	0
25 – 29	0	0	0	0	0	0	0	0	0	0	0
30 – 34	0	0	0	0	0	0	0	0	0	0	0
35 – 39	0	9	0	0	0	0	0	0	0	0	9
40 – 44	0	28	14	0	0	0	0	0	0	0	42
45 – 49	0	18	18	12	1	0	0	0	0	0	49
50 – 54	0	16	21	18	7	0	0	0	0	0	62
55 – 59	0	15	17	12	5	6	0	0	0	0	55
60 – 64	0	9	13	6	3	7	9	1	0	0	48
65 – 69	0	2	0	0	1	0	0	0	0	0	3
70 & Up	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>2</u>
Totals	0	98	83	48	18	13	9	1	0	0	270

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

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

A ACTUARIAL COST METHOD

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

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

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

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

B ASSET VALUATION METHOD

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

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

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

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

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

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

C INTEREST RATE METHODS

Target Liability Interest Rates

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

PBGC Interest Rates

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

1st Segment 4.17%

2nd Segment 4.76%

3rd Segment 5.25%

Effective Rate 4.86%

Previously: 5.58%, 5.66%, & 5.56%.

Expected Investment Return/
ASC 960-20 Interest Rate

5.00% (previously, 5.50%).

D ACTUARIAL ASSUMPTIONS

Pre- and Post-Retirement Mortality

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

Salary Increases

Not applicable.

Social Security Wage Base

Not applicable.

Inflation (CPI)

Not applicable.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

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

D ACTUARIAL ASSUMPTIONS (cont'd)

IRC Maximum Benefit and Compensation Limitations

<i>Benefit Limit</i>	\$275,000 for 2024 (previously, \$265,000).
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<i>Compensation Limit</i>	Not Applicable.
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Withdrawal Rates

Rates of termination for sample ages are as follows:

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

Retirement Rates

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

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

Form of Payment

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

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

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

D ACTUARIAL ASSUMPTIONS (cont'd)

Marital Assumption

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

Plan Expenses

\$1,015,000 (previously, \$1,000,000).

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
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan TATE & LYLE SALARIED PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TATE & LYLE AMERICAS, INC.	D Employer Identification Number (EIN) 36-4165865
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 10 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	409643802	
b	Actuarial value	2b	388182009	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	2447	283175113	283175113
b	For terminated vested participants	686	51256079	51256079
c	For active participants	270	31327908	32808058
d	Total	3403	365759100	367239250
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.33 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	1015000	
c	Target normal cost	6c	1015000	

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

SIGN HERE	Matthew C Burley Signature of actuary MATTHEW C. BURLEY, A.S.A., E.A. Type or print name of actuary TRANSAMERICA Firm name PO Box 428 Cedar Rapids, IA 52406-0428 Address of the firm	4/24/2026 Date 26-05956 Most recent enrollment number (508) 903-6015 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	31520473
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	31520473
10 Interest on line 9 using prior year's actual return of <u>15.37</u> %.....	0	4844697
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.19</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	16437411
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	19927759

Part III Funding Percentages

14 Funding target attainment percentage.....	14	100.27 %
15 Adjusted funding target attainment percentage	15	105.70 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	100.25 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.93 % 2nd segment: 5.27 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	4
22	Weighted average retirement age	22	61
23	Mortality table(s) (see instructions) ☐ 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	1015000
b	Excess assets, if applicable, but not greater than line 31a	31b	1015000
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021		

**Attachment to 2024 Form 5500 Schedule SB,
Line 22 – Weighted Average Retirement Age**

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

Development of Weighted Average Retirement Age

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

**Attachment to 2024 Form 5500 Schedule SB,
Line 26b - Schedule of Projection of Expected Benefit Payments**

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2024	466,490	1,451,318	29,527,643	31,445,451
2025	815,778	1,827,086	28,621,002	31,263,866
2026	1,085,537	2,007,347	27,684,975	30,777,859
2027	1,322,417	2,235,964	26,718,582	30,276,963
2028	1,536,366	2,431,339	25,728,620	29,696,325
2029	1,776,344	2,646,510	24,707,383	29,130,237
2030	1,996,575	2,881,742	23,658,980	28,537,297
2031	2,168,381	3,063,208	22,579,612	27,811,201
2032	2,297,991	3,197,782	21,475,234	26,971,007
2033	2,393,982	3,388,930	20,357,594	26,140,506
2034	2,494,700	3,555,864	19,222,780	25,273,344
2035	2,560,580	3,721,786	18,064,418	24,346,784
2036	2,619,059	3,808,542	16,898,258	23,325,859
2037	2,659,448	3,885,269	15,735,976	22,280,693
2038	2,693,373	4,040,420	14,563,206	21,296,999
2039	2,721,077	4,109,740	13,404,407	20,235,224
2040	2,726,122	4,169,989	12,258,581	19,154,692
2041	2,736,410	4,179,908	11,146,008	18,062,326
2042	2,733,289	4,172,522	10,064,498	16,970,309
2043	2,711,362	4,157,598	9,018,431	15,887,391
2044	2,679,652	4,120,282	8,026,562	14,826,496
2045	2,629,411	4,080,036	7,088,920	13,798,367
2046	2,581,774	4,000,110	6,207,574	12,789,458
2047	2,508,461	3,935,946	5,387,163	11,831,570
2048	2,433,039	3,811,522	4,631,390	10,875,951
2049	2,338,825	3,680,096	3,942,908	9,961,829
2050	2,235,766	3,553,738	3,323,122	9,112,626
2051	2,126,024	3,410,554	2,772,073	8,308,651
2052	2,005,508	3,249,908	2,288,431	7,543,847
2053	1,883,763	3,059,246	1,869,569	6,812,578
2054	1,760,212	2,866,884	1,511,706	6,138,802
2055	1,637,056	2,671,595	1,210,118	5,518,769
2056	1,515,479	2,479,057	959,410	4,953,946
2057	1,396,397	2,286,442	753,814	4,436,653
2058	1,281,123	2,098,684	587,468	3,967,275
2059	1,170,328	1,917,524	454,647	3,542,499
2060	1,064,524	1,743,649	349,945	3,158,118
2061	964,074	1,577,663	268,415	2,810,152
2062	869,195	1,420,095	205,635	2,494,925
2063	780,024	1,271,355	157,774	2,209,153
2064	696,587	1,131,763	121,592	1,949,942
2065	618,831	1,001,542	94,412	1,714,785
2066	546,676	880,786	74,082	1,501,544
2067	480,015	769,498	58,892	1,308,405
2068	418,732	667,572	47,517	1,133,821
2069	362,696	574,805	38,948	976,449
2070	311,759	490,916	32,426	835,101
2071	265,768	415,593	27,388	708,749
2072	224,550	348,496	23,418	596,464
2073	187,924	289,243	20,209	497,376

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

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

Plan: Tate & Lyle Salaried Pension Plan

<u>Effective Date</u>	October 1, 1998; most recent amendment effective December 31, 2021.
<u>Plan Status</u>	Frozen with respect to Credited Service, Compensation and Participation.
<u>Covered Employees</u>	All full-time salaried employees. Employees covered under a collective bargaining agreement are excluded unless the agreement provides for coverage under this plan. Effective April 1, 2009, the Plan is closed to any new employees hired on or after April 1, 2009.
<u>Participation Date</u>	Employees become plan participants after completing one year of service, working at least 1,000 hours.
<i>Definitions</i>	
<u>Vesting Service</u>	A participant is credited with one year of vesting service for each 1,000 hours of service during each year of employment beginning on his date of hire, but not before age 18.
<u>Credited Service</u>	A participant is credited with years and $\frac{1}{4}$ years of credited service between the later of October 1, 1998 and date he becomes a participants, and the date he ceases to be an employee. Credited Service is frozen, effective December 31, 2010.
<u>Pensionable Pay</u>	Total compensation including overtime, bonuses, commissions, vacation pay, shift differential, sick pay, and worker's compensation, limited by the pay cap requirements of the Tax Reform Act of 1986. Equity based compensation received after September 30, 2007 is excluded. Compensation after December 31, 2021 is not included.
<u>Average Monthly Compensation</u>	The monthly average pensionable pay of the highest sixty consecutive months of pay within the last 120 months of credited service ending on the earliest of termination, early retirement or normal retirement.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

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

Plan: Tate & Lyle Salaried Pension Plan

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

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

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

Plan: Tate & Lyle Salaried Pension Plan

Monthly benefits Paid Upon the Following Events

Normal Retirement

Monthly Pension Benefit determined as of NRD.

Early Retirement

Monthly Pension Benefit determined as of early retirement date, reduced 6% for each year from age 62 back to age 55.

Postponed Retirement

Monthly Pension Benefit determined as of actual retirement date.

Termination with Deferred Vested Benefit

Monthly Pension Benefit determined as of termination date, reduced by early payment factors if payments commence before NRD.

Death with Preretirement

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

Forms of Payment

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

Maximum on Benefits and Pay

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

Changes in Plan Provisions since the Prior Valuation

None.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

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

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

Covered Employees

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

Definitions

Vesting Service

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

Pension Service

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

Average Earnings

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

Social Security Benefit

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

Normal Retirement Date (NRD)

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

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

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

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

Annual Pension Benefit

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

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

Annual Preretirement Spouse Benefit

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

Eligibility for Benefits

Normal Retirement

Attainment of NRD.

Early Retirement

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

Postponed Retirement

Retire after NRD.

Deferred Vested

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

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

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

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

Preretirement Spouse Benefit

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

Annual Benefits Paid Upon the Following Events

Normal Retirement

Annual Pension Benefit determined as of NRD.

Early Retirement

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

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

Postponed Retirement

Annual Pension Benefit determined as of actual retirement date.

Termination with Deferred Vested Benefit

Annual Pension Benefit determined as of termination date.

Death with Preretirement Spouse Benefits

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

Maximum on Benefits and Pay

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

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

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

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

<u>Covered Employees</u>	All PM Ag employees who were participants in the PM Ag Pension Plan prior to October 1, 1998.
<i>Definitions</i>	
<u>Vesting Service</u>	Continuous employment with PM Ag Products.
<u>Pension Service</u>	Vesting service, on or before September 30, 1998. Prior service with certain groups is excluded.
<u>Pensionable Pay</u>	Prior to January 1, 1989: Base pay plus commission. Equity based compensation received after September 30, 2007 is excluded. On/after January 1, 1989 and before December 31, 2021: Total compensation.
<u>Average Earnings</u>	The average of the highest 60 consecutive months of pensionable pay during the 120 month period ending on the earlier of the participant's termination date or retirement date.
<u>Social Security Benefit</u>	Projected amount of Primary Social Security benefits at date of retirement assuming level future earnings.
<u>Normal Retirement Date (NRD)</u>	The later of the date that the participant attains age 65 and the fifth anniversary of the date the participant commences participation in the Plan.
<u>Pension Benefit</u>	The greater of (i) or (ii): (i) 1.86% of Final Average Earnings less 2.0% of Social Security Benefit for each year of Pension Service up to 25 years, plus .8% of Final Average Earnings for each year of Pension Service in excess of 25. (ii) \$192 multiplied by each year of Pension Service.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

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

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

Grandfathered Benefits

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

Preretirement Spouse Benefit

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

Eligibility for Benefits

Normal Retirement

Attainment of NRD.

Early Retirement

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

Postponed Retirement

Retirement after NRD.

Deferred Vested

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

Preretirement Spouse Benefit

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

Disability Benefit

Disabled while an active employee.

Benefits Paid Upon the Following Events

Normal Retirement

Pension Benefit determined as of NRD.

Early Retirement

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

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

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

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

Postponed Retirement

The greater of (i) and (ii):

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

Termination with Deferred Vested Benefit

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

Forms of Payment

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

Maximum on Benefits and Pay

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

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

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

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

Covered Employees

All Domino employees who were participants in the Domino Salaried Pension Plan prior to October 1, 1998.

Definitions

Vesting Service

A participant is credited with one year of vesting service for each 1,000 hours of service during each year of employment beginning on his date of hire, but not before age 18.

Credited Service

A participant is credited with years and quarter years of credited service for each full calendar month which elapses between the date he becomes a participant, and the date he ceases to be an employee. Credited service accruals end under this plan effective October 1, 1998. Credited service cannot be greater than 43 years.

Pensionable Pay

Total compensation including overtime, bonuses, vacation pay, shift differential, sick pay and worker's compensation, limited by the pay cap requirements of the Tax Reform Act of 1986.

Average Monthly Compensation

The monthly average pensionable pay of the highest three consecutive years of pay within the last 10 years of credited service ending on the earliest of termination, early retirement, normal retirement, or December 31, 2021.

Covered Compensation

One-twelfth of the 35-year average of the Social Security wage bases ending in the year Social Security retirement age is attained.

Normal Retirement Date (NRD)

First of month following the later of attainment of age 65 and the fifth anniversary of the date the participant commences participation in the Plan.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

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

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

Monthly Pension Benefit

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

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

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

Monthly Minimum Benefit

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

Monthly Full Preretirement Spouse Benefit

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

Monthly Vested Preretirement Spouse Benefit

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

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

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

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

Eligibility for Benefits

Normal Retirement

Attainment of NRD.

Early Retirement

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

Alternate Early Retirement

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

Postponed Retirement

Retire after NRD.

Deferred Vested

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

Preretirement Spouse Benefit (full)

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

Preretirement Spouse Benefit (vested)

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

Monthly Benefits Paid Upon the Following Events

Normal Retirement

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

Early Retirement

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

Alternate Early Retirement

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

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

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

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

Postponed Retirement

Monthly Pension Benefit determined as of actual retirement date.

Termination with Deferred Vested Benefit

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

Death with Preretirement Spouse Benefits

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

Death with Preretirement Forms of Payment

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

Maximum on Benefits and Pay

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

Transfers

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

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

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

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

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

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

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

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

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

Eligibility for Benefits

Normal Retirement

Attainment of NRD.

Early Retirement

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

Postponed Retirement

Retirement after NRD.

Deferred Vested

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

Preretirement Spouse Benefit

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

Monthly benefits Paid Upon the Following Events

Normal Retirement

Monthly Pension Benefit determined as of NRD.

Early Retirement

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

Postponed Retirement

Monthly Pension Benefit determined as of actual retirement date.

Termination with Deferred
Vested Benefits

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

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

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

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

Death with Preretirement
Spouse Benefits

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

Forms of Payment

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

Maximum in Benefits and Pay

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

ATTACHMENT TO THE 2024 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan Sponsor: Tate & Lyle Americas, Inc.

Plan Name: Tate & Lyle Salaried Pension Plan

Plan Year: October 1, 2024 to September 30, 2025

EIN: 36-4165865

Plan No.: 001

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

Page 19 of the attached auditor's report of the Plan for the plan year ending September 30, 2025 provides the schedule of assets information.

**Attachment to 2024 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions**

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

For 2024, the expense load was changed to \$1,015,000 (previously, \$1,000,000).